



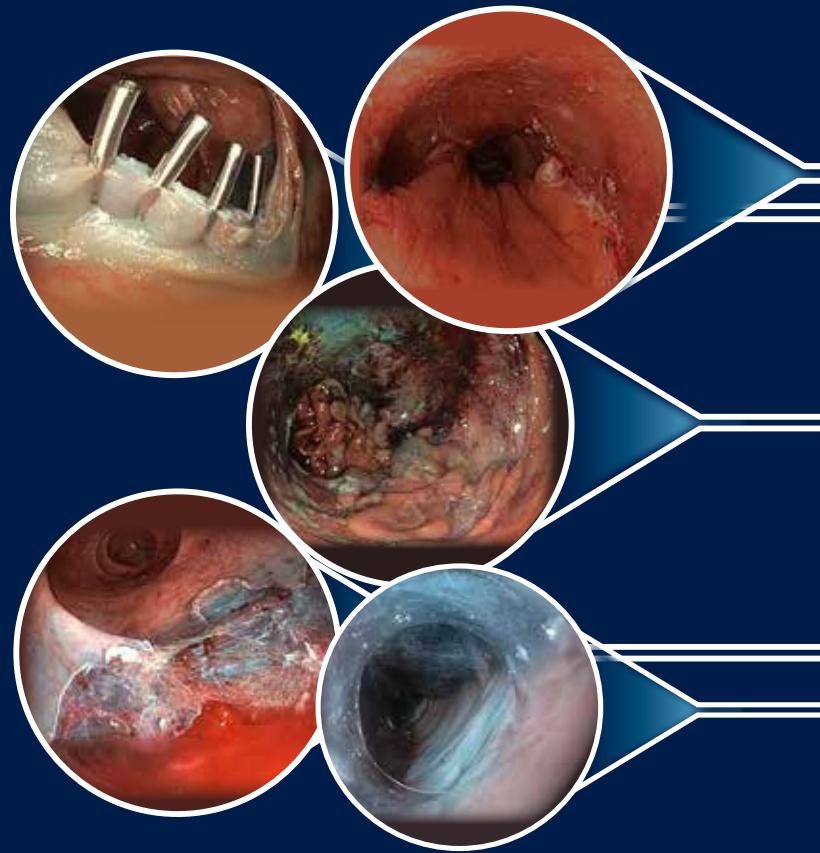
8TH ANNUAL SIES 2015 SYDNEY INTERNATIONAL ENDOSCOPY SYMPOSIUM

Wednesday 4th March
Hilton Sydney, Australia

NURSES' WORKSHOP PROGRAM & SYLLABUS

INTERNATIONAL FACULTY

 Jacqueline Neilson, BCSP - UK



SPECIAL THANKS TO



for supporting this Workshop

WELCOME TO NURSES



It is a great pleasure to welcome you to the 8th Annual Sydney International Endoscopy Symposium Nurses' Workshop.

The Westmead Endoscopy team has prepared another fabulous and stimulating array of talks and demonstrations which will enhance your understanding of Gastrointestinal Endoscopy. An interesting topic on the agenda is the open forum dealing with challenges in reprocessing with Robyn Brown, Di Jones and Beth Wardle on the panel!

We are delighted to have a large and diverse group of fantastic speakers on our programme including Nick Burgess, Prakash Sundaralingam, Vu Kwan, Susan Lane, Eric Lee, Michael Bourke and our 2015 international speaker Jacqueline Neilson from the UK.

We have kept the very popular demonstration stations again this year and you will have hands-on opportunities with the latest devices in therapeutic endoscopy.

The Symposium is also an avenue for networking and interaction amongst the great nursing minds in gastroenterology and endoscopy, offering updates and sharing and learning fresh tips and tricks to promote the specialisation in this specialty.

All nurses are encouraged to attend the following two full days live high quality transmission from the Westmead Endoscopy Suite to the Hilton Sydney Hotel, which will showcase the latest development with interesting and challenging cases, that demonstrate 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,
Nurses' Workshop 2015



It is with great pleasure that I welcome you to the 2015 Sydney International Endoscopy Symposium "Nurses' Workshop Program".

Nurses sharing knowledge with nurses is the cornerstone of nursing education, it has been proven throughout time to be an essential element in the development of the novice nurse to becoming the advanced practice nurse. It is with tremendous pleasure that I offer my support to the Nurses of Westmead Hospital in participating in the program; in showcasing their clinical expertise in this area of nursing and leading the way forward for gastrointestinal endoscopy.

