The Guiding Light

CANADIAN SOCIETY OF GASTROENTEROLOGY NURSES & ASSOCIATES

JULY 2000 VOL. 10, #40

Presidents Report: *A Year in Review*

Dear CSGNA Member,

CSGNA'S main goal is Education and we have been working to keep members abreast of current policies and procedures as we update our existing Guidelines and Position Statements. At our Annual Conference this year we will be discussing our Statement on Advanced Practice. President Elect Lorraine Miller-Hamlyn and Eastern Director Linda Feltham have researched this topic extensively over the past two years and will present the results to the membership. As well Director Sandy Saioud will present our Position Statement on the "Use of single use items".

Certification Chair Michele Paquette has been in close contact with the C N A to bring about Certification for GI in Canada. The C N A has responded positively to our request for Certification in Gastroenterology. They have placed us in their mandate for Certification of smaller nursing groups and we will work closely with them to make Certification a reality. They have stated that GI is a specialty in **Principle**. C N A and CSGNA have been in close contact with the Certifying Board in the USA as we look to developing our own exam. We hope to have a Certification exam by 2002. CSGNA is hosting two sites for the American exam on Oct. 15th, 2000. The sites will be Vancouver and Toronto. Information re the exam is available on the CSGNA website. We are discussing with the C N A the possibility of reciprocation for this exam and we will keep you abreast of our progress.

The CSGNA website received a new name this year www.csgna.com. Through the sponsorship from Flolite and Primed the website has become a major source of communication between CSGNA and it's members. We now are linked to a number of organizations such as the CAG, CASL, SGNA, SIGNEA, Crohns and Colitis Society just to mention a few. As well we are offering a job corner where facilities can advertise GI jobs available. Many thanks to Mary Carbonneau who has dedicated her time to keep our webpage updated.

Our Newsletter under the direction of Lorie McGeough has produced three exceptional editions. Input and articles from the membership are always a highlight in making the Guiding Light one of our greatest communication tools. We would like to thank **Carsen Group** for its sponsorship of the newsletter over the past year.

Membership is the heart of our Association. We need to keep our membership current and strive to increase it's numbers. Treasurer/Membership chair Edna Lang has worked long hours to update the membership list and keep it current enabling us to keep all members informed of CSGNA activities. In her Treasurers report you will see how the National Executive insures that CSGNA money is accounted for and spent wisely. Edna has invested your money with great care so that we can carry out our mandates within an appropriate budget.

Our Regional Directors have worked closely with the Chapters and membership at large to ensure excellent educational opportunities. They are your representatives on the National Board of Directors and are there to express your concerns and issues. Many thanks to Evelyn McMullen, Linda Feltham, Nancy Campbell, Sandy Saioud, Judy Langer, and Evelyn Hilderman.

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Annual CSGNA Conference Ottawa, September 22, 23, 24

EDUCATION PROGRAM

Friday, September 22, 2000

07:00-08:00 Registration / Continental Breakfast
08:00-08:15 Opening Ceremonies
08:15-08:45 Look How Far We Have Come In Gastroenterology
Nancy Campbell, RN
08:45-09:15 CSGNA Update On Advanced Practice For The RN In Endoscope
Linda Feltham, RN and
Lorraine Miller-Hamlyn, RN
09:15-10:00 Exciting Breakthrough In G.I.
Dr. Sylvie Gregoire
10:00-11:00 Nutritional Break & Viewing of Exhibits
11:00-12:15 Care & Maintenance Of Flexible Endoscopes
Pat Holland, RN and Nancy Shoop, RN
Sponsored by Fiber-Tech
12:15-13:30 Lunch & Viewing of Exhibits
13:30-14:15 The Pouch: A Surgical Approach To I.B.D.
Dr. Joel Freeman
14:15-15:00 Infection Control: Demystifying The Bugs
Marie Andree Bruneau, RN
15:00-15:45 Nutritional Break & Viewing of Exhibits
15:45-16:45 To Use And Use Again
Lorie McGeough, RN
CSGNA Position Statement
Reuse Of Single Use Devices
Sandy Saioud, RN
18:00 Visit / Wine & Cheese reception to parliament
Sponsored by Carsen

Saturday, September 23, 2000

07:00-08:00 Registration / Continental Breakfast
08:00-09:00 Introduction Of An Added Skill To The Level Of Practice For The R.N. In Endoscopy
Dr. Theodore Shapero and
Jean Hoover, R.N.
09:00-09:45 C.S.G.N.A. Guidelines For Staff Orientation In G.I.
Marlene Scrivens, RN
09:45-10:30 Nutritional Break & Viewing of Exhibits
10:30-11:15 Management Of Biliary Strictures
Dr. Arni Sekar
11:15-12:30 Annual CSGNA Business Meeting
12:30-13:45 Lunch & Viewing of Exhibits

Breakout Sessions (Choose 3 out of 4 Sessions)
13:45-16:45 (45 minutes each session)

1. "Mommy I Am Scared" Pediatric Endoscopy
   Jennifer Martin, RN
2. Living With Celiac Disease
   Judith Doucet, RD
3. Three Fires That Burn From Within
   Harry Hopkins, BsP
4. Treatment Of Esophageal Malignancies
   Christine Ross, RN and Maria Cirocco, RN
   Sponsored by Boston Scientific

15:15-16:00 Nutritional Break & Viewing of Exhibits
16:45-17:15 CSGNA: Great Beginning – Bright Future
Cindy Hamilton, RN and
Lorraine Miller-Hamlyn, RN
17:15 Closing Remarks
19:00 Let us put some entertainment on your plate: Gilbo Restaurant
Sponsored by Pentax

Sunday, September 24, 2000

07:30-08:00 Registration / Continental Breakfast
08:00-12:00 Preparation for Certification: The Must Know
Cindy Hamilton, RN and Deb Erickson, RN

Contact People: Michele Paquette / Monique Travers
Co-Chairpersons
1-613-737-8384 / Fax: 737-8385
Ottawa General Campus
501 Smythe Rd., Ottawa, Ontario

BUSINESS MEETING

1. Call to order
2. Introduction of Executive
3. Minutes of 1999 Annual Meeting
4. Reports: President
   Canada East
   Canada Centre
   Canada West
   Certification Chair
   Newsletter Editor
   Bylaws Committee
   Education Committee
   Membership/Treasurer
   Nomination Committee
5. Introduction of year 2000 Conference Committee Co-Chair
6. Introduction of year 2001 Conference Committee Chair
7. Introduction of 2000 Scholarship winners
8. Introduction New President CSGNA
9. Closing remarks
10. Adjournment

TRIP TO FRANCE:

In March 2000 I had the privilege to be invited to speak in Nice to a group of French nurses working in Endoscopy (G.I.F.E. Groupement des Infirmières et infirmiers pour la Formation en Endoscopie). I was asked to discuss the Canadian Certification Process in establishing Specialty status in Gastroenterology with C.N.A (Canadian Nurses Association). It was an honor to represent CSGNA and to share internationally the wonderful work of our association. Towards the end of my presentation I decided to show slides of our country such as the Rocky Mountains and a few beautiful scenes from all over Canada. The impact was great and a few girls promised to come to our National Conference in the Fall. I distributed gifts from C.N.A. and pins from our Association and they were pleased and surprised because it is not one of their customs to hand out gifts.

