



Chesapeake Speaks!

Chesapeake Society of Gastroenterology Nurses and Associates



CSGNA FALL EDUCATION PROGRAM

SATURDAY NOVEMBER 14, 2009

0730-1700

- | | |
|--|---|
| 0730-0800 Registration, Welcome
& Continental Breakfast | 1215-1330 Lunch and CSGNA business meeting |
| 0800-0845 Managing GI Bleeds
Dr. Bradley Dick | 1330-1415 Quality in Endoscopy
Dr. Jonathan Koff |
| 0845-0930 Bronchoscopy
Dr. Steven Kariya | 1415-1500 Fecal Bacteriotherapy for C.difficile
Dr. Sam Harrington |
| 0930-1015 Managing IBD
Dr Ganesh Veerappan | 1500-1515 Undergoing Fecal Transplant
Tammy Bock RN |
| 1015-1045 Visit with the Vendors | 1515-1530 Break |
| 1045-1115 Prevent Infections in GI
Rita Smith RN | 1530-1645 Best of SGNA St. Louis 2009
Claudia Guilbeau-Brand RN,
Cathy Dykes RN Hettie Mercer RN
Xena Wilder RN |
| 1115-1145 Reprocessing of Flexible GI Endoscopes
Jennifer Lee RN | 1645-1700 Evaluations |
| 1145-1215 Visit with the Vendors | |

Please detach, make checks payable to CSGNA, and mail to:	Carolyn McQuighan 11155 Yellow Leaf Way Germantown, MD. 20876
Last Name:	First Name:
Home Address:	City: State: ZIP:
Telephone (Home):	Telephone (Work):
Email:	FAX:
Employer:	Nurse Manager:
Member Number:	Special diet request:

Cost is \$35 for members and \$50 for non-members.

6.5 Contact hours have been applied for through SGNA



**Earn up to
42
CONTACT
HOURS!**





MARK THE DATE

MARCH 19-21, 2010

DELMARVA CONFERENCE

*"Bridging the Chesapeake
with Current GJ Trends"*

**Doubletree Hotel
Charlottesville, VA**

Treasurer's Report

Checking Account \$ 28,207.45

Savings Account \$ 31,215.77

Balance \$ 59,424.22



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Barbara's Pumpkin Bars
(recipe compliments of Karen Carlson)



BARS:

- 1 Cup of Vegetable Oil
- 2 Cups of Sugar
- 4 Eggs
- 2 Teaspoons of Baking Powder
- 1 (16 oz.) Can of Pumpkin
- 1 Teaspoon of Baking Soda
- 1 Teaspoon of Cinnamon
- 1/2 Teaspoon of Salt
- 2 Cups of Flour
- 1 Teaspoon of Vanilla

FROSTING:

- 1 (3 oz.) Package of Cream Cheese
- 1 Stick of Margarine or Butter
- 2 Teaspoons of Vanilla
- 2 Cups of Powdered Sugar

Combine all bar ingredients and mix on low speed until blended. Pour into a greased cookie sheet. Bake at 350 degrees for 20 to 25 minutes; cool. Cream margarine and cream cheese. Gradually add powdered sugar and vanilla. Frost bars and cut to desired size.



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

Take your career to the next level! Suburban Hospital, a member of Johns Hopkins Medicine, has an immediate opening for a Full Time Registered Nurse in OR Minor Procedures. Qualified candidates must be licensed to practice as a Registered Nurse in the State of Maryland. Bachelors Degree preferred. CPR required. Must be experienced in Endoscopy.

Contact Kim Ringham, Recruiter, at 301-896-3830 or kringham@suburbanhospital.org for more information or to apply. Visit us online at <http://www.suburbanhospital.org>.

Splenic Trauma as a Complication of Colonoscopy

Louis Y. Korman, M.D.

Splenic trauma during colonoscopy is a relatively rare injury that results in bleeding into the spleen in the form of a hematoma or can produce splenic rupture. Although this injury is infrequent, there is some suggestion that it is becoming more common with the widespread use of MAC anesthesia. Splenic injury is thought to be due to excessive forces applied by the colonoscope to the attachments between the colon and spleen. The spleen is a highly vascular organ that is found in the left upper quadrant near the splenic flexure of the colon. This colonic segment can often be identified by the faint bluish coloration seen and the position of the tip of the colonoscope under the left rib cage. The colon is fixed in this position by a ligament that attaches the splenic flexure of the colon to the abdominal wall and to the spleen.

It is important to remember that colonoscopy requires the application of force to the insertion tube of the instrument to maneuver the colonoscope through a series of fixed and mobile loops in the colon. There are several techniques used to get around the splenic flexure and they include hooking and reducing the splenic flexure, reducing the sigmoid loop and a "slide by" maneuver. All of these techniques apply tension to the phreno-colic and spleno-colic ligaments and to any adhesions present in that area. When these forces are "excessive" splenic injury can occur.

It is important to recognize the signs and symptoms of splenic injury. Acute splenic rupture is accompanied by intra-abdominal bleeding from the splenic vessels. The severity of injury depends on how much bleeding occurs. If the spleen is ruptured blood will accumulate in the abdomen and a hematoma will form in the area of the spleen. The patient will complain of pain and hypotension or shock will develop. Diagnosis needs to be made quickly because surgery is the only treatment and delay may be fatal. CT scan is the diagnostic test because plain x-rays may not show any abnormalities. Splenic hematomas are more common. In this case the trauma results in blood accumulation in the form of a hematoma limited to the spleen. The spleen, which is surrounded by a capsule, remains intact and has not ruptured. The symptoms of left upper quadrant pain or discomfort and the degree of hypotension and anemia will depend on the size of the hematoma. The development of the hematoma can be rapid or delayed in onset. Any patient with persistent left upper quadrant pain should be evaluated for splenic injury. Again, CT scan is the diagnostic test of choice. These patients can be managed without surgery as long as the hematoma is not increasing in size.

Because this complication is rare it is easy to overlook this diagnosis as a cause of abdominal pain, anemia or hypotension. However, it is important to remember that this can occur so that timely intervention can take place.