Every opportunity should be taken to continue to deliver the best possible care to our patients with nursing leading the way through their practice or through translational research activities. The Nurses' Workshop Program offers a full day of activities to enhance our knowledge and practice for the future. I trust you will enjoy not only the Nurses' Workshop Program but the extended two day Symposium, not only for the educational benefits but also for the opportunity to build and strengthen nursing networks across the country as nursing continues to build a strong culture of professional collegiality and collaborative learning.

All the Best

Scott Daczko

Nurse Manager Operations
Division of Medicine and Cancer Services, Westmead Hospital.

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NURSES' WORKSHOP PROGRAM

SYDNEY INTERNATIONAL ENDOSCOPY SYMPOSIUM 2015 NURSES' WORKSHOP

This program is endorsed by the Australian College of Nursing



The attendance of Jacqueline Neilson has been graciously supported by



NURSES' WORKSHOP - WEDNESDAY 4TH MARCH 2015

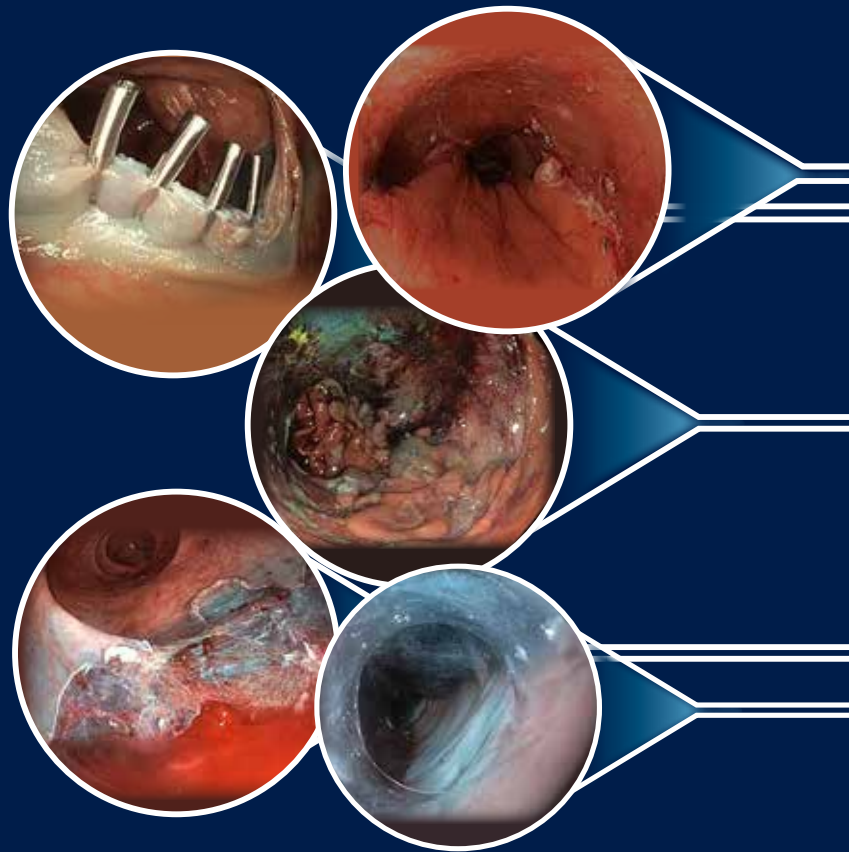
0730	REGISTRATION OPENS		
0830 - 0845	Welcome note – Mary Bong RN & Scott Daczko Nurse Manager Operations Westmead Hospital		
SECTION 1 – New Developments in Endoscopy - Facilitator: Robyn Brown			
0845 - 0915	<i>New therapeutics innovations in endoscopy: ESD, submucosal tunneling and POEM</i> – Prof Michael Bourke		
0915 - 0945	<i>Clostridium difficile: difficult by name, difficult by nature</i> – Dr Vu Kwan		
0945 - 1015	<i>Real-time optical diagnosis of colonic lesions</i> – Dr Nick Burgess		
1015 - 1045	<i>Access to endoscopy services: The UK experience</i> – Jacqueline Neilson, International Speaker (UK) <i>The Australian experience</i> – Di Jones RN		
1045 - 1105	Morning Tea and Trade Displays		
SECTION 2 – Workshop Demonstrations & Talk - Facilitator: Mary Bong			
1115 - 1330	Demonstration 1 – Tools for therapeutic interventions – Octavio Ferrer	Demonstration 2 – Potpourri demonstrations – Jeneviah Junio	Talks – Didactic Lectures – Vu Kwan
	Booth 1. <i>Banders & APC</i> – Pauline Luxford & Helena Tsang	Booth 1. <i>Biliary & Pancreatic stenting & crushers</i> – Judy Tighe-Foster & Betty Lo	Talk 1. <i>What's new in GI bleeding in 2015</i> – Prakash Sundaralingam
	Booth 2. <i>ESD / EMR Set-up & Assist</i> – Nicky Stojanovic & Alison Bannister	Booth 2. <i>Microtesting</i> – Ewa Kasprzak, Lilawati Singh, Di Jones & Beth Wardle	Talk 2. <i>The role of Endoscopy in IBD</i> – Eric Lee
	Booth 3. <i>Strictures</i> – Adeyemi Adenike & Polly Leong	Booth 3. <i>Endoscopic Assessment of Lesions</i> – Rebecca Sonson & Laura Bokody	Talk 3. <i>The Assisting Nurse Role in Endoscopy</i> – Jacqueline Neilson
	Booth 4. <i>Patient care & safety</i> – Susan Lane & <i>Infection control for Clostridium Difficile</i> – Jo Tallon & Kathy Dempsey	Booth 4. <i>Solutions & Recipes</i> – Amelia Tam & Marriam Khilwati	
1330 - 1430	Lunch and Trade Displays		
SECTION 3 – Endoscopy Update 2015 - Facilitator: Judy Tighe-Foster			
1430 - 1445	Quiz – Marriam Khilwati RN		
1445 - 1515	<i>Nursing care of the patient during long and complex procedures</i> – Susan Lane RN		
1515 - 1545	<i>Open forum: Challenges in reprocessing in 2015</i> – Robyn Brown RN, Di Jones RN and Beth Wardle RN		
1545 - 1615	Quiz prizes, presentations and surprises		
1615	Closing remarks and thank you		
1620	Afternoon Tea and Trade Displays		