I discussed their issues and found that we had great similarities. The main role of their Association is to provide Continuous Education to personnel working in Endoscopy. Since 1983, their group has been officially recognized as the training center. During the year they hold in different areas of France 5 sessions of training where attendees can practice their skills in ERCP as an example or with endoloop, endoclips, or assisting physician during colonoscopies. Some hospitals pay to have their employees sent to these training sessions. For nurses who cannot be funded by their hospital, the exhibitors will provide financial assistance. Their practice is thorough and they have excellent Quality Improvement Programs in place.

I visited a large teaching hospital in Nice (Centre hospitalier Universitaire de Nice) and a private hospital in Paris (Hopital Americain de Paris). The cleanliness of both places was outstanding. Except for gastroscopies the patient undergoes endoscopic procedures always under General Anesthesia.

I have been invited to join their association and have done so. This will be an excellent way to maintain our international links.

Michele Paquette, RN CGRN
Certification Chair CSGNA

VOYAGE EN FRANCE:

Au mois de Mars, j'ai eu le privilège de me faire invitée â donner une conférence â Nice â un groupe d'infirmières françaises travaillant en Endoscopie (G.I.F.E. Groupement des Infirmières et infirmiers pour la Formation en Endoscopie). Je devais discuter de l'expérience initiée avec I'AIIC(Association des infirmiers et infirmières canadiennes) vers la reconnaissance de la spécialité des soins infirmiers en endoscopie. C'était un honneur de représenter CSGNA et de partager internationnellement. Le merveilleux travail de notre association. Vers la fin de ma présentation j'ai décidé de montrer des diapositives de notre pays soient les Montagnes Rocheuses ainsi que de magnifiques scènes de partout au Canada. Le résultat fut excellent et quelques infirmières ont promis de venir â notre conférence Nationale â I'automne. J'ai distribué des cadeaux de I'AIIC et des épinglettes de notre association au groupe français et elles étaient ravies et surprises car en France ce n'est pas une de leurs pratiques d'échanger des cadeaux.

J'ai discuté de leurs problêmes pour me rendre compte qu'ils êtaient semblable aux notres. Le role principal de leur Association est de fournir de I'êducation continue au personnel travaillant en endoscopie. Depuis 1983, le G.I.F.E. a êtê reconnu comme êtant le centre de formation. Durant I'annêe I'association organise 5 sessions d'entrainement â differents endroits en France oü les participants peuvent pratiquer leur compétences par example en CPRE ou avec "I'Endoloop", endoclips ou assister le médecin durant une coloscopie. Certains hôpitaux fournissent un support financier pour la formation de leurs infirmières. Si les infirmières ne peuvent obtenir de I'aide financière de leur hôpital ils font appel aux exposants qui donneront leur appui.

Leur pratique est complète et ils ont de bons programmes de l'assurance de la qualité des soins. J'ai visité un gros hôpital enseignant â Nice (Centre hospitalier Universitaire de Nice) et un hôpital privé â Paris (Hôpital Americain de Paris). La propreté de ces hôpitaux était remarquable. Sauf pour les gastroscopies toutes autres procédures endoscopiques se déroulent sous anesthésie générale. On m'a invitée â devenir membre de leur association et j'ai accepté. Ce sera une occasion de maintenir des liens internationaux.

Michèle Paquette RN CGRN

CHANGE OF NAME ADDRESS/NAME

Name: ______________________________

New Address: ______________________________

City: ______________ Province: ______________

Postal Code: ______________ Phone: ______________

Fax: ______________ E-Mail: ______________

MOVING?
LET US KNOW!

Remember to send in your change of address!

Lower GI Bleed
A REVIEW

Lorraine Miller Hamlyn, BN, RN, CGRN

INTRODUCTION:

Gastrointestinal bleeding can present in many forms. Hematememis is bloody vomitus, and can present as either fresh blood or coffee-ground emesis. It is always indicative of upper GI bleeding. Bleeding from the lower GI tract may present as hematochezia, occult blood, and/or melena. Hematochezia is passage of bright blood or maroon blood from the rectum. It usually originates from the colon but may be from higher in the GI tract depending on the volume of blood loss. Bleeding may be brisk, bright red and contain clots or may be mixed with stool. Melena is black, tarry, foul smelling stool. Usually melena is from the upper GI tract but may also be from the lower GI tract when bleeding is slow. Occult blood is bleeding not seen but identified on stool testing. Patients may also present with symptoms of blood loss, lightheadedness, syncope, angina or hypovolemic shock, without any evidence of bleeding.

Bleeding from the lower tract can vary from blood on the tissue wipe to large volume hemorrhage. In all cases of gastrointestinal bleeding upper GI bleeding must be ruled out. Bleeding may spontaneously resolve with the source never being positively identified.

THE EMERGENCY GI BLEED:

The emergency bleed must be considered life threatening until a full assessment of the patient has been done. Treatment must be immediate for patients experiencing symptomatic volume depletion. Assessment of the patients vital signs, site of the bleeding, amount of bleeding, obtain large bore IV access, fluid replacement with saline, plasma and blood if required, blood is sent for complete blood count, chemistry, clotting studies and cross match. During stabilization of the patient a complete history and physical exam is done with attention to previous episodes of bleeding, recent trauma, recent surgery or endoscopy procedure, mediation history, medical history and recent alcohol intake. The volume of blood loss and the patients response dictates the type and timing of diagnostic tests and treatment. After the patient has been stabilized and upper GI bleeding ruled out a flexible sigmoidoscopy may be attempted or a colonoscopy depending on visibility in the colon. If the source of bleeding is identified endoscopic intervention and control of the bleeding may be achieved. If the source of bleeding is not identified and the patient continues to bleed a bleeding scan should be done. If the patient continues to bleed and endoscopic diagnosis and treatment are not feasible then emergency surgery is indicated. Surgery is most successful if the source of the bleeding can be identified prior to surgery. If the bleeding resolves spontaneously and the patient remains stable a full colonoscopy will be done after full preparation to identify and treat the underlying cause of the bleeding.

COMMON CAUSES OF GI BLEEDING:

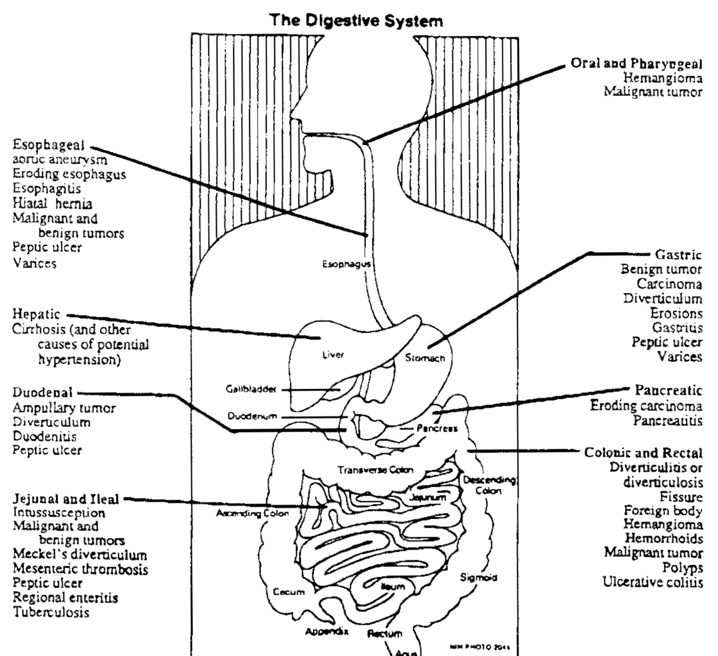

Figure 1: Common sites and causes of gastrointestinal bleeding (3).

