



The Scope

PRESIDENTS MESSAGE

Wow! We have gone from cold and rainy to blistering hot. This year we have definitely missed the seasonal temperatures of spring. However, the spring months delivered two really awesome educational conferences, one in March and one in May. Our March regional meeting in Columbus had great topics and speakers. Attendees received 7 CEs and all were GI specific. The facility was very nice and the food was really good. Olympus is in the process of sending the CE out to all those who attended the Friday night session. Please complete the evaluation form and send it back to them. Thanks to all who worked so hard to make the conference a success. Mark your calendar for next year's Regional meeting. It will be in March in Cincinnati. More information will be on the website and emailed to each of you.

Of course the May SGNA National Conference was great. This year the host city was Indianapolis, In. Whenever I go to the National conference it amazes me the knowledge that I gain, the networking opportunities the conference provides me and the new friendships that I make. I always leave the conference motivated and excited about being a GI nurse and the job that I do. Our new president of SGNA is Leslie Stuart . The 2011-2012

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2011 President, Joan Metzger

2011 OFFICERS

- PresidentJoan Metzger
- 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*

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

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

President's Message from pg 1

SGNA theme is "Finding the Leader in You /Making the Choice to Lead. I am sad to report that we did not win region of the year even though we met most of the criteria. We seem to come up short in the number of regional members that vote in the SGNA national elections and the number of regional members certified. We will be submitting again for this award in December. Please remember to vote in the late fall elections.

We have had website problems and problems getting information out to our members. We are working on this. If you know of any member who is not getting the newsletter or emails from us please have them contact one of the board members.

Our next board meeting is June 25th, at Max and Erma's inside the Robert Center at 10 am. All are welcome to attend.

I hope you all have a great summer.
-- Joan Metzke, President
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Education and Legislation from pg 1

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. Sincerely,
Shirley
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Officer Bio

Sandi Amos, Newsletter/ Historian

I started working as a Endoscopy nurse in 1980, I have been an RN for 35 yrs. I have had to move multiple times due to my husband's job. I have worked in many different aspects of gastroenterology from manager to staff nurse, from hospital based to ambulatory care and office based, the field of GI has been very good to me. I became certified in 1987. I am currently working at The Ohio State

Officer Bio

Terrie Geil, President-Elect



I began my health care career in 1974 as an EKG technician, then continued my education obtaining my RN from NKU in 1981. In 1988, I joined the Endoscopy unit at The Chris Hospital. I joined SGNA in 2004. I became certified in 2008 while working at University Hospital Endoscopy. This year I am honored to speak for the fourth consecutive year on Pulmonary Endoscopy at the SGNA National Conference in Indianapolis. In my leisure time, I enjoy painting in watercolor, playing with my dalmatian, Spud and spending time with my daughter, Megan.
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Vendor Relations

Debbie Vance

This year we had a total of 18 vendors at our Spring Educational Conference. I hope that you had a chance to take a few minutes and visit with each of them and see what new products/ technology are available to help us in our practice settings. It is with their support that we can continue to bring these educational opportunities to our members. That is why we are always encouraging you to visit them and thank them for exhibiting at our meetings.

If there is a specific vendor that you did not see but would like to see at our next conference, please let me know and I will try to contact them for next year. Any contact information you can get for me would also be greatly appreciated.

I wish you all a happy and safe summer!

I have been a RN for over 30yrs. I have been in GI Nursing since 1985 when I started working in the endoscopy department at St. Elizabeth Medical Center in Dayton, Ohio. I became certified in 1994. I worked at the hospital until it closed in 2000. I went to work for a group of GI Doctors as an office nurse and since 2004 have been manager of one of their Endoscopy units(we have 22 physians and 2 endo units). I am married and we have 3 grown children and 6 grandchildren.

Debbie Vance

Past President/Vendor relations
⌘

Medical Center in Columbus Ohio. I have 2 grown children and 2 wonderful grandchildren. I celebrate 35 years for marriage this summer.
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Endoscopic Treatment of Barrett's Esophagus

by Carmen Meier, MD

Gastroenterology Consultants of Greater Cincinnati
Cincinnati, OH

Barrett's esophagus (BE) is a change in the lining of the esophagus thought to be related to longstanding reflux of acidic fluid from the stomach. The esophagus is normally lined by groups of cells called squamous columnar esophageal epithelium. In BE, this lining becomes microscopically more similar to the lining of the intestines. This change is called intestinal metaplasia. It is recognized at endoscopy and is characterized by a more pinkish salmon color to the usually pearly appearance of the normal esophageal lining (Fig 1). Barrett's has to be confirmed by biopsies and examination under the microscope.

BE is important to recognize because its presence in a patient confirms a 40-125 fold increased relative risk for developing esophageal adenocarcinoma vs. the general population. Once recognized, patients are treated with potent acid-reducing medications and undergo periodic upper endoscopy with biopsies to monitor the tissue. This is important because there are what are considered intermediary changes in BE preceding the development of cancer. These changes are called dysplasia and generally refer to the cells within the Barrett's lining the esophagus becoming more unregulated in their growth pattern. Again, this determination can only be made by a pathologist under the microscope after biopsies of the tissue. Depending on the severity of these changes, they are called either low grade or high grade dysplasia Barrett's esophagus. High grade dysplasia has a higher risk of transformation into esophageal cancer than low grade dysplasia.