DEMONSTRATION STATIONS - what you need to know!

- There will be three Workshop 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 in the adjoining room.
- For each Workshop Demonstration Station, you will be required to break into smaller groups to view the various Demonstrations.
- Your name badge will be colour coded (**yellow**, **green** or **blue**) to represent the group you have been allocated to. 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 Talk 3 (in the main auditorium). Groups will then be rotated after 40 minutes.
- In each demonstration station there will be 4 booths, and 10 minutes is allocated per booth.
- Please follow the Facilitator's (Westmead Hospital staff) instructions when moving from booth to booth.



SPEAKER BIOS AND WORKSHOP ABSTRACTS



Mark your diary NOW,
next year's Symposium dates!
Wednesday 2nd - Friday 4th March, 2016

MARCH 2016

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27	28	29	30	31		



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



SPEAKER BIOS



PROF MICHAEL BOURKE

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. He is the convenor of the Sydney International Endoscopy Symposium, now in its 8th year

with a delegation of more than 600 registrants and Australia's second largest gastroenterology meeting.

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 is also active in ERCP research. Original research is published regularly in the leading international journals in Gastroenterology and Endoscopy.



DR VU KWAN

Vu Kwan is a staff specialist in Gastroenterology at Westmead Hospital and Director of Gastroenterology at Norwest Private Hospital.

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



DR NICK BURGESS

Dr Nick Burgess is an Advanced Endoscopy + Clinical Research Fellow at Westmead Hospital and is undertaking a University of Sydney PhD examining Endoscopic Mucosal Resection of large colonic polyps. 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.

His initial medical training was at the University of Otago. He trained at the University of Otago in Wellington, New Zealand and obtained his FRACP in 2010. Dr Burgess is currently training in advanced endoscopy techniques at Westmead Hospital, including ERCP and EUS.



JACQUELINE NEILSON

Jacqueline Neilson is Lead Nurse and Accredited Colonoscopist for BCSP in Harrogate, Leeds and York.

She qualified in 1986 at Leeds School of Nursing with a Registered General Nursing Qualification.

She worked as Staff Nurse Leeds General Infirmary on the GI surgical ward until moved to Harrogate when commenced post as Staff Nurse in Endoscopy Unit in 1995.