There are many sources of GI bleeding as shown in figure 1. The common causes of lower GI bleeding are Polyps, Carcinoma, Arteriovenous Malformations, Ulcerative Colitis, Crohn's Disease, Diverticular Disease, Ischemic Colitis, Infectious Diarrhea, Meckel's Diverticulum, Hemorrhoids and Anal Fissures.

HEMORRHOIDS are vascular masses in the anal canal. Internal hemorrhoids bulge into the rectal lumen above the internal sphincter. External hemorrhoids lie below the anorectal margin and protrude through the external sphincter.

Symptoms may vary from bright red rectal bleeding, rectal pain, to the sensation of a bulging mass in the rectum. They can occasionally cause anemia.

Diagnosis is by proctoscopy or anoscopy.

Treatment is usually hemorrhoid ligation or hemorrhoidectomy with dietary counselling in fiber and fluid

intake.

FISSURE. Anal fissure is a thin tear of the anal mucosa. It usually occurs along the midline of the posterior anal canal and is most often caused by the passage of large firm stool.

Symptoms include severe tearing or burning sensation after defecation, anal itching and discharge of bright red blood.

Diagnosis is by digital rectal exam, anoscopy or sigmoidoscopy.

Treatment is with analgesic ointments, sitz baths and bulk agents. Surgical excision may be required for chronic fissures.

ARTERIOVENOUS MALFORMATIONS are believed to be the most common cause of lower GI bleeding in the older person. These benign arteriovenous malformations are acquired degenerative lesions of aging and most commonly found in the right colon as a result of increased intraluminal pressure and intestinal venous obstruction. The bleeding is usually self limiting and rarely results in hemorrhagic shock. These lesions are distinct from the congenital lesions of Osler-Weber-Rendu Disease which are associated with cutaneous telangiectasia and bleeding most prominently from the upper GI tract.

Diagnosis is by colonoscopy or angiography. Treatment may be by endoscopic methods heater probe or bipolar electrocoagulation but may require surgical resection of the bowel.

DIVERTICULAR DISEASE occurs in fifty percent of persons over age fifty in Western societies. It is recognized as the second most prominent cause of lower GI bleeding. Diverticuli are outpouchings of colonic mucosa through points of weakness in the colonic wall occurring most often in the descending and sigmoid colon but may be found throughout the colon. Bleeding occurs due to the erosion of an artery or vein. Other complications include fever, pain nausea, vomiting, abscess formation, peritonitis, fibrosis and narrowing of the colon leading to obstruction.

Bleeding is usually copious and bright red and can lead to hemorrhagic shock. However most bleeding is self limiting and rebleeding occurs in approximately 25% of patients.

The lesions are usually identified endoscopically and are readily identified on mesenteric angiography.

Treatment includes dietary management, high fiber diets and bulk forming laxatives.

INFLAMMATORY BOWEL DISEASE

(Crohn's and Ulcerative Colitis)

Ulcerative Colitis most often presents as rectal bleeding. The condition is usually readily evident on proctosigmoid exam. Ulcerative Colitis is a chronic recurrent inflammation that affects the mucosa and sub mucosa of the large intestine. It originates in the lower colon and spreads proximal. It is usually continuous from the rectum and is limited to the large bowel. The mucosa develops diffuse ulcerations and hemorrhage with congestion, edema and exudative infiltration in the lamina propria and sub mucosa. Colitis occurs in patients between the ages of 20 and 50 years of age. The initial and most common presenting symptom is rectal bleeding. Diarrhea occurs with more colonic involvement.

Crohn's Colitis is often longitudinal ulcerations involving the full thickness of the bowel. The disease is segmental and most often affects the small bowel. The disease is segmental and most often affects the small bowel particularly the terminal ileum. It can also affect any area of the gastrointestinal tract. Stricture formations and fistulas are frequent complications.

It usually affects persons between the ages of 15 - 30 years. Crohn's usually presents as lower right quadrant pain, cramping, diarrhea, abdominal tenderness, spasm and low grade fever.

Diagnosis of inflammatory bowel disease is by flexible sigmoidoscopy or colonoscopy with biopsies. A barium enema or upper GI with small bowel follow through may be necessary to diagnose Crohn's Disease. Treatment of inflammatory bowel disease is determined by the severity of the disease.

POLYPS are tissue masses that protrude in to the lumen of the bowel. They can be pedunculated attached to the intestinal wall by a stalk or sessile broadbased attached directly to the intestinal wall. Polyps may be adenomatous or hyperplastic. Most polyps are asymptomatic but some patients experience bleeding. Polyps can be excised with electrocautery during colonoscopy or flexible sigmoidoscopy depending on the size. Bleeding can also occur as a complication of polypectomy.

CARCINOMA is the second most common cancer in adults and occurs most frequently in persons between the ages of 50 and 80. Approximately 90% are adenocarcinomas. Early detection is of primary importance. Symptoms may include pain, rectal bleeding, melanic stool, lethargy, anemia, change in bowel function and rectal pressure. Initial diagnosis is by colonoscopy or flexible sigmoidoscopy. Treatment will depend on the extent of the disease.

MECKELS DIVERTICULUM is a congenital anomaly. A diverticulum of the distal ileum resulting from the failure of the yoke sac to close completely during fetal development. The lining of the diverticulum is either gastric mucosa or pancreatic tissue. The majority of cases are uncomplicated and asymptomatic. The first clinical symptom in patients is often painless rectal bleeding accompanied by anemia or shock but may also present an obstruction. Meckels diverticulum should be considered in all cases of GI obstruction and GI bleed especially when routine radiographic exams are negative. Diagnosis is by radionuclide imaging with pertechnetate scan. Treatment involves correction of hypovolemic shock and control of infection followed by surgery.

INFECTIOUS DIARRHEA may present as bloody diarrhea caused by invasion of the intestinal wall by the offending bacteria or virus. Diagnosis is usually made from the history and laboratory tests. Treatment is with the specific antibiotic for the infectious agent.

ENDOSCOPIC HEMOSTASIS: There are many forms of Endoscopic hemostasis methods available to treat the Emergency Lower GI Bleed.

Electrocautery is the use of an electrical current to produce a cutting and/or coagulation effect. It can be used as either a monopolar or bipolar current.

Monopolar Electrocautery is used to excise polyps, cauterize post polypectomy bleeders and obtain large mucosal biopsies. It requires the use of a grounding pad and can cause severe burns to the patient if the grounding pad is incorrectly applied or the patient comes in contact with any metal object.

