OSGNA™
Ohio Society of Gastroenterology Nurses and Associates

The Scope

PRESIDENTS MESSAGE

Happy New Year everyone! This year, brings new goals and new faces on the OSGNA board. For me, it is truly an honor to take on the role of president of OSGNA and represent region 45.

2011 President, Joan Metze

I want to take this opportunity to thank two board members who have resigned from the board. The dedication of these two people is the reason the region has become what it is today. Val Dedman has been on the board for 9 years. Her position on the board was co-chair of education. She played an important part in organizing the March educational conference and multistate conference every year. These are monumental tasks. So, Val, thank you! Tina Woods is our other board member that has resigned. She has been on the board 4 years and her position was treasurer. We all know what a challenge that job is. Not only did she keep the books and our check book balanced, but she was also responsible for registration at the conference. Registration alone is a challenge. So, thank you Tina.

Now I want to take this opportunity to welcome our new board members. Terri Geil is our President Elect. Sandy Amos is our Historian. Karen Strader-Helton is our treasurer. Kim McNary is not new to the board but is now the secretary. Welcome! You can read about all the board members on the website.
We have already had our first board meeting of the

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Dates to remember:
Multi State Conference:
October 14-16, 2011 Wisconsin
Colon Cancer Walk:
April 16, 2011 Cincinnati, Ohio
GI Nurses & Associates Day: March 23, 2011

2011 OFFICERS

President .....Joan Metze
Past President .....Debbie Vance
President Elect .....Terri Geil
Secretary .....Kim McNary
Treasurer .....Karen Strader-Helton
Education/Legislation .....Shirley 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.

Education & Legislation

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

I am excited about being a member of the OSGNA Board. I have been a part of OSGNA Education activity planning for past 9 regional education conferences. I have been a presenter at OSGNA Regional and SGNA National Education Conferences. I currently serve on the Multi Regional SGNA planning committee, being one of two OSGNA representatives. Multi Regional SGNA is comprised of SGNA members from 6 states, representing 7 regions. With the support of Region 45 I had the awesome task of being Chair of the 2009 Multi Regional Education Conference hosted by OSGNA in the Columbus Ohio. I have represented OSGNA at Nurses Day at the Statehouse, by participating on the planning committee as well as being a presenter, for the past three years, and I am currently on the planning committee for the upcoming Nurses Day at the Statehouse March 23, 2011. With your continued support I look forward to serving you as a member of the 2011-2012 OSGNA Board as Education Chair/ Legislative Liaison. ⌘

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year. At this meeting we discussed the educational meetings in March and October, our budget for 2011, the colon cancer walk, and Nurses Day at the Statehouse. We also talked about what we wanted our goals to be this year. The first goal is to be totally green by the end of the year. This includes having everything on line, including our elections. At the present time, Article VII (Nominations and Elections) of our bylaws reads that bi-annual elections shall be conducted by mail to elect a new Board. We have sent to SGNA a bylaw change which reads Bi-Annual elections shall be conducted electronically, online, via the osgna.org website under the member only section to elect new Board Members. Now we need to take a vote of our members for approval, which will take place on March 26th at the Conference.

The second goal is to have more community involvement. We are in the brainstorming phase and would appreciate any feedback from our members on how we can accomplish this.

Lastly, my personal goal is to have Region 45 be chosen as "The Outstanding Region of the Year". To accomplish this I will need everyone's help. Each region that applies fills out an application and writes an essay about all that their region has accomplished. Some of the things that SGNA looks at are:

1. The number of members in the region that are certified.
2. The number of members who vote in the national elections in December.
3. The number of members that lecture or do a poster presentation at the national conference.
4. The number of members on a national committee
5. The number of members who are board members at the national level.
6. The amount of community involvement the region is in.
7. The amount of legislative involvement the region is in.

We can all vote in the December elections. If anyone is on a member of the national board, on a national committee or lectures at the national convention please let me know. This is definitely going to be a team effort if we are going to have a chance to win this.

For the next two years our Medical advisors are Dr Christopher South and Dr. Carmen Meier. Both are new to Cincinnati and just out of their fellowship programs. Dr. South did his fellowship at Ohio State University where he specialized in EUS. Dr. Meier did her fellowship in Colorado, where she specialized in EUS and ERCP. If you have any questions or would like one of them to explain a disease process or procedure, please let us know. They are very eager to write articles for us.

I am looking forward to a great year. There is the March Conference in Columbus on the 26th. Also in March, there is GI Nurse and Associates Day. Let us know how your unit celebrated so we can highlight you on the website. Pictures are definitely welcomed. There is Nurses Day at the State House on March 23. The Colon Cancer Awareness Walk in Cincinnati is April 16th (we are hoping to have a walk in Columbus on the same day). Lastly, we have our multistate meeting in Wisconsin in October.