Jacqueline was promoted to Sister of Unit in 1997 then commenced Nurse Endoscopy training 1999, qualifying as Nurse Endoscopist in 2000. She performed colorectal endoscopy with further advancement of education in 2005 with Honours Degree in Advanced Practice in Endoscopy Practice. Other educational qualifications include certificate in 'Train the Trainers' which has enabled me to train both Nurse Endoscopists as well as Clinicians in both diagnostic and therapeutic colonic interventions. A further course has enable advanced practice to perform Endoscopic Mucosal Resection.

In 2009 she was accredited to practice as a validated Endoscopist for Bowel Cancer Screening Programme. Jacqueline is currently working as both Lead Nurse and Accredited Colonoscopist for BCSP in Harrogate, Leeds and York (she also still performs service colonic investigations and therapy).



DI JONES

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.

SPEAKER BIOS



PRAKALATHAN SUNDARALINGAM

Praka Sundaralingam is currently an interventional fellow in gastroenterology at Liverpool Hospital which is a metropolitan hospital affiliated with the University of Sydney.

He has a Masters of medicine in clinical epidemiology at the University of Sydney. He completed his advanced training at Westmead Hospital and completed his Basic Physician Training at Concord Hospital.



ERIC LEE

Dr Eric Lee is a Staff Specialist Gastroenterologist and Interventional Endoscopist at Westmead Hospital.

His expertise in endoscopic oncology including ERCP, EUS, advanced polypectomy techniques and endoscopic therapies of Barrett's neoplasia underpin his clinical practice, research and teaching in gastrointestinal endoscopy.

He has presented his research, been an invited speaker and chaired sessions at national and international meetings.

A medical graduate of the University of New South Wales, he trained in Gastroenterology at Westmead and Royal North Shore Hospitals in Sydney before undertaking the prestigious Clinical Fellowship in Advanced Therapeutic Endoscopy at the University of Toronto - St Michael's Hospital, Canada.

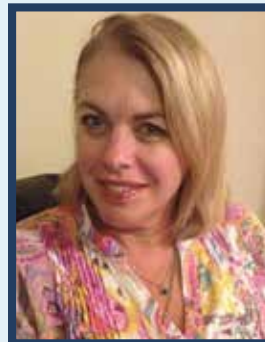
He currently serves on the Australian Gastrointestinal Endoscopy Association (AGEA) Committee and the Education Committee of the World Endoscopy Organization (WEO).



SUSAN LANE

Susan is a Registered nurse with experience in a wide variety of areas.

After joining the Westmead Endoscopy Team Six years ago, Susan trained as an Anaesthetic and recovery nurse. In 2012 Susan completed a post graduate certificate in Perioperative Nursing at the College of Nursing.



BETH WARDLE

Beth Wardle is the Clinical Nurse Manager endoscopy at The Wesley Hospital in Brisbane.

Beth has worked in gastroenterology for almost 30 years and is a past GENCA president. She was a contributing author of Infection Control in Endoscopy and GENCA's representative on Australian Standards.



ABSTRACTS

Clostridium difficile: difficult by name, difficult by nature

Vu Kwan

Clostridium difficile infection is one of the emerging challenges of the current clinical era. Whilst it is an infection that has been recognised since the 1970s, it has not been until recently that it has become truly problematic, perhaps due to the increasing use of antibiotics, which is a major risk factor for its acquisition. The other important mode of acquisition that is becoming increasingly important is hospital acquired infection. Hypervirulent strains have also emerged, further increasing clinical challenges. Recurrent and relapsing infection is a particular difficulty encountered when managing *C.difficile* infection. The use of new antibiotics has become necessary in certain clinical settings, as has the development of novel technologies such as monoclonal antibodies and faecal transplantation.

Real-time optical diagnosis of colonic lesions

Nicholas Burgess

Colonic polypectomy is now well established as an effective tool in the prevention of colon cancer. Colon polyps can be simply and safely removed in an outpatient setting and then sent for histopathological examination. 75% of polyps are ≤ 5 mm and have a negligible rate of advanced histology. Accurate optical diagnosis of these polyps at the time of resection is an attractive proposition as it would allow for a "resect and discard" strategy, removing the need for histological processing and providing substantial cost savings. Multiple advances in endoscope optics and digital processing have meant that diagnosis is becoming increasingly accurate in research settings, but is it enough for the real world? Optical diagnosis is important for high risk polyps as it guides the resection or referral strategy. Lesions with a high risk for submucosal invasive cancer should be referred for surgical resection. Polyps with advanced features should be resected using techniques that ensure complete removal. An understanding of polyp types and risk features is important for all members of the endoscopy team. Careful examination of all polyps is warranted to tailor the management approach.

