OSGNA™
Ohio Society of Gastroenterology Nurses and Associates

The Scope

Spring 2013

President's Message

Thank goodness March is here. I am so ready for spring to come bringing with it warm temperatures and spring flowers. It has been a busy month especially for the education committee getting everything ready for our regional meeting. Shirley Flowers and her committee did a great job. The presentations were really good, the facility was great (maybe the singing next door was a little disturbing but at least they sang on key) and the food was delicious. We always have the conference in March so for those who did not go or who have never been to a regional meeting keep that in the back of your mind for next year. As the year continues please send me pictures of your facility and staff so that we can highlight them in a power point presentation next year. During our meeting OSGNA gave away two free SGNA memberships for the year 2013 and two people received a voucher to attend our 2013 regional conference free. I did not get your names and would like to have them. If you received any of these gifts could you email me?

2013 President, Joan Metze

Just a reminder to everyone that March is colon cancer awareness month. If you or your facility is doing something special for colon cancer awareness please email me.

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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 Medical Advisors for 2012-13 are Dr. Carmen Meier and Dr. Christopher South. Thank you for your dedication and service.

Dates to Remember

March 27: Happy GI Nurses and Associates Week!

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I want to wish everyone a Happy GI nurses and associates week that takes place March 27th. If you need ideas of how to celebrate go to SGNA.org for some suggestions.

We would like to hear what you have done to celebrate so we can spotlight it in our next newsletter. Email it to jm52699@aol.com.

We are looking for some community activities for OSGNA to be involved in. If you have any suggestions please email them to me. Community involvement is so very important.

Also in case you are not aware you can apply to OSGNA for scholarships to attend GI educational conferences the following year. These applications can be found online at OSGNA.org and are due in December to be used in 2014.

As was announced at the regional meeting we are desperately looking for people interested in becoming a board member. Please email any one of the board members if you have questions about the positions or if you are interested.

Joan Metze

President

Open Invitation to All Members

This is an open invitation to all members to attend any quarterly board of director meetings in 2013 and 2014. We need to prepare, educate and mentor those who are interested in running for office for the 2015-2017 term. Several current board members plan to step down and pass the gavel to our future leaders.

SGNA requires that each region provide its members with contact hours, quarterly newsletters and that the board of directors meet quarterly too. We usually meet at the Jefferson Outlet Mall food court (half way between Cincinnati, Columbus and Dayton) to discuss how we are going to accomplish the SGNA requirements. We always meet the evening before the spring educational conference.

There are benefits of being a Board member. OSGNA pays for the Boards annual dues and waives the spring educational conference fees. All of this is dependent on available funds.

Please consider pursuing an active interest in OSGNA by contacting Kim McNary through this website or check the website for Board meeting location and dates.

Community Service Project

Thank you to all of the attendees of the Spring OSGNA Conference who donated non perishable items or money to our collection. Our community project was very successful. I was able to take two large laundry baskets full of items to the Fairfield County food pantry and homeless shelter, They were very appreciative, it has been a very hard winter and their numbers have greatly increased. I am very proud of you for your donations. Sincerely, Sandi Amos Board Member

Education Article

by Dr Carmen Meier, Gastroenterologist from Cincinnati Ohio
OSGNA Medical Advisor

Fecal Transplant

By now, most readers of this publication will likely have at least heard of the term fecal transplant. Most have talked of this universally disgust-inducing practice, if only for the "yuck factor". But this is actually highly effective and accepted medical therapy for at least one serious medical condition: Clostridium difficile colitis. Since the bacterium was discovered in 1978, it has increasingly become the causative agent for serious infectious diarrhea, often related to antibiotic exposure, hospitalizations, or residence in extended care facilities. Its rate in this country has doubled from 31 per 100,000 to 61 per 100,000 between 1996 and 2003 (1). Infections have also become more severe, often leading to significant illness or even death. This is thought to be at least partially related to particularly virulent new strains of the bacterium as well as to increasing resistance to antibiotics (2). High rates of recurrence – up to 30% with standard antibiotic treatment also add to the burden of this disease (3). Therefore, new and more effective treatment strategies, such as fecal transplant, are urgently needed.