Bipolar probe is a specialized hemostatic probe that is inserted through the scope to control gastrointestinal bleeding. The probe consists of two electrodes that delivers thermal energy to coagulate the source of the bleeding. Depth of tissue penetration is limited and the device does not require the use of a grounding pad.

Laser therapy is the application of laser light energy to produce hemostasis. It can be precisely focused and is ideal for treating active bleeding. The effect on tissue is determined by the amount of heat generated at the treatment site. Photocoagulation occurs at sixty degrees celsius.

Heater Probe is similar to the bipolar probe in that hemostasis is achieved through the application of thermal energy to the source of the bleeding. Several brief applications of thermal energy may be required to achieve hemostasis.

Injection Therapy with hypertonic saline epinephrine solution is a simple method of controlling active non variceal bleeding and achieves satisfactory hemostasis. It can also be used in conjunction with thermal treatment. In all cases the nurse must understand the equipment she/he is using and operate it according to manufacturers instructions.

Throughout the treatment of the patient close observation must be maintained. Monitor the airway, vital signs, oxygen saturation, level of sedation, i/v infusion, amount of bleeding, amount of discomfort and emotional response.

Throughout the process the patient should be given reassurance and explanations about what is happening. Direct contact such as holding a hand or arm can be reassuring to the patient. Don't forget the anxious family and as much as possible have someone keep them informed of the patients condition.

SUMMARY:

The goal of emergency treatment is to achieve hemostasis and stabilize the patient. Once hemostasis is achieved the patient can be prepared for urgent diagnostic tests. Close monitoring of the patient for rebleeding must be maintained. Specific treatment will depend upon the underlying cause of the bleeding.

BIBLIOGRAPHY

1. A.B.R. Thomson and E.A. Shaffer, The First Principles of Gastroenterology, 2nd Edition, 1994.
2. SGNA, Gastroenterology Nursing, A Core Curriculum, 1993.
3. SGNA, Manual of Gastrointestinal Procedures, 3rd, Edition.
4. Sleisenger and Fordtran's, Gastrointestinal and Liver Disease, Pathophysiology, Diagnosis and Management, 6th. Edition, Vol. I.

Nurses need to stay flexible in order to survive.

Nurses need to stay open to new possibilities as things continue to change.

Let us keep the human aspect of care first and foremost in our thoughts and our actions.

Let us treat each other with respect and dignity. All nurses have is each other, we must stand together or we will all fall apart.

The CSGNA newsletter
"The Guiding Light"
welcomes requests for advertisements pertaining to employment.
A nominal fee will be assessed based on size of advertisement. For more information contact the newsletter editor.

Dr. Donald O. Castell
will be presenting a one day seminar

"Esophageal Manometry & pH Interpretation"

on Friday, April 27, 2001.

The conference will be held in Toronto and details will be sent out in a mailing this fall. To ensure that your are on the mailing list call, fax or e-mail to:

Linda Miller (416) 340-3901,
fax (416) 340-4254,
e-mail linda.miller@uhn.on.ca

SYNOPSIS OF NATIONAL CSGNA EXECUTIVE MEETING APRIL 7,8,9,2000 IN TORONTO

BYLAWS COMMITTEE MEETING:
Bylaw revisions were presented, discussed and changes were approved. Members will have the opportunity to vote on these revisions, when they receive the annual report.

FUTURE NATIONAL CONFERENCES ARE:
Ottawa 2000
Edmonton 2001
Newfoundland 2002

WEBSITE AND GUIDING LIGHT:
Advertisement for job opportunities will be posted, when permission is granted.

GUIDELINES AND POSITION STATEMENTS:
Position statement related to conscious sedation has been changed to "The Role of the Registered Nurse."

Revise Disinfection: Removal of routine swabbing of scopes, but facilities are responsible for monitoring their own equipment.

Health and Welfare Canadian Act, has requested CSGNA to develop guidelines for disinfection of scopes.

Guidelines on Reuse of Reusables will be presented at Ottawa Conference this year.

TREASURER / MEMBERSHIP:
By the end of June 2000, anyone who has not paid their membership fee for the past two years will no longer be members. They will have to rejoin.

People who did not renew will be removed from the membership list.

TERM DEPOSITS:
Extra funds and interest will be removed to educational funds.

EXECUTIVE VACANCIES: For September 2000
Directors: Canada East, Centre, and West, Newsletter Editor

CERTIFICATION:
Toronto and Vancouver were the sites chosen for October 15, 2000 exam.

$1300.00 will be budgeted for examination services.

Toronto contact person is Sandy Saioud, and Vancouver contact person is Evelyn Hilderman.

EDUCATION:
Orientation Packages were updated and will be ready for sale at Ottawa Conference.

TELECONFERENCE:
From Toronto June 26, 2000 at 8pm.

CERTIFICATION EXAM 2000

CSGNA will host two sites for the American Certification Exam on October 15th, 2000. The sites will be Vancouver and Toronto (exact location in these cities TBA). Interested parties must contact the CBGNA for applications and information. Registration can be done by mail or through the CBGNA website. Please follow this website for further information re test sites or contact CSGNA President Cindy Hamilton if you have any questions.

Certifying Board of Gastroenterology Nurses & Associates
3525 Ellicott Mills Drive, Suite N
Ellicott City, MD 21043-4547
Ph 1-800-245-SGNA or 410-418-4808
Fax 410-418-4805
Email: info@cbgna.org

Filling Deadline	Late filling Deadline	Examination
August 28, 2000	September 11, 2000	October 15, 2000
Costs: Handbook - $15.00 (USD)		
Fees	**SGNA (US) member**	**Non-SGNA member**
Certification fee	$300.00 (USD)	$350.00 (USD)
Late fee if applicable	$50.00	$50.00

Part-time
ENDOSCOPY NURSE
needed for private endoscopy clinic in downtown Toronto.

Send resume to
416-964-2870 Fax
or
#230 – 340 College St.
Toronto, Ont.
M5T 3A9

PRESIDENT-ELECT REPORT

The revision of the Bylaws is complete and included in the Annual Report for your vote. Please read them carefully and submit your vote by July 31, 2000.

I would like to thank the members of the Bylaws Committee and the National Board for their input and assistance in completing the review of the bylaws.

Cindy and I had the pleasure of attending the SGNA 27th Annual Course, May 19-24, 2000, "Building Partnerships for the 21st Century". This was an excellent conference with 2300 nurses registered and representation from many countries. It was a time of learning, sharing experiences, networking and having fun. Thank you to our American colleagues for your hospitality.

I attended many sessions on Colorectal Cancer Screening, Nurse Endoscopist and even tried my hand at "Hands-on-Flexible Sigmoidoscopy", to help me prepare the CSGNA documents on Nurse Endoscopist and Nurse Performed Flexible Sigmoidoscopy.

It is hard to believe my term as President Elect is nearly over. It has been a very busy two years. There have been many challenges both personally and professionally. Many of us are still dealing with the fallout from reorganization of our Health Care System and the downsizing of our services. In spite of it all we can still come together in our common interest; Improving the specialty of Gastroenterology Nursing and improving the care we provide for our patients. I commend all of you for your support of our Society and I encourage you to continue to be active in determining the future direction of CSGNA and Gastroenterology Nursing.