We truly want to hear from you. If you have any ideas just send us an email. I look forward to working with all of you.

Joan Metze, President

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ANNOUNCEMENTS

OSGNA is trying to "go green." Registration forms for Spring Conference will not be mailed this time. The information for the conference is on the OSGNA web site. Please download registration forms for conference from the web site. ⌘

President's Bio

I have been in GI for 13 years. I work at Bethesda North Hospital in their endoscopy department part time and I am their GI Nurse Navigator part time. I am considered a clinical expert in ERCP and EUS. I received my BSN from the University of Cincinnati. I have two children. My daughter Nina is 28 and is a speech pathologist. She is married and is expecting her first baby. My son is 25 and single. He went to U.C. and has a degree in business. I have been on the OSGNA board for four years. I am also on the national education committee. For the last 3 years I have lectured at the National Conference. I am looking forward to these next two years being president of region 45. ⌘

Celiac Plexus Blockade and Neurolysis

by Christopher D. South, MD
Ohio GI & Liver Institute
Cincinnati, OH

Chronic abdominal pain is a common, potentially incapacitating problem for patients with chronic pancreatitis and pancreatic cancer. There are several mechanisms that contribute to the development of pain. These include but are not limited to increased pressure within the pancreatic duct, inflammation within the gland, and invasion of the nerves near the pancreas. The final common pathway is likely via splanchnic nerves ending in the celiac ganglia.

There are several treatment options for patients with chronic abdominal pain of a pancreatic etiology. Many clinicians begin treatment with non-opioid analgesics and oral pancreatic enzymes. The oral pancreatic enzymes are prescribed in an attempt to minimize the workload of the pancreas during meal intake and are often given with gastric acid suppressants such as proton pump inhibitors. Unfortunately, these approaches have limited efficacy. The next step in management usually involves opioid medications. However, opioids often only provide partial pain relief and are plagued by a plethora of adverse effects. These adverse effects include nausea, constipation, somnolence, dependence, and addiction.

When medical therapy fails, several invasive interventions are available. These procedures include surgical removal or transection of nerve fibers, and celiac nerve blocks or neurolysis that can be undertaken via endoscopic or percutaneous approaches.

A celiac plexus block involves the injection of an anesthetic (usually bupivicaine) and a steroid (usually triamcinolone). Celiac plexus blockade is generally used for patients with pain from chronic pancreatitis. Celiac plexus blockade only provides temporary pain relief ranging in duration from 4-12 weeks and needs to be repeated for those patients that respond favorably. Celiac plexus neurolysis is a more permanent solution utilizing an anesthetic (bupivicaine) along with a sclerosing agent such as alcohol. This technique is used for patients with pancreatic cancer. It is generally not used for patients with chronic pancreatitis because of the significant inflammatory reaction that results. This inflammation makes potential future surgical interventions significantly more difficult and is thus avoided.

The largest meta-analysis shows that approximately 50% of patients with chronic abdominal pain secondary to chronic pancreatitis will have significant pain relief with celiac plexus blockade. The estimated proportion of patients with pain relief from celiac plexus neurolysis from pain secondary to pancreatic cancer is 70-80%. This discrepancy in response is likely due to differing mechanisms of pain and psychosocial factors that may include narcotic abuse/addiction.

Common complications from the procedure include transient diarrhea, orthostatichypotension, and increased pain. The mechanism for these complications are incompletely understood but may be mediated via the enteric nervous system.

Celiac plexus blockade and neurolysis is most commonly employed with an endosonoscope (endoscopic ultrasound or EUS). The scope is advanced via the oral route to the stomach. The aorta and celiac artery takeoff are then identified sonographically. Typically a 19 or 22 gauge needle is punctured through the stomach wall anterior to the aorta and cephalad to the celiac artery takeoff. The medication is then delivered to this area, which bathes the celiac ganglia. A bilateral versus single site injection may be performed. Data suggests that the two approaches are equivocal and it is left to the discretion of the endoscopist.

There is a paucity of data comparing modes of delivery. One small study suggests that the EUS guided approach is better than CT-guided techniques with less costs over time due to decreased number of procedures. There are also fewer complications than the percutaneous route. It is hypothesized that direct visualization of the celiac artery and not crossing the aorta minimizes the risks.

In summary, chronic abdominal pain is a common, often incapacitating complication of chronic pancreatitis and pancreatic cancer. Endoscopic ultrasound celiac plexus blockade and neurolysis is a safe, effective mode of pain relief with few serious side effects. ⌘