The principle of this procedure is to restore the original bacterial make-up of the colon after it has been altered by C. diff infection. This is achieved by infusing the stool of a healthy person into the colon of an infected patient, usually by colonoscopic infusion or enema. The efficacy of this technique is impressive: 81-100% of patients achieve a cure (4). These numbers even include patients who have had several treatment failures with standard therapy. Such impressive results raise the question of why this practice is not used more often. One part of the answer certainly is obvious: many patients shudder at the thought of having someone else's feces infused. Several recent mainstream articles are starting to change this notion in the public. Physicians are now receiving requests from some patients with C. diff colitis who have read about fecal transplant. However, there are less obvious barriers to widespread use of this therapy: Just as in any other transplant or infusion of fluids, such as blood, donors have to be screened for communicable diseases. This does involve certain costs not covered by the patient's insurer. There are multiple centers in the United States who now do provide fecal transplants to patients, but it usually means a trip somewhere in the country as well as significant uncovered expenses for the patient.

Our best hope of using the principle of fecal bacteriotherapy might lie with mimicking the natural fecal flora in the laboratory. A recent study using enemas made up of mixtures of bacteria not containing feces showed promise in the therapy of C. difficile colitis (5). Unfortunately, this is labor intensive and expensive. Additionally, the bacterial make-up of one person's stool varies greatly from the next. Therefore, not a standard recipe yet exists. Much certainly has to be learned before we can use this modality. In the interim, we should continue to educate the public as well as health care providers and insurers about fecal transplant as therapy for Clostridium difficile.

1. McDonald LC, et al. Clostridium difficile infection in patients discharged from US short-stay hospitals, 1996-2003. Emerg Infect Dis. 2006;12(3):409.
2. Cloud J, et al. Clostridium difficile strain NAP-1 is not associated with severe disease in a nonepidemic setting. Clin Gastroenterol Hepatol. 2009;7(8):868.
3. Wenisch C, et al. Comparison of vancomycin, teicoplanin, metronidazole, and fusidic acid for the treatment of Clostridium difficile-associated diarrhea. Clin Infect Dis. 1996;22(5):813.
4. Brandt LJ, et al. Long-term follow-up of colonoscopic fecal microbiota transplant for recurrent Clostridium difficile infection. Am J Gastroenterol 2012; 107:1079–1087.
5. Petrof EO, et al. Stool substitute transplant therapy for the eradication of Clostridium difficile infection: 'RePOOPulating' the gut. Microbiome. 2013;1:3

Spring Education Conference

I hope that everyone who attended our Spring Educational Meeting was able to visit with all our vendors. There were 22 Vendors that registered for the meeting. It is with their support that we are able to provide these programs to our members. Please remember to thank them when you see them at your workplace.

Abbvie
Boston Scientific
Con Med
Cook Medical
Covidien
Emerge
Endochoice
Erbe
Ferring Pharmaceuticals
Ironwood Pharmaceuticals
Janssen Biotech, Inc
Kimberly Clark
Medovatiors
Micromed/ Fujinon
Olympus America Inc
Pro Scope Systems
SMD Wynne Corp (GI Supply, NM Beale Co, Custom Ultrasonics)
Steris
Synchrocare,LLC (Genii, Ovesco, Medspira)
Takeda
US Endoscopy
Vertex Pharmaceuticals

Karen Strader Helton and Shirley Flowers (Board Members) welcoming guests to the 2013 conference.

Joan Metz President OSGNA, opening address to the 2013 conference.

2013 conference speakers Karen Mitchell BSN, CGRN and Dr Dean Mikami.

2013 conference attendees.