

Delaware SGNA

Newsletter

September 2007

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*DELAWARE hears
from a dear friend*

Presidential Notes:

It is busy times for Delaware Region 10. We are planning the Fall 2007 education day and finalizing all the speakers in order to get the CEU package completed and the brochure finalized and in the mail. The conference will be held at the Dover Downs Conference Center on November 3rd, from 8am-5pm.

The September Board meeting will be the first ever held in 2 locations (Nanticoke hospital in Seaford, and Christiana Hospital near Wilmington) and connected by a video conference technology that will allow all members easy access to attend the meetings. This will connect the TOP of the region to the BOTTOM of the region. The hope is this will increase membership interest and involvement and recruit new members to the region.

The planning for the Multi-Regional that will be held April 11-13, 2008 is well under way. Our next Multi-Regional planning meeting is September 22, 2007. Speakers for the 10th annual conference are going to be exciting and diverse. It will be held in Chantilly Virginia and the resort looks very posh.

National SGNA will be in Salt Lake City, Utah in May and I hope many Delaware members will be able to attend. Again this year my abstract was selected and I will be speaking in a concurrent session. The title for the presentation will be "Colon Cancer Screening. A Small State's Power to Make a Difference."

It is an honor this month to have one of the feature sections written by a past Delaware SGNA founder and someone who has been one key in my SGNA motivation, not only on a local and multi-regional level, but also on the National level. I remember sitting in the first National I went to in Dallas, Texas and saying to Mary Ann and Karen how much I admired the National Level SGNA personnel. Mary Ann's comment to me was priceless, "All you have to do is become a volunteer, and you can be one of them."

Our second feature article is written by one of our most loyal members, Elaine Rogers, who manages an office for a practice that contains three Gastroenterologists. Her article is very moving and should remind all of us why we are nurses.

A Walk Down Memory Lane

While reading the most recent Delaware SGNA newsletter I had an immediate flood of memories of my 16 years as an SGNA member. For my entire 17 year career as an endoscopy nurse I depended on SGNA for my education, resources, and friendships. I would like to share some of my experiences with you, so you will know the benefits SGNA has to offer.

I was always active in SGNA, although I began slowly on the regional level serving on committees such as education and membership. My committee memberships soon became committee chairs. I then moved on to serving as an officer, first as Treasurer for several years and then as President-elect to President. During my term as President-elect Delaware SGNA sent me to the SGNA Leadership Conference in Chicago. I was paired with a President-elect from Maine, Carol Dodge. She and I quickly became friends and a resource for each other. In 1999, when Delaware joined with SGNA members from the Maryland and Old Dominion regionals to form the DelMarVa Multi-regional SGNA, I was there.

I was also able to attend many SGNA National Conferences. The education I received and the friends I made became such an asset

During my eight years our Planning Committee worked together to provide a high caliber educational conference that is well known and well attended by endoscopy nurses and technicians from all over the Mid-Atlantic. Over the years SGNA taught me more about leadership than any thing else in my nursing career.

I was also able to attend many SGNA National Conferences. The education I received and the friends I made became such an asset. I attended conferences in Washington, DC, Las Vegas, NV, Anaheim, CA, Dallas, TX, Phoenix, AZ, and San Antonio, TX. Before or after these conferences I walked around the Washington Zoo, took the "Dam Tour" (Hoover Dam that is), tried my luck with my *ten* \$1 chips in the Vegas slot machines, and hiked 12 miles in and barely out of the Grand Cannon. At the 2004 conference in Anaheim I joined four other Delaware members for my first on stage performance at the SGNA Follies singing the "The Hemorrhoid Song". That song never made it to the top-ten chart, but at future SGNA events we all were recognized as "one of those hemorrhoids". What a legacy we leave! After the Anaheim conference Karen Chatham and I spent three days reliving our childhood at Disneyland, touring Hollywood, and strutting our stuff down Rodeo Drive like Julie Roberts did in "Pretty Woman". We stood on the Santa Monica Pier with our cameras waiting for a famous Pacific sunset and dipped our toes into the Pacific Ocean so we could say we had touched both oceans. In Dallas, as Karen and I traveled to a vendor sponsored event, we passed by the grassy knoll and rode over the spot where President Kennedy was shot. For those of us who lived that nightmare it was a breathtaking moment. During my last conference in 2006 in San Antonio, again with Karen, we took a moment to visit the Alamo and stand in the room where the women and children hid during that torturous battle with Mexico. We were among many in that room that day and it was so quiet that one could almost feel the fear.

Are you asking yourself, "I thought one attends conferences for the education"? Of course that is the main reason for attending. Education comes not only from listening to lectures, but from talking to other attendees. A simple question "How do you do it?" can provide new, easier, and/or safer ways to do things. After every conference and with my pages of notes I returned to work and shared what I learned with my co-workers. Sometimes a policy or procedure was changed as a result. At the vendor exhibits we viewed demonstrations of new technology. Many times we were able to incorporate this technology into our procedures making them safer and shorter in length for our patients. I can not forget the resource manuals SGNA has published as guides for practice. A supervisor of mine always said "let's not reinvent the wheel". These manuals made policy writing and clinical practice much easier and safer.