I look forward to the Challenges of the next two years as President of the CSGNA and continuing to work on behalf of you, our members. I hope to see many of you in September at the Ottawa conference.

Respectfully submitted,
Lorraine Miller Hamlyn

FINANCIAL AUDIT

Dear Colleagues

Please note the Financial Audit in our annual report for the year 1999. All financial statements were submitted to our current Auditor from PricewaterhouseCoopers & LLP Chartered Accountants.

As we strive toward Certification, the majority of our funds are kept in Term Deposits to earn as much interest as possible. These Term Deposits are guaranteed with no risk to our funds. We keep a minimum in both our operational and educational accounts to maximize our return. The Term Deposits flow back to the appropriate account as required.

The funds in our Operational account are from our membership dues, national conference registration, exhibitor booths, and support from our generous sponsors. The funds in our educational account are from the 25% profit each chapter submits post Educational Days, and Scholarships donated by our sponsors

Any questions or concerns regarding ***YOUR*** money please contact me or any member of the Executive.

Sincerely,
Edna Lang, National Treasurer
CSGNA

It's time again to renew your annual membership for the 2000-2001 year. Our renewal date will continue to be the month of June. Membership is down from last year, as we all are aware of the ever changing system in our health care today the benefits of being a member are: ongoing networking with colleagues from across the country, keeping abreast of current research and technology, position statements and guidelines, scholarships, CSGNA website and our goal of certification. Please encourage your friends and colleagues to become members. Please fill out membership application forms clearly when you renew and send any changes of name or address to the address below.

Please direct your membership application/renewal form to:

Edna Lang
CSGNA Treasurer/Membership Chair
27 Nicholson Dr,
Lakeside, NS B3T 1B3

I would like to welcome the following new members:

Name	Location
Lorraine Lafleche	Richmond, BC
Vicki McNay	Surrey, BC
Carrie Forbes	Lethbridge, AB
Dan London	Calgary, AB
Beverley Burns	Regina, SK
Donna Bremaud	Newmarket, ON
Mae Burke	Oakville, ON
Zivile Cullimore	Newmarket, ON
Linda Denis	Barrie, ON
Michaela Hanna	Marionville, ON
Judy Marriott	Petrolia, ON
Camilla Mingle	Niagara Falls, ON
Elizabeth Offord	Oakville, ON
Sandra Patterson	Petrolia, ON
Mary-Ellen Pegg	Holland, ON
Jill Ross	Mississauga, ON
Joanne Waite	Orleans, ON
Olga-Alida Vatalaro	Scarborough, ON
Coleen Kelly	Timberlea, NS
Carol Harrietha	Halifax, NS
Catherine O'Handley	Halifax, NS
Paul Thellab	Moncton, NB
Christine Manning	Corner Brook, NF

MESSAGE FROM THE EDITOR

As this is my last newsletter that I will be the editor of I would like to say just how much I have truly enjoyed my time at this task. I have found it both a learning experience and an enjoyable experience.

When I took this job on it was labelled very much 'the white elephant job'. It was a good thing I was quite naive at the time and did not know any of the difficulties. I believe, that is what has made this a positive only experience. I firmly believe that any task you undertake becomes exactly what you make of it. Of course working with one of the most motivated group of people I have ever had the pleasure to meet has made my task that much simpler.

So onward I will go, hopefully being able to fill the expectations of the CSGNA and its membership.

I would like to thank all of those who have contributed both in writing and in spirit, it is you that has made The Guiding Light a success!

Lorie McGeough

CANADA WEST REPORT

VANCOUVER REGIONAL CHAPTER

On May 30, 2000, the Vancouver Chapter held an evening educational session "Disinfection and Troubleshooting of Endoscopes" which was sponsored by Fibertech/Dialife. It was presented by Martin Branch, from Olympus and Mark Touttenberg from Fibertech/Dialife. An Italian buffet was enjoyed before the presentation. It was well attended by 40 people from the Vancouver hospitals. A $10.00 fee was charged to attend.

VANCOUVER ISLAND

Chapter president, Irene Ohly, reports that an inservice was presented by Martin Branch from Olympus on the Endo Loop and Rotatable Clip Fixing Device.

The chapter has been promoting certification. There is now 4 people interested in writing the exam.

OKANAGAN

Linda Fransden, Chapter president, reports that on June 22, 2000 an education session is planned on "Argon Plasma Coagulation". It will be sponsored and presented by David McCory from AMT.

At the chapter meeting, Deb Levine will give a report on the Calgary Chapter's education day which she attended in April.

Have a great summer and look forward to seeing you in Ottawa.

Evelyn Hilderman,
Director Canada West

SASKATCHEWAN CHAPTER

An education evening of "True Colors" was held. "True Colors" is a session that gives insight into our personalities, how we approach, perceive and deal with stressors in our lives. It is fun and a great learning experience.

We are planning our annual GI days for Oct. 13, 2000. The day will focus on liver disease.

REPORT FROM CALGARY CHAPTER

The Calgary Chapter ended its year with a very successful Nursing Challenges: Coping in 2000 and Beyond. The planning committee chose to do a more varied content in presentations, rather than a specific theme, and this approach proved to be successful as reported by attendees on their evaluations. We were fortunate to have the support of Microvasive in bringing Lorie McGeough and Shannon Cote, from Regina, to present "To Use and Use Again". This talk provided many of us with information and in some cases, ammunition, to use in our own workplace. We want to thank all of our Vendor sponsors, without whom this event would not have been as successful.

We were very proud to have applied for contact hour credit from the SGNA and been granted 7.6 hours for this day. This was a sometimes tedious and definitely time consuming exercise but ultimately worthwhile as we attracted Certified nurses from as far away as Kelowna, Lethbridge, Red Deer, and Canmore who indicated at least part of their incentive to attend was for the contact hours. This was also of value to nurses who maintain US registration, at least two of whom were attendees. To my knowledge, we are the first Chapter in Western Canada to go through this process. If any Chapter would like further information on this, don't hesitate to call me.

Our first meeting of the new year is October 12, 2000. It will include reports from attendees at the Ottawa Conference, election of officers, and discussion of educational events for the upcoming year. We wish everyone an enjoyable and relaxing summer, and look forward to networking with many of you in Ottawa.

Respectfully submitted by
Debbie Taggart
President, Calgary Chapter

CANADA CENTRE REPORT

The Southwestern Ontario Chapter had an education day on Saturday, May 13th on Hazards in the Workplace for the Health Care Professionals; in particular GI Personnel by Dr. Fingerote. Also Lance Othmen from Carsen did a presentation on Endo Loops and Endo Clips. It was an interesting and informative session. Thanks to Diane Gray for organizing the education day and thanks to Carsen for sponsoring it. A business meeting was held after the session and new chapter executives elected. President-Diane Gray, Secretary-Pam Hebert, and Treasurer-Joan Staddon. Welcome aboard, and I'm looking forward to working with all of you.

