



No 43

December 2012/January 2013
CNY SGNA Newsletter

Central New York Society of
Gastroenterology Nurses and
Associates.
Region 37.

President's Message:

Dear CNYSGNA members,

We are coming to the end of another year. Let's look back on what CNYSGNA has done in 2012: We had a terrific spring conference in the Syracuse area; we held elections for four board positions in the fall; and we had another great conference in October in the Glens Falls region.

None of these may seem like much, but none of it would have been done without volunteers like you! If you like coming to the conferences and learning what's new in GI, why not stay for the business meeting after to see what you can do to help? Why not run for a board position? Have you considered getting a group together to host one of the spring or fall conferences, or even a dinner meeting? There are a lot of ways to get involved! Ask any board member and I think they would tell you the same thing – it does not take a lot of time to hold an office.

I would like to thank you all for the honor of serving as President of CNYSGNA. I am thrilled to be

handing the reins over to the capable hands of Jackie Sciola, who will become your President on January 1. Please join with me in welcoming and supporting Jackie in her new role.

Terry Markiewicz MSN, RN, CGRN

Editor's Note:

Congratulations on the fantastic meeting in Lake George. Thank you to Cathy Bolton and her staff at Glens Falls Hospital for an awesome conference.

Welcome to Jackie Sciola, our President. Jackie is Manager of Ambulatory Surgery/Endoscopy at Berkshire Medical Center in Pittsfield, MA. Biography in next issue.

Looking forward to our Spring meeting at Binghamton April 26-27th. Information will be in the February 2013 newsletter. Contact JoAnn DeRoche: 607-762-2215

www.Joann_deroche@uhs.org

Just a heads up. I have retired from Ellis Medicine effective Nov. 30, 2012. Please note change in email and phone. I will be doing some per diem, to keep active. Along with my bridge and tennis.

Please note the dateline for renewal, scholarship for National, certification exam sign up, Spring meeting at Binghamton, and 2013 Annual course in Austin, TX.

We have a couple letters to the editor this time. First, I want to thank all the volunteers who have accepted Board positions, signed up and are working on a conference, and/or have been on a committee. We could not run this organization without you. There are some committee positions available. Let your new President Jackie Sciola know if you are interested. Most jobs can be done on your computer from home. I know we are a strong regional with great talent. I see it each time I go to a conference. All

Board members are willing to mentor you or help set up a conference. I still would like CNYSGN regional to get Regional of the Year. It is done by points. So you need to work on this while you have had regional people working on National committees. Let me know if I can help. **Please VOTE in SGNA elections, by Jan. 11, 2013.**

The second letter to the editor is about Fecal Bacteriology. I was contacted by this parent. Actually, kind of a wake up call, on what is going on in the real world. We have had at least three speakers on this topic. Everyone is grossed out about it. But I know someone in our facility probably ended up with a colectomy because we did not offer this. It is out there and sounds like it has great results. I am hoping the people in Syracuse/Rochester area will give us an update at the Spring conference. From this letter, it sounds like the patients are looking out for themselves. And it also sounds like a great research opportunity.

The next newsletter will be in early February. I would like to thank you all for the sympathy on the loss of my sister Mary in September. It does make one appreciate the time we have with our family and friends.

I know I will have some new volunteers contacting me or Jackie to get involved. Anyone can start by writing an article for the newsletter. Are you doing a new procedure, figure out a new way to increase productivity? Would you like to tell us about a special staff or some activity that your department has done? I would love to hear what your plans are for GI Nurses Day. Send photo's. 2013 is going to be a great year.

Check the website often. We will be updating it soon. www.cnysgna.org

Barbara Schwant, BSN, RN,
CGRN

NOLF Report

Next meeting in March. Currently NYSNA is running a campaign for safe staffing.

Barb Schwant, RN, CGRN

MEMBERSHIP: 113.

DATES:

Jan 11, 2013

Place Your Vote in the 2013-2014 Election

Voting members have until January 11 to place their vote for SGNA's future leaders. Voting members can place their vote using the personalized electronic ballot last e-mailed to voting members on December 20, 2012. [Review the candidates](#) and check your e-mail to place your vote before January 11!