When my 60th birthday came last year I realized it was time for a change. I made the difficult decision to leave my supervisory endoscopy position and return to a staff nurse position in emergency nursing. I now have fewer hours and can enjoy more time at home with my retired husband. Change is so difficult, but as the months have passed I realize that the friendships I made through work and SGNA have continued. Recently as I was preparing a memory book for Karen Chatham's milestone birthday (you can ask her the number) I realized that the opportunities afforded me by SGNA and the memories I have will forever be part of me.



I joined SGNA because of my supervisor's encouragement. At the time I thought "another job". Little did I know how much I would gain? I wanted to share this with all of you in hopes that you will realize that being a member of an organization is not just about how much you will have to work, but how much you will receive in return. Take time to enjoy your membership as much as I did.

Mary Ann Smith, RN, CGRN
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P.S. Please feel free to stay in touch. I would enjoy hearing from each of you.



Whenever he would call the office he would always ask for "Miss Elaine", I would talk to Dr Chandra and get him what he needed.

A Memorable Patient

By Elaine Rogers

Sometimes you meet a person in the office, and you want to make sure they don't fall through the cracks. That is how I felt about Diop. I met him for the first time on September 14, 2006. Diop was a 37 year-old male, who emigrated from Africa six years prior to our meeting. He had never sought medical care until he was involved in an auto accident.

In June 2006 Diop was driving his vehicle when it hit a tree. After the accident he sustained a fractured spleen and was being followed by a surgeon. A CT scan the following September revealed a large amount of ascites and a cirrhotic liver. Blood work showed elevated liver enzymes and bilirubin levels and a positive hepatitis B surface antigen. Abdominal sonogram revealed cirrhotic liver with associated splenomegaly and ascites indicative of portal hypertension. He was referred to our gastroenterology office to be followed by Dr Chandra.

The liver biopsy diagnosed portal fibrosis with bridging consistent with cirrhosis (scoe5-6/6). Dr Chandra correlated this with the positive hepatitis B and made arrangements for him to see Dr. Lauren at Georgetown University for evaluation for a liver transplant. Dr Lauren informed our office and Dr Chandra that Diop would not be a candidate for the liver transplant since the MRI they had completed at Georgetown University showed hepatocellular carcinoma with invasion to the lungs and inferior vena cava.

Our office continued to follow Diop after his cancer diagnosis. Whenever he would call the office he would always ask for "Miss Elaine", I would talk to Dr Chandra and get him what he needed. An EGD was completed, which revealed large esophageal and gastric varices. Protonix was given for the complaint of difficulty swallowing. Paracentesis would be arranged as needed for comfort. Arrangements were made for Diop to see an Oncologist.

Diop had brought a friend with him on one of his last visits to our office and had discussed his "end of life " wishes to dye at home in Africa if nothing could be done and the prognosis was poor.

Diop decided not to see the Oncologist; instead he made arrangements for the trip home to Africa so he could be with his family. He was to leave New York on a plane bound for his homeland on November 8, 2006.

Dr Chandra wrote a letter to the airline and requested an upgrade in his seating assignment to business class for his final journey to his homeland. Diop stopped by the office on a Thursday evening, prior to his departure for New York the next morning, to pick up Protonix samples. The staff said their goodbyes and wished him well. The disease had taken its toll, Diop had lost that ever present smile that he always had until the very last moment when he told us goodbye.

The following day Dr Bidros called from a New York City Hospital where Diop had been admitted in the ICU in critical condition from GI Bleeding, elevated potassium, and decreased renal function. Diop never made it to Africa; he died in ICU.

As I prayed for Diop at Church on November 10th, I was given a peace that angels would take care of my patient now. Diop was such a nice person and always had a smile. Diop truly had finally reached his homeland and the angels are now enjoying his smiles.

Future Events

November 12, 2007-7pm

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| Delaware SGNA Meeting- Cancer Care Center, Nanticoke Memorial Hospital, Seaford, Delaware, 19973. | Christiana Care Hospital Ammon Education Center Room 14 |
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November 3, 2007-

Delaware Fall Education-
Dover Downs Conference Center.
Dover, Delaware.

January 14, 2008-7pm

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| Delaware SGNA Meeting- Cancer Care Center, Nanticoke Memorial Hospital, Seaford, Delaware, 19973. | Christiana Care Hospital Ammon Education Center Room 14 |
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April 11-13, 2008-

10th Annual DelMarVa Multi-Regional
"Bridging the Chesapeake with current GI Trends"
Chantilly, VA.

April 14, 2008-7pm

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| Delaware SGNA Meeting- Cancer Care Center, Nanticoke Memorial Hospital, Seaford, Delaware, 19973. | Christiana Care Hospital Ammon Education Center Room 14 |
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SGNA's 35th Annual Course

May 16-21, 2008

Salt Lake City, Utah

SGNA & YOU - The Power to Make a Difference