The London Area Chapter has an education evening planned for June 21st on Crohn's disease to be presented by Dr. T. Ponich. Our thanks to the London Chapter executives for organizing this evening and to Pentax who will be sponsoring the evening. A business meeting will be held after for the election of new chapter executives. Please support your chapter.

The Golden Horseshoe Chapter had an education evening on April 27th on Home TPN – Leaving from hospital to home on TPN, presented by a nurse/dietician. The evening was held at St. Catherines General Hospital. Thanks to the Chapter executives for organizing the evening and thanks to Abbott for sponsoring it. The chapter is planning an education session for sometime in the fall. More details on this will be made available on our web site.

One good reason to live in Saskatchewan … cruise control takes on a whole new meaning.

The Greater Toronto Chapter is in the process of planning an education session. Details will be posted on the web site when it becomes available.

Looking forward to see you at our annual conference in Ottawa in September.

Sincerely, Sandy Saioud

CANADA CENTRE

The Ottawa Chapter invites you all to join us for our National Convention in Ottawa from September 22nd to 24th, 2000. As a member of the Planning Committee I can assure you we are offering an excellent programme which you may find published in this issue of the Guiding Light. I would like to thank all those who have given me support during the past four years that I have held the position of Director of Canada Centre. It has been a privilege to serve on the National.

Hope to see you in September in Ottawa.

Yours in CSGNA,
Nancy Campbell, Director of Canada Centre

ANNUAL REPORT FOR CANADA EAST

In September 2000, my two-year term as East Coast Director will be completed. The time has passed so quickly and I have had many wonderful opportunities to meet and exchange ideas with colleagues across Canada and internationally. Certification is becoming a reality. Together we can make a difference. I am proud to have been a member of our executive.

In June 1999 Canada East Regional Conference was held in Summerside, PEI. Twenty-nine nurses, representing ten hospitals attended. The enthusiasm of our members was apparent and all comments were positive and constructive.

The New Brunswick/ Prince Edward Island Chapter's Annual Education Day was held in Moncton in October 1999. Nineteen Nurses attended. The election of officers for their chapter took place at that time. Thanks to Carolyn Lewis for organizing another successful day.

In November 1999 twenty one nurses enjoyed timely topics at the successful Annual Education Day held by the Nova Scotia Chapter. It was held in Halifax. Lively open discussions took place and there were lots of questions and answer sessions. Thanks to Liz Hendsbee for her organizing skills.

Without our sponsors, these learning sessions couldn't take place and our members would like to acknowledge the contribution they make to our professional practice. Thank you to each and every sponsor.

In 2000 Canada East Regional Conference will be held in Halifax on June 17 & 18. It will take place at the Prince George Hotel. The tentative program has been circulated to all Canada East members. The Nova Scotia Chapter will be hosting this year's conference.

Thank you to all members for your support during the past two years.

Sincerely
Evelyn McMullen

Nursing Down Under

My family and I have had the opportunity to spend 18 months in Australia while my husband does an MBA. We have also been fortunate enough to do some sight seeing in this marvelous country. Because my husband has a student visa I am allowed to work. I started applying for my nursing license about 8 months before we left Canada. The process is not difficult but it simply takes time to fill out the paper work and progress from one step to the other. I had the most help from two former Civic Hospital (Ottawa) nurses who have married Australians and now reside here.

We are living in Tweed Heads, which is a town of about 45,000 people. We are on the coast and our town is on the two state borders of New South Wales and Queensland. Applying for a job here is very different from at home in Ottawa. In Ottawa a nurse leaves here resume and a cover letter at different workplaces and waits for a call from the employer. In Australia the focus is on Equal Employment Opportunities, which means that every position from full time to casual must be advertised in the paper and posted at the workplace.

The first job I applied for at the local hospital I didn't know what to expect. I was sent a huge package in the mail. The package included a job description, a unit description, and an explanation of what an equal opportunity employer was and a section on work place health and safety. The four essential criteria and four desirable criteria for the position were listed. Each applicant is required to explain in written form how he or she meet the criteria. Three people then review the application before suitable applicants are given interviews. Three interviewers conducted the interview.

I have worked in nursing for 27 years. My experience includes Med/ Surg, ICU, Maternity and L&D, O.R., Emergency and Outpost Nursing. The last 13 years I have worked as a Nursing Unit Manager in Endoscopy and Outpatients at the Civic Hospital. I was looking forward to the challenge of bedside nursing but I was not certain of the field I would choose.

In February I started work at the local hospital which has 100 beds. The hospital is a public hospital as opposed

to a private hospital. The hospital is a teaching hospital. We have residents and registrars.

I have a job as a Casual R.N. in Pediatrics and Theatre (OR). The pediatrics is completely new for me. I have not worked in Pediatrics since training but I welcome the chance to learn new skills. I started working in the Theatre only because I have had previous experience. The theatre includes the recovery room and that is where most of my shifts have been. I have spent some shifts scouting (circulating) but it is 18 years since my O.R. work and I need more orientation before I do scouting on my own.

I wouldn't say I experienced culture shock but some systems are different here. To begin with I was told the uniform was anything navy and white. Most staff wear blue shorts, pants or skirts and a white and blue top. I have chosen blue shorts because most days the temperature is about 26C.

The equipment that is used here is not unlike ours in Ottawa. They have a needless I.V. system. They use IMed I.V. pumps and tympanic thermometers. I have been impressed with the number of epidural infusions that leave the O.R. as opposed to P.C.A infusions. Epidural seems to be the route of choice in pain control.

The patient chart was a big challenge at first. I am used to a page of Doctor's orders that summarize the medications and treatments. There is no such form here. Whatever the Doctor wants to order he writes on the medication sheet. If he wants an I.V. ordered he writes each litre desired on an I.V. sheet. His notes are on a progress sheet, which is shared by nursing. Orders can be written on the progress notes and summarized as the plan of care. Details such as diet and mobilization are often left up to the nurse's discretion. There are no nursing Kardexes. Some of the busy wards have ward clerks to answer the phone and book appointments but the smaller wards do not have a ward clerk. A clerk is not needed because there is no recopying of orders to medication sheets or Kardexes. The doctor even fills out the requisitions for blood work and X-rays. The nurses do a lot of cleaning. When a patient is discharged it is the nurse that cleans the bed and bedside area. The approach to wound care is different. If the wound is entirely closed the patient is put in the shower and once the dressing is removed, the incision is rinsed with running water. A dry dressing is applied after. This eliminates the use of a dressing tray and the patient gets a much better cleaning with a shower than a bed bath.

My biggest challenge has been to learn the medications. There are a few drugs such as digoxin and fentanyl that are the same but everything else has a different name. Even Tylenol is called Paracetomol and A.S.A is called Dispirin. I don't think the drug gravol exists here. We use Maxalon and tropisitron for nausea.

My experience with Endoscopy has been limited. There is a Gastroenterologist here but he does Endoscopy in a Medical Clinic and at the private Hospital. The only cases I have seen are Emergency cases for Inpatients and PEG insertions. The equipment is familiar. There is a Pentax video system and they use Cook bands. The patients are very sedated with midazolam and propofol and spend a minimum of half an hour in Recovery Room.