Jan 29, 2013

Webinar on SGNA's Statement on Water Bottle Reprocessing
Learn about SGNA's position statement on *Reprocessing of Water Bottles Used During Endoscopy* during a webinar on Tuesday, January 29 at 7 pm CST. The member price is \$10; the nonmember price is \$15. [Register today!](#)

Jan 31, 2013

Deadline for **CNYSGNA scholarship** to attend National Conference. See website cnysgna.org for information and form. Send to Terry Markiewicz feedkramer@aol.com

Feb 28, 2013

ABCGN Spring Certification Exam Registration Is Open
The registration window for the Spring 2013 CGRN exam will be open December 1, 2012 through February 28, 2013. Eligibility requirements, fees and registration

information can be found [here](#).

March 9-10, 2013

GI/Endoscopy Nursing Review Course in Charleston, SC
The Low Country SGNA region will offer the 1.5-day GI/Endoscopy Nursing Review Course March 9-10 in Charleston, SC. The course will cover key areas related to GI/endoscopy nursing practice, and attendees will learn how to prepare for the CGRN certification exam. Click [here](#) for additional course and registration information.

March 27, 2013

GI Nurses Day

March 31, 2013

2013 SGNA Membership Renewal
feedkramer@aol.com

SGNA 40th Annual Course: May 17-22, 2013 Austin, TX.

The Advance Program and registration are now available online! [Visit the SGNA Web site](#) to learn more and register today.

2013 Gastroenterology Nurses Certification Examination

Feb 28, 2013

Last day to apply for taking the Spring Exam.

Spring Computer Based Testing (CBT) Window: May 1-May 31, 2013

Paper exam, May 19, 2013 Austin, TX

Fall Testing Window:

October 1-31, 2013. Registration ends: August 31, 2013.

October 11-12, 2013

CNYSGNA Fall Conference: Don't Fall Behind, Stay Up on Your GI
Kathy Dorsey, BSN, RN, CGRN
518-423-2465
kmdorsey@nycap.rr.com
Rensselaer Hiton Garden Troy, NY

Letters to the Editor

Support your Society

We just had a terrific Fall Conference put on by the people at Glens Falls Hospital. A lot of work goes into putting on a Fri/Sat conference, from getting vendors to come and show their wares, finding speakers with hopefully something a little different to talk about, submitting the whole conference to SGNA or NYSNA for contact hours (no easy feat) and booking the conference place for rooms and food. Anyone who has chaired a conference knows this and that there is always help available from someone who has done it before.

The CNYSGNA is a regional society whose main purpose is to provide such learning opportunities with contact hours as this is what the membership is looking for to keep up their certification. By history we have provided two conferences per year, one in the spring and one in the fall. It was felt by the Board of Directors to provide as many contact hours as possible. We could shorten the day but that would lessen the number of contact hours given.

There were almost a hundred participants at the fall conference. At the Business Meeting, which according to By-laws we have to have, we had the Board Members and newly elected Pres Elect and not one other member. This is not a meeting of the membership. I realize the time was late but there are always excuses. It was late for us too. It's getting harder and harder to get people to run for office. But then no one knows what we do since they don't see us in action or hear the minutes of previous meetings to see what is going on. Most of the current Board members have been around for several terms, mainly out of necessity and need. Without a Board, there would not be a regional society. That can happen. No active members means a regional becomes inactive. It happened to the

New York City regional a few years back.

Apathy is defined as the lack of interest or enthusiasm or concern for things generally considered interesting and exciting to others.

If people come to the conferences to hear the lectures to get the contact hours, then I have to assume there isn't total apathy present. If they are SGNA members working in Endoscopy, then I have to assume they have some enthusiasm for GI nursing .

After having spent over 20 years in GI nursing, I always find some little caveat to take away from a conference. By becoming involved within the regional society, it enabled me to get more interested in this chosen specialty. It gave me the opportunity to represent CNYSGNA at the National conferences on several occasions as President of the Regional Society. It helped me to network with other GI nurses across the state and the nation to see how my department compared in our practice with others. When I see others leaving early before the conference is over, I think of the work that went into planning for that last speaker or two to make those contact hours count. When the conference is over, I see all the rest rushing out the door, realizing that once again, very few, if any will be at the business meeting. Is this apathy.? We've asked at our Board meetings, what can we do to get people more involved, more interested in GI nursing, more excited in leading others and showing their expertise of Endoscopy. Or is this indifference or detachment from the workings of our organization to be our future?

