



The Scope

PRESIDENTS MESSAGE

Hello Region 45,

Well, a new season has started. I think that out of all the seasons fall is my favorite. I love the fall colors, fall festivals and Halloween. I hope that all members are doing well.

Our region at the present time is helping organize the multistate conference that will take place Oct 7-9. We were responsible for getting the brochure. 2011 President, Joan Metz



Thanks to Kim McNary and Shirley Flowers for all their work on the brochure. They were Region 45's representatives to the multistate educational committee. It is not too late to go to the conference. If interested please go to our website for more information.

Our regional educational conference is going to be held March 24, 2012. Please save the date. It will be held in Cincinnati at the Oscar Center which is connected to the famous Jungle Jim's. There will be more information in the next newsletter and on the website about the conference. We are looking for interesting topics and possible speakers for this educational event. If you have any suggestions we would love to hear from you.

Again, this year we are applying for Region of the Year. I know that one of the areas in the application the region is weakest is in member participation in the SGNA elections held in December. The board will be sending
Continued on pg 2

Please remember to check the SGNA Website often and vote for the annual officers!

2011 OFFICERS

- PresidentJoan Metz
- Past PresidentDebbie Vance
- President ElectTerri Geil
- SecretaryKim McNary
- TreasurerKaren Strader-Helton
- Education/LegislationShirley Flowers
- Historian/Newsletter.....Sandy Amos

Our new Medical Advisors for 2011-2012 are Dr. Carmen Meier and Dr. Christopher South. Thank you for your dedication and service.
Check out our next newsletter for bios.

Education & Legislation

*Shirley Flowers, BSN, RN, CGRN
Ohio State University Medical Center
Nursing Staff Development Specialist,
Endoscopy*

Greetings to all,

Year in Review:

The 38th annual National SGNA Conference held May 6 – 11 in Indianapolis, Indiana, we shared some of the city's dinning spots with Indianapolis marathon runners as well as local Prom night goers, while practicing patience is a virtue in the 90 + minutes downtown, hot spot dinning lines

I was privileged to have represented you (OSGNA region 45) in the SGNA 2011 House of Delegates. Ohio had a contingency of conference participants and well as session presenters. Joan Metz was a presenter at Train the Trainer pre-conference sessions and I was one of the presenters at the ABCGN Certification review session.

Next year's SGNA conference will be held in

Continued on pg 3

Medical Advisor

Dr. Christopher D. South, MD

Dr. South graduated from The Ohio State University College of Medicine. His Internal Medicine Internship was completed at Duke University and his Internal Medicine Residency and Gastroenterology Fellowship were both completed at Ohio State.

Dr. South's Gastroenterology Fellowship included extensive training in endoscopic ultrasound (EUS). He is Board Certified in Internal Medicine and will take his Gastroenterology Boards in October 2010.



Medical Advisor

Dr. Carmen Meier, MD

A SOLID EDUCATIONAL FOUNDATION

"The practice of medicine requires one to have a strong knowledge base and commitment to continuing education. The art of medicine is more related to how this knowledge is applied to each individual patient. I believe both skills are important when treating my patients."

- Doctor of Medicine-University of Cincinnati, 2003
- Residency-University of Pittsburgh, 2004-2006
- Fellowship-University of Pittsburgh, 2006-2009
- Advanced Fellowship in Therapeutic Endoscopy-University of Colorado, 2009-2010



DISTINGUISHED FOR PROFESSIONAL DEDICATION

"The sharing of information and technical advancements in Gastroenterology is very important to keep our knowledge base current. This helps us provide the best possible care for our patients."

- **Certified**—
American Board of Gastroenterology
American Board of Internal Medicine
- **Member**—
Ohio State Medical Association
American Society of Gastrointestinal Endoscopy
American College of Gastroenterology
American Gastroenterological Association
Pennsylvania Society of Gastroenterology

President's Message from pg 1

emails out to remind everyone to vote. I also need names of any members who spoke this year in Indianapolis at the National meeting or members who are on any SGNA committees. Please send me an email so I can include your name in the application.

Our next board meeting is October 29th at 10 am. It will be held at Max and Erma's located in the Roberts' Center. All members are welcome. Our main focus will be the March Meeting. However, we will also be talking about goals for 2012.

Take care and enjoy this beautiful fall weather,

Joan Metze, President ☘



Phoenix, Arizona, if you are going, remember to check out one of Joan's training sessions! Train the Trainer session continues to be very popular.

OSGNA was proud to once again be a co-sponsor of Nurses Day at the Statehouse. This year's event was held June 7th. While it was not standing room only this year, it was well attended. In addition to hearing the sponsoring organizations present their legislative agenda's talking points, we also heard from several state legislators. The day included tours of the statehouse, attendance at open sessions as well as an opportunity to lunch and network with state legislators, colleagues and nursing students from throughout the state. OSGNA has been a sponsoring organization of this event for the past several years and has presented issues pertinent to health caregivers and consumers alike, related to colorectal cancer; including screening, follow up treatment and care, particularly for those Ohioans that are under served or uninsured.

Save the date for next year's Nurses Day at the Statehouse - February 29, 2012.

It has been said that 1 out of every 50 registered voters is a nurse. What a voice we have, let our voices be heard, remember to vote in the next upcoming election!