After 3 months working casual I feel very comfortable here. The staff are very friendly and always ready to offer advice. The drugs are becoming familiar. The practices are very similar. The nurses here have the same comforting words to offer patients and the same high level of expertise and professionalism is displayed day after day. I remain a source of curiosity to everyone and so I get a lot of questions. Some of my poor patients especially in Recovery Room give me a blank stare as they are waking up. I think they must feel like they have woken up in a different country. One of the Anesthetist's today asked me if there were interpretive services available. He said this very seriously and then I realized that he meant so he could understand me.

I am very grateful for the opportunity to work here and every day I learn new skills. Being a nurse is such a great way to meet people and has given me a chance to experience the hospital culture first hand.

Jean Macnab R.N., B. N. MEd.

Call for Nominations CSGNA Executive

Positions open for nomination for 2000.

- President-elect
- Newsletter Editor
- Director for Canada East
- Director for Canada Centre
- Director for Canada West

Please send all nominations to Chair of Nominations Committee (President CSGNA) 546 Kenmarr Cres., Burlington, Ont. L7L 4R7 by April 30th, 2000.

Certification for Fall 2000

The CSGNA National Executive has voted to host two sites for the U.S. exam in the fall of 2000. The tentative date Oct 15th. The tentative sites Toronto and Vancouver. When this information becomes firm we will announce it on this web page. Information on what is needed for registration can be found on the CBGNA website info@cbgna.org.

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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.

GUIDELINES FOR SUBMISSION to *"THE GUIDING LIGHT"*

- white paper with dimensions of 81/2 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.

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Treasurer: Wendy Heater

**The secret of joy is contained in one word … excellence.
To know how to do something well is to enjoy it.**

Pearl S. Buck

Hereditary Non-polyposis Colon Cancer
(HNPCC or Lynch Syndrome)

by Linda M. Leonard R.N.

WHAT IS HNPCC?

HNPCC or Lynch syndrome is an inherited condition that predisposes a person to develop colorectal cancer. In 1966, Dr. Henry Lynch (for whom the Lynch Syndrome is named) recognized the link between hereditary disease and cancer based on previous related research. This disorder is a result of alteration in the DNA repair genes.

This syndrome affects mainly the right side of the colon (approximately 70%-proximal to the spleenic flexure).

Some individuals with HNPCC can also have Lynch II Syndrome in which the person develops other extracolonic cancers; primarily endometrial cancer, other sites affected are – ovaries, breast, stomach, small bowel, hepatobilary tree, urinary tract and skin.

HNPCC comprises approximately 1%-5% of all colorectal cancer. The average age for developing sporadic colorectal cancer (non HNPCC) is 65 years, whereas HNPCC usually occurs at a much earlier age (approximately 45-50 years).

HOW IS HNPCC INHERITED?

A person with HNPCC has a 50% chance of passing the mutant gene on to their children. Those who do not inherit the gene cannot pass it on to their offspring. However an individual with no previous history of HNPCC Syndrome can become the initial producer of the defective gene, they can then pass this mutation on to their children

DIAGNOSES OF HNPCC SYNDROME

At present the most reliable form of diagnosis is a positive family history.

A specific set of guidelines known as the "Amsterdam Criteria" was developed by a group of researchers from various countries to help in identifying HNPCC families.

They are as follows:

1) 3 or more close family members have colon cancer. (One of whom is a first degree relative of the other two)
2) If any family member have had more than one cancer associated with HNPCC Syndrome.
3) Two or more successive generations of colon cancer.
4) A family member 50 years or younger has a diagnosis of colon cancer.

GENETIC TESTING

In testing of family members to determine if they are a high risk for HNPCC, a blood sample must be obtained from at least one family member with colon cancer. Genetic testing is only possible when the gene and the alteration of the gene are known. These tests are still in the research stage and cannot detect all HNPCC causing genes, therefore colon screening is still the best method.

GUIDELINES FOR PEOPLE AT RISK

If a person inherits the mutant gene they have approximately an 80% chance of developing colon cancer in their lifetime.

Early diagnosis is important for the detection, treatment and prevention of colon and related cancers.

These diagnostic procedures can be done by:

- Examination of the entire colon by colonoscopy or double contrast Ba enema + Sigmoidscopy (Colonoscopy is the preferred method). This should be done every 1-3 years by age 20-30 years, annually after 40 years or 5-10 years before the age of the earliest diagnosed family member with colorectal cancer.
- HNPCC individuals with adenomas may be followed up with annual colonoscopy.
- Women beginning at the age of 25 years should have and annual endometrial screening and biopsy and transvaginal ultrasound. (There is a 40% risk of developing endometrial cancer with the HNPCC mutated gene)

SYMPTOMS OF HNPCC

1) rectal bleeding
2) crampy abdominal pain
3) long period of constipation
4) diarrhea with no apparent cause
5) weight loss
6) lack of energy

Most individuals with HNPCC do not develop any symptoms. For this reason colon screening is essential for the early detection of cancer.

TREATMENT

Colonoscopy may be sufficient to remove a polyp, however if cancer is found surgery is recommended.

The most commonly preformed operation available for the treatment of HNPCC are:

1) Subtotal colectomy with ileorectal anastomosis
2) Ileoanal pull through (pouch procedure)
   - annual screening of remaining colon or rectum because of the risk of subsequent cancers
3) Ileostomy

CONCLUSION

Familes in which this defective gene is known to exist should seek medical and genetic counseling to determine the risk to each individual family member. Early recognition of those persons with HNPCC Syndrome is imperative for the prevention and treatment of colon and related cancers

REFERENCES

Magazines and Articles

1. *A Guide for Patients and Their Families.* Hereditary Colon Cancer. Mount Sinai Hospital 1999
2. Glaser, Elizabeth M., R.N., M. S.N. *Inherited Predisposition to Colon Cancer*. Cancer Nursing Vol. 21, No. 6, 1998
3. *Hereditary non-Polyposis Colon Cancer (HNPCC) Syndrome.* Mayo Clinic Information for Patients. http://www.mayo.edu/int-med/gi/mc2484/mc2484.htm
4. *Hereditary non-Polyposis Colorectal Cancer.* The John Hopkins Guide for Patients and Families 1995
5. Lynch, Henry T., M.D. and Shaw, Trudy G., Ma B.S.N. *The Genetics of Colorectal Cancer.* Primary Care and Cancer, June 1999
6. Lynch, Henry T., M.D. and Smyrk, Thomas M.D. *An Update on Lynch Syndrome*. August 1998

continued from page 1

Lorraine Miller-Hamlyn President- Elect has been reviewing our bylaws and with the assistance of her committee will present these changes to the membership. This is the heart of how our organization conducts its business and your input is important.

Marlene Scrivens and the Education Committee have invested many hours to produce an orientation package for Endoscopy. Marlene will present this tool at the Annual Conference in September. This year we will be offering 12 scholarships to attend the Annual Conference and it is the job of the Education Committee to scrutinize and grade the applicants to ensure a fair distribution.

Our Annual Conference in 1999 was a great success and Gastro '99 will be remembered as a truly International Conference. Congratulations again to the planning Committee and host Chapter of Vancouver.