MaryEllen Barrett

Fecal bacteriology:

Hello,

I am writing to tell you about a treatment option for IBD and IBS that thousands of patients are resorting to on their own, without medical supervision, but also without adverse

consequences and generally with excellent results. The treatment is fecal bacteriotherapy and my daughter is one of the patients who are thriving because of it.

Fecal bacteriotherapy, or fecal microbiota transplantation, is not controversial in and of itself. For example, it is widely accepted as a cure for recurrent *C. diff.* infection. As Dr. Thomas Borody showed as far back as 1993, and thousands of patients have been finding out ever since, fecal bacteriotherapy is also extremely effective - indeed, curative - against ulcerative colitis, Crohn's disease, and a variety of other gut-related ailments. However, clinical administration of fecal bacteriotherapy via endoscope for conditions other than *C. diff.* infection is not currently authorized in the United States.

Those of us who have practiced fecal bacteriotherapy at home and seen the results firsthand are deeply frustrated with the current standard of IBD treatment. The prescription medications, though they often provide much-needed relief, are seldom without intolerable side effects with long-term use, and the great majority of them are not specifically targeted at reversal of the underlying disease. This is reflected in an unacceptably low long-term success rate, as well as a high incidence of secondary illnesses and eventual colectomy, among IBD patients who have endured years of the standard prescription treatments.

Today's standard IBD treatments entail unimaginable suffering for patients as well as enormous costs to society, both of which are largely preventable. Therefore, please join me in building awareness that fecal bacteriotherapy is a safe, scientifically based, highly effective, and economically viable alternative for treating IBD.

To begin with, we must dispel

skepticism about the effectiveness of fecal bacteriotherapy. Even the U.S. National Institutes of Health website (link below) has scores of respectable publications that document its efficacy. Additionally, the burden of proof has been met again and again by those who would not have their colons today if not for this unconventional treatment.

Another barrier is what has been described as "the ick factor." Patients need to know that this treatment can be administered cleanly, safely, and efficiently. Although the incidence of adverse events is extremely rare, patients also need to be educated about certain sensible precautions when undertaking this treatment.

I am appealing to you because I feel you are uniquely positioned to advance awareness of this treatment option among policy makers who can forge meaningful change. Over the long term, despite the obstacles, there is a crying need to make this treatment more widely available in a medical setting, and covered by insurance.

Eventually, I believe a pill or suppository form of this treatment will come to market. In the meanwhile, there is an opportunity to prevent great pain, cost, and suffering by helping patients manage their bowel disease with this treatment. Because clinical availability is currently restricted and often unaffordable, and because the therapy often requires repeated administrations, a safe at-home procedure must also be encouraged.

My daughter, who was diagnosed with UC in January, began fecal bacteriotherapy approximately four months ago and after 11 at-home treatments is now in complete remission. We plan to maintain the remission with additional treatments as and when needed. I have written about our experience and procedure in a short memoir titled "Ulcerative Colitis from the Bottom Up," which you can download free of charge, if

you wish, with this coupon code - RN72S - at this link: <http://www.smashwords.com/books/view/247467>. I think it might interest you to know exactly how a successful home treatment can be cleanly and safely administered.

Additionally, I would like you to know of a popular blog that deals with all aspects of fecal bacteriotherapy from a patients' perspective: <http://thepowerofpoo.blogspot.com.au>

And here is the link to the NIH list of publications about fecal bacteriotherapy: <http://www.ncbi.nlm.nih.gov/pubmed?term=fecal%20bacteriotherapy>.

If you Google "fecal bacteriotherapy" you will find that the Internet is rife with serious discussion about this topic. Thousands of patients are waiting for the medical establishment to catch up to the benefits of this treatment, which they have had to no choice but to figure out on their own.

I hope this communication has been helpful and that you are persuaded to do all you can to advance acceptance and availability of fecal bacteriotherapy. The hurdles may be daunting but I truly believe our efforts will help end or prevent enormous suffering now and in the future. Thank you for your time. I wish you, your families, and your patients a happy holiday season and new year.

Sincerely,
Vivek Apte

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See next page for 2013 CNYSGNA Board. CNY SGNA: YOUR 2013 BOARD:

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