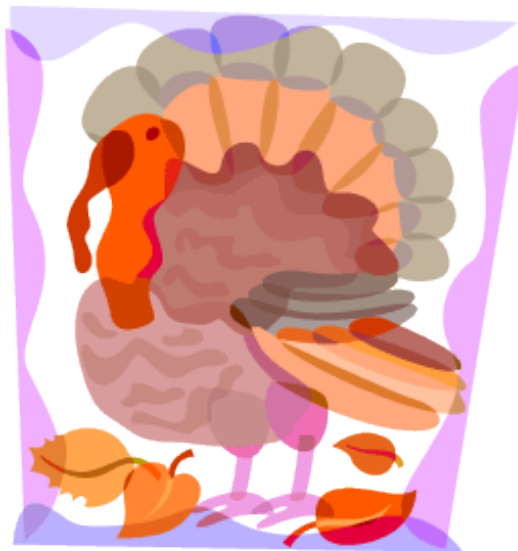
The Multi Regional SGNA Education Conference was held in Wisconsin the weekend of October 7 -9th. Kim McNary and I served on this year's Multi Region SGNA education conference committee. There were over 150 participants with 6 or so from Ohio. Outside perfect sweater weather, sunshine with beautiful fall foliage, lots of oranges, reds and rusts. Inside, the topics and speakers were very good. All but one of the sessions was GI specific. The committee has already begun work on next year's conference, which will be hosted by the Indiana SGNA. Next year's conference in October, 2012 will be in Indianapolis, Indiana. Indiana is a little closer to our boarder – plenty of time to plan now for a fall road trip.

Upcoming Events:

For those of you that have waited or would like to add a few more GI specific contact hours – Bethesda North Hospital in Cincinnati will be hosting the annual Judy Staley Endoscopy Symposium on November 5, 2011 from 7:00am – 4:05pm. The all day session topics look good, and as stated on the brochure have been approved for 7 nursing contact hours.

OSGNA Education Conference 2012- Our next annual education conference will be held in the Cincinnati area, March 25, 2012. The Education committee has began working on a line up of speakers and timely topics based on your suggestions with our goal being educational and relevant topics for both novice and seasoned digestive health team members alike.

Seasons Greetings, Shirley ☘



Not All GI Tubes are Created Equal!

(author unknown)

Endoscopy nurses are quite familiar with PEG (percutaneous endoscopic gastrostomy) tubes, at least with assisting with insertion of these tubes. What is the difference between the tubes?

“Push” PEG’s look familiar from the outside, but differ in placement. Push PEG’s are placed in patients with head and neck or esophageal cancer in order to prevent seeding of the tumors when the PEG is pulled through the



The “pull” PEG is the most commonly placed.

GI tract. T-fasteners are used externally to approximate the stomach wall to the skin prior to skin incision. The T-fasteners fall off in 10-14 days after the layers have healed.

Patients may also have surgically placed gastrostomy tubes. (Hint: midline incision!) these tubes look like a regular catheter, but they will be stitched to the skin in order to prevent migration. Endoscopically placed gastrostomy tubes have a balloon on the inside and a disk or horizontal stay on the skin to prevent migration. A foley may be inserted in the tract only as a placeholder until a proper tube can be inserted. A foley will migrate into the pylorus unless properly tethered to the skin.

Medications may be crushed and diluted in up to 30ml of water and instilled in PEG tubes that are 16fr. and larger. Do not crush time-released meds! The patient may receive the entire dose at once. Many medications are incompatible with enteric feedings. Flush the tube with 30-90ml. of warm water prior to and after medications to prevent clogging.

The skin around the tube must be kept clean and dry. Most articles suggest soap and water, or hydrogen peroxide. For patients susceptible to infections, articles suggest cooled boiled water.

A common problem is leakage of GI contents around the tube. This is usually caused by 3 different phenomena.

1. Tube diameter is too small for the stoma site.
2. The disk surrounding the tube is too loose. The tube should be able to be twirled freely, but not lie on the skin surface.
3. The fixation is too tight. As stated above the tube should twirl freely. A “buried bumper” can result in leakage of fluid since the distal end of the PEG tube is in muscle or submucosa.

Dressings may be placed over the disk, but not between the skin and the disk for two reasons.

1. Bulky dressings can contribute to “buried bumper”
2. Dressings can keep the skin moist and cause tissue breakdown around the tube.

“Pull” PEG’s should be changed after a year in case the balloon breaks and the patient is not close enough to a facility (within 2 hours) to get it replaced.

After insertion, many institutions wait 24 hours before starting feedings. Current literature suggests 4 hours may be adequate depending on patient’s current nutritional status. Be careful regarding amount of feeding instituted, however, in debilitated patients. Overfeeding a patient who is in a state of starvation can cause multi-organ failure :re-feeding syndrome.

If patients can be taught re: feedings and tube care prior to insertion, the patient can have the PEG inserted as an outpatient. However, debilitated patients need to be admitted if they need IV hydration, or teaching.

Many patients are receiving j-tubes (jejunostomy) tubes for a variety of reasons including aspiration; pancreatitis, gastric intolerance, etc.

J-tubes can not be treated the same as a g-tube. First, the diameter is much smaller. Therefore, medications can not be crushed and diluted with water because the particles will clog the j-tube. Therefore, meds should be in elixir or suspension form. Syrups may actually react with the enteral nutrition. Many medications are absorbed in the stomach, and will not be effective if placed through a j-tube. Patients should review their medication list with a pharmacist.

As feeding tubes become more prominent, many patients with these tubes come to endoscopy centers for diagnosis and treatment of other conditions. ☘