The Annual Conference this year is in Ottawa and it promises to be an excellent educational offering as well as a premier social event. The Ottawa Chapter has worked long and hard to produce for us a wonderful experience. Please take time to join us if you can and to learn and share your experiences with your fellow GI professionals. We all look forward to seeing you there.

Best Wishes for the coming year.
Cindy Hamilton

Creativity and Control

In order to allow ourselves to be creative, we have to relinquish control and overcome fear. Why? Because real creativity is life-altering. It threatens the status quo; it makes us see things differently. It brings about change, and we are terrified of change.

Education Committee Update

The Education Committee has been working on an Orientation Package for GI nurses, which will be available following the Annual Meeting in the Fall.

Included in the package will be:

- GI Proficiency Exam
- IV Drug Certification Exam
- Scavenger Hunt
- Orientation Timetable
- Guideline For Buddies
- GI Competency Checklist
- Position Statements
- Guidelines
- Standards For GI Practice
- GI Orientation Evaluation

This package is intended as an education tool for use in developing your own policies, procedures and protocols.

The Orientation Package is subject to institutional policies and regulatory guidelines.

There will be a charge to cover he cost of copying.

Marlene Scrivens
Education Committee Chair

SCHOLARSHIPS
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TOPICS
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CEU'S
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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:
Lorie McGeough, Dianne Ryan, Elaine Fehr, Ann-Marie Urban
Marlene Scrivens, Education Chai
FAX 306 766 2513

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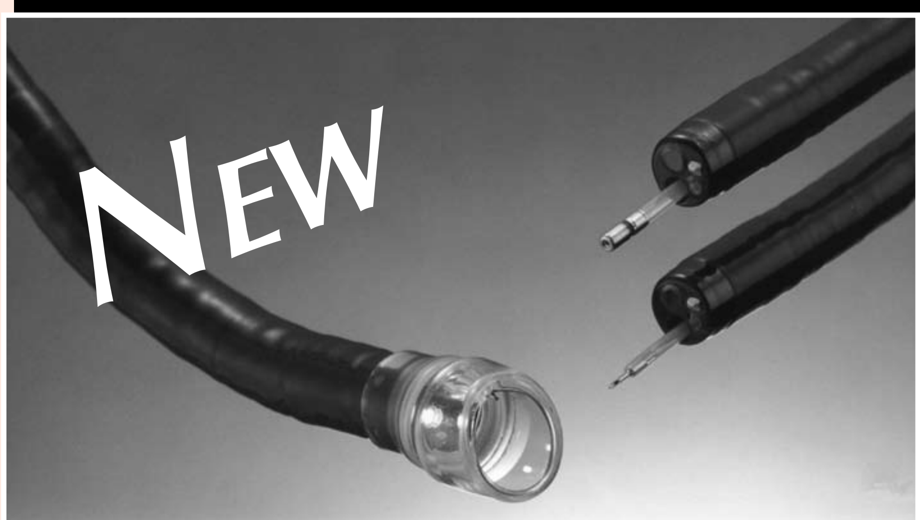

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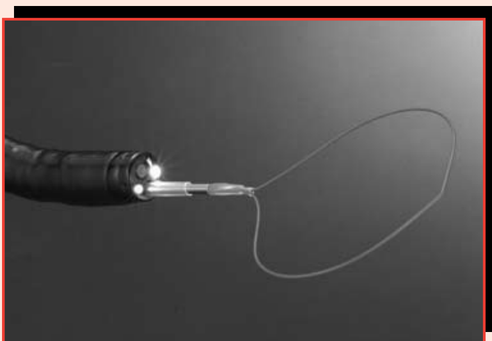

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Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

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 19________

SIGNATURE ____________________ DATE ____________

Canadian Society of Gastroenterology Nurses & Associates
C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

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.

APPLICATION FORM AND SUBMISSIONS MUST BE RECEIVED BY THE EDUCATION CHAIR AT THE ABOVE ADDRESS BY JUNE 1 OF THE CURRENT YEAR.

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: ____________ **JOINED THE CSGNA IN 19**___

SIGNATURE: ______________________ **DATE:** ____________

Canadian Society of Gastroenterology Nurses & Associates

C/O EDUCATION CHAIR: MARLENE SCRIVENS, 2107 BONNEAU PLACE, REGINA, SASK. S4V 0L4

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.

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 19____

SIGNATURE: ______________________ DATE: __________

Canadian Society of Gastroenterology Nurses & Associates
546 Kenmarr Cres., Burlington, Ontario L7L 4R7

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 ______________ 19____. 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 ❑	$20 ❑	$30 ❑
Affiliate Membership		$50 ❑	$100 ❑	$150 ❑
National G.E. Nursing Membership	up to 100	$50 ❑	$100 ❑	$150 ❑
	101 - 400	$200 ❑	$400 ❑	$600 ❑
	401 - 1,000	$400 ❑	$800 ❑	$1,200 ❑
	Over 1,000	$750 ❑	$1,500 ❑	$2,250 ❑
Corporate Membership		$1,000 ❑	$2,000 ❑	$3,000 ❑

Please add an additional $15 for those checks that are drawn off Non-US banks. $ _______ Total Pymnt.

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__________________

 # Years Education/Training

__________ 1 Year
__________ 2 Year
__________ 3 Year
__________ 4 Year
__________ 5 Year

First Name (Given Name)

Last Name (Family Name)

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
☐ Physicians 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)
☐ 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
☐ Voting	Associate	Limited to Assistive Personnel - technicians, technologists, assistants involved in, or associated with, gastroenterology and/or endoscopy nursing practice	$105.00	$60.00
☐ 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 $7.50.)

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, engeignants, 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. imprinter ou dactylographier l'information

SURNAME
NOM DE FAMILLE ____________________
☐ MR / M ☐ MRS / MME ☐ MISS / MLLE ☐ MS / MS

PRÉNOM
FIRST NAME ____________________

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 ____________________

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)
ÉDUCATION (COCHEZ UN) ☐ RN
IN ☐ RNA
I AUX ☐ TECH
TECH ☐ OTHER (EXPLAIN)
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 chéque payable à CSGNA. (Envoyez avec cette formule d'application dûment remplie à l'adresse ci-haut mentionnnée.)

CSGNA 1999-2000 Executive

PRESIDENT

CINDY HAMILTON
546 Kenmarr Cres.
Burlington, Ontario
L7L 4R7
(905) 569-8100 Ext. 26 (W)
(905) 632-4110 (H)
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(306) 766-2762 (W)
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E-MAIL: lmcgeough@reginahealth.sk.ca

PRESIDENT ELECT

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180 Waterford Br. Rd.
St. John's Newfoundland
A1E 1E2
(709) 722-0294 (H)
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SECRETARY

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L3P 7N4
(905) 294-3378 (H)
(905) 472-7036 (W)
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E-MAIL: cbinger@myna.com

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CANADA CENTRE DIRECTORS

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FAX: (613) 748-4914
E-MAIL: ancampbell@sprint.ca

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FAX: (416) 281-7141

EDUCATION CHAIR

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T3H 2R1
(403) 246-8036 (H)
(403) 291-8922 (W)

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

Website: www.csgna.com