The most commonly used method to treat BE with dysplasia endoscopically is called radiofrequency ablation – known to many of you by the

trade name BARRX HALO. It should be noted that this technique is to be employed only after any nodules and other abnormalities within the Barrett's tissue have been removed by endoscopic mucosal resection (EMR) to assure that no actual cancerous changes are missed. Radiofrequency ablation consists of inducing thermal injury of controlled depth using

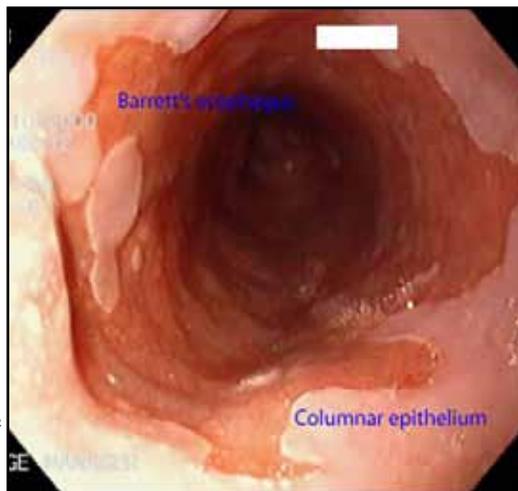


Figure 1.

radiofrequency energy delivered by spaced electrodes within a balloon or a probe attached to the endoscope. If the BE covers the esophagus entirely for some length, a circumferential balloon is used to apply the heat throughout (Fig 2). This is called the HALO 360 system and requires selection of an appropriately sized balloon for every individual patient. The goal is to have close enough coverage of the electrodes within the balloon after its inflation to contact the entire esophagus without inflating it too much, risking perforation of the esophagus. A step-wise sizing procedure of the esophagus with a sizing balloon is therefore performed before starting the actual ablation. This step is not necessary when the BE to be ablated does not cover the esophagus circumferentially. The BARRX 90 probe can then

be used: it is a probe without a balloon system that is attached directly to the endoscope tip (Fig 3). This is often used on residual Barrett's after the circumferential system has been used to ablate larger amount of tissue. The ultimate goal is to eradicate Barrett's esophagus and to return the lining of the esophagus to its normal state. It often takes several applications of this technique to achieve this.

Radiofrequency ablation is currently only indicated in Barrett's esophagus with dysplasia. Studies are currently underway to evaluate if Barrett's patients without dysplasia might also benefit from this procedure. This would certainly make radiofrequency ablation a much more common procedure in our endoscopy facilities.

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Editor note: Figures 2 and 3 not provided when newsletter went to print.

Officer Bio

Karen Stradler Helton, Treasurer



I have been a RN for 32 years, in the GI field for 15 years and the last 4 years I have held the team leader position at a hospital based Endo unit. I joined SGNA approximately 5 years ago and recently became certified in October, 2010. ☼

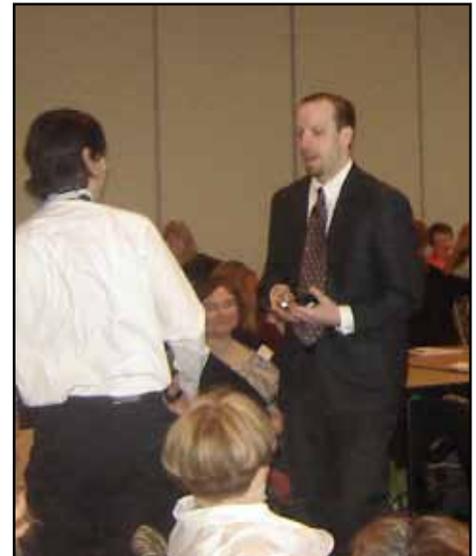
Officer Bio

Kim McNary, Secretary



I am currently employed as a Clinical Coordinator in Endoscopy at The Jewish Hospital of Cincinnati, Ohio. I have been certified in gastroenterology and a member of OSGNA for 16 years. I have been a OSGNA board member for 9 years. I have served on the SGNA Regional and Multiregional Education Committees. I have also been a presenter at the regional conference. I am a Sigma Theta Tau International member. I reside in Milford, Ohio with my husband Tom and 2 grown daughters, Jenn and Jackie. ☼

Conference Photos



2011 OSGNA Colon Cancer Walk

Thank you to the 46 people who braved the cool, wet weather at Lunken playfield. We had to reroute the walk because of high water, still having the support of many friends and families. There were plenty of nourishments and "colon cancer awareness" eco-friendly tote bags. Proceeds will be donated to the colon cancer awareness task force of Cincinnati. Much appreciation to all who helped make this community event such a success!



Conference Photos