Access to endoscopy services: The UK experience

Jacqueline Neilson

With an ageing population, increased public expectation, advancements in technology and improvements in practice the demand for Endoscopy services has increased dramatically in recent years. The National Awareness and Earlier Diagnosis Initiative, a collaboration between the Department of Health, the National Health Service, Cancer Research UK and a range of other stakeholders reviewed access to diagnostic services and identified actions for improving outcomes for patients, especially with symptoms suspicious of cancer.

The prime objective being improved access to diagnostic tests and remove unnecessary steps in the patients pathway to allow more timely diagnosis, and hence treatment.

Access to endoscopy services: The Australian experience

Dianne Jones

There is a worldwide increasing demand for endoscopy services. In Australia, the majority of endoscopic procedures are performed within the private sector, with private health insurance coverage of costs. The geographical distribution of providers is widely diverse, with the regional areas of each state often under-supplied with services. The public health system provides the endoscopy service for patients without private health insurance. Demand outstrips supply in most sites, creating waiting lists of patients, some of which number in the thousands and with several years wait for services. Governments in all states and territories are faced with the increasing gap between supply and demand for services. Funding for public services differs between state health systems. The Activity Based Funding model is conducive to alternative models of care if the model delivers care at a lesser cost. Nurse endoscopy is one such model but its recent introduction in Australia has not been without opposition.

What's new in GI bleeding in 2015

Prakalathan Sundaralingam

Gastrointestinal bleeding is a condition which is a potentially life threatening condition that is a common cause of hospitalisation. Despite several medical advances, gastrointestinal bleeding remains associated with significant morbidity and mortality. Rapid and accurate assessment of the bleeding patient is paramount for improving outcomes.

Timely endoscopic haemostasis in appropriately selected patients been shown to be associated with a significant reduction in need for blood transfusions, length of hospital stay, re-bleeding rates, surgery, and mortality. Although standard modalities are usually effective in controlling GI hemorrhage, there are cases in which successful haemostasis can be difficult to achieve because of the lesion features, extent, or location. New endoscopic hemostatic devices technologies have been developed as alternative modalities when bleeding is refractory or not amenable to standard therapy.

Endoscopic treatment however is only one facet in the care of the bleeding patient. Appropriate risk stratification, resuscitation and post endoscopic care have all been shown to improve patient outcomes.

ABSTRACTS

The role of endoscopy in the IBD setting

Eric Lee

Gastrointestinal endoscopy has a number of important roles in the inflammatory bowel disease (IBD) setting. These include

- diagnosing suspected inflammatory bowel disease;
- objectively assessing progress whilst on pharmacological therapy with the goal of endoscopic remission (mucosal healing);
- performing surveillance colonoscopy in patients with ulcerative colitis or Crohn's colitis who are at increased risk of developing colorectal carcinoma (based on duration of disease, extent of disease, degree of mucosal activity); optimally managing sporadic adenomas and dysplasia associated lesion or mass (DALM)
- endoscopically managing intestinal (eg balloon dilatation of symptomatic strictures) and extra-intestinal complications (eg stenting of dominant strictures due to primary sclerosing cholangitis).

The Assisting Nurse Role in Endoscopy

Jacqueline Neilson

All Endoscopy staff are integral to setting, maintaining and improving standards of safe practice. Traditionally Endoscopy Nurses acted upon instruction from the medical Endoscopist, partially due to the historic social structure of medical practice, and the use of fibre optic scopes. Today one of the key principles in Endoscopy practice is team working with the Assisting Nurse being able to predict what the Endoscopist needs and deliver effectively.

Nursing care of the patient during long and complex procedures

Susan Lane RN

In Order to provide optimal care for patients undergoing long and complex procedures it is necessary for nurses to have an understanding of the challenges such situations pose. This presentation identifies potential issues, discusses them in a simple format from A - I and suggests methods available to reduce the risk.

Challenges in reprocessing in 2015

Robyn Brown RN

Background

In the past endoscope reprocessing was a relatively simple task.

Endoscopes were manually cleaned, placed in HLD such as glutaraldehyde, rinsed, dried and micro tested.

GENCA guidelines were fully developed to reflect manufacturer's guidelines and direct steps and standards were available for users to follow.

In 2015 many more choices are available but there are not clear guidelines to guide users to make educated decisions.

Aim

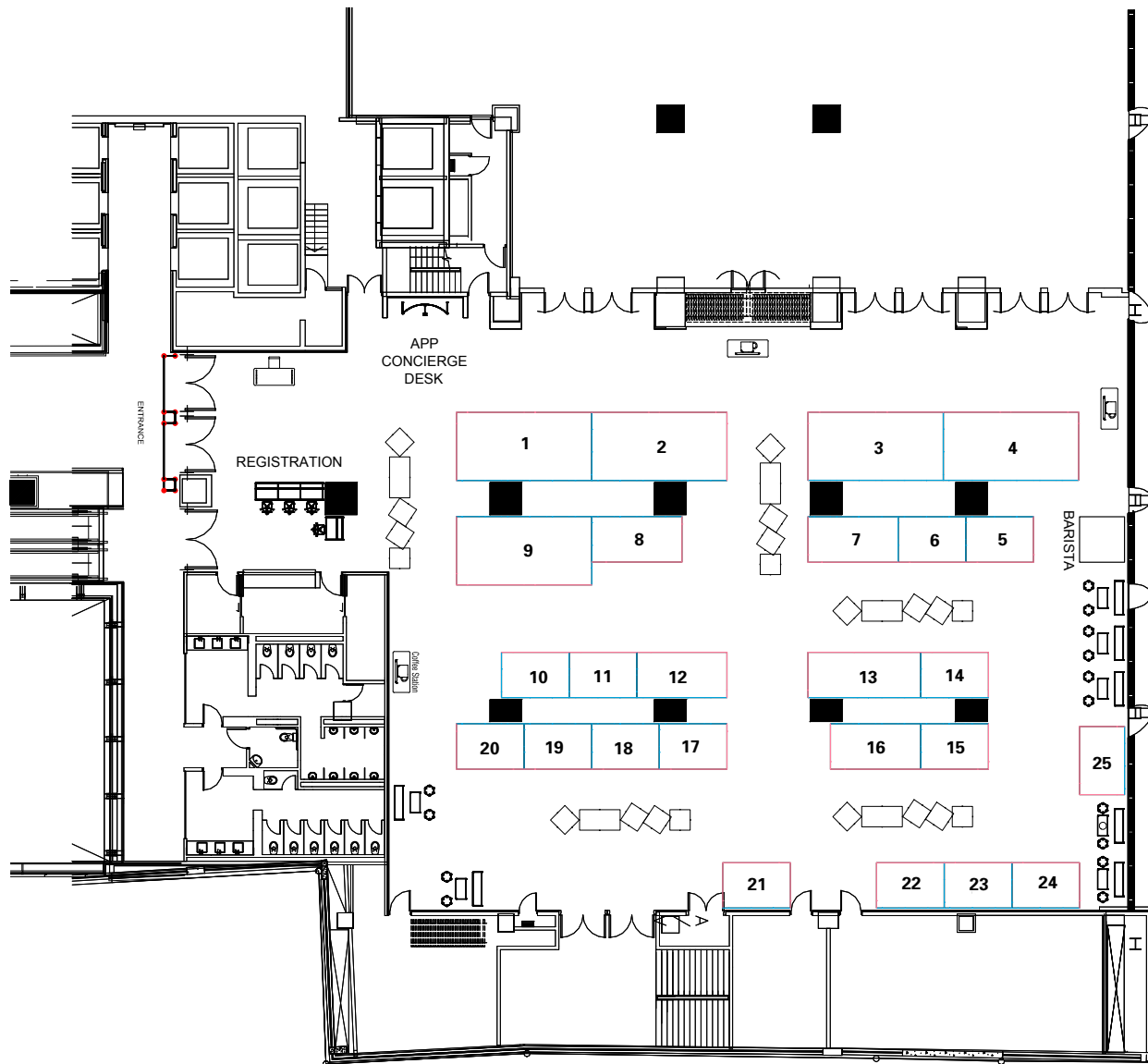
The aim of this open forum is to raise some of these issues such as:

Brush or not, Machine manufacturer's guidelines versus endoscope manufacturer's guidelines, Water testing, Technician or Nurse, High level disinfection or Sterile, AS4187 or ISO standards, Drying requirements.

Delegates will then be invited to ask questions of the expert panel and other audience members.



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SPECIAL THANKS TO:

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





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