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We are grateful to all of the authors for submitting their articles. Their contributions have made this issue of ESGENA News possible.

Articles published in ESGENA News do not necessarily reflect the views of ESGENA.
MESSAGE FROM THE PRESIDENT

This will be my last message as President, as my term on the ESGENA Board is now finishing – after a total of 14 years in which I have been involved in ESGENA. As a founding member, I have been able to watch the Society growing. It has been an exciting time, with more and more countries joining us, educational structures improving for endoscopy nurses in many European countries, and close collaborations developing between colleagues from different countries. Over the years, ESGENA has developed several guidelines, technical statements, a European job profile and a European core curriculum for endoscopy nurses, and the scientific quality of the annual conference has been constantly improving.

However, it is not only the scientific or professional work that has made involvement at the European level so interesting – I have also gained a large number of friends and colleagues. Most communications have been by e-mail. When we meet twice a year, it was like meeting up with the ESGENA “family”. I would like to take this opportunity to thank all the different ESGENA Board members between 1996 and 2010, the members of the Education Working Group and all the colleagues I have met during the conferences. It has been a great pleasure working with you; we have coped with several challenges and have had a great time together. Thank you very much! Although I will be leaving the Board after Barcelona, I will keep in touch with ESGENA and will be continuing my work at the European level.

ESGENA went through several changes in spring 2010. The Society now has a new technical secretariat. Medconnect served as the organization’s membership secretariat since the foundation of ESGENA. As an association company, Medconnect organized the activities of several medical societies. The office in Munich managed membership administration for ESGENA and coordinated its publications, such as ESGENA News, e-News, and the web site. Collaboration with Medconnect was always excellent over the last 14 years. Unfortunately, Medconnect closed its service at the end of July 2010.

ESGENA’s Governing Board would like to thank Bridget Barbieri, the Director of Medconnect, for her support, loyalty, and excellent and professional collaboration during the last 14 years. It was a great pleasure to work with her and her team, and we wish her all the best for the future. As part of the Medconnect team, Ms Rietta Schönberger has taken care of ESGENA’s activities and membership administration during the last few years. The ESGENA Governing Board is very pleased that she will be continuing her work for ESGENA and acting as the new ESGENA technical secretariat.

As a result of these changes, this issue of ESGENA News will be the only one to appear in 2010. However, the ESGENA Membership Pages provide an update on ESGENA activities in 2009 – 2010.

ESGENA has been continuing with a number of educational activities in 2010. The Education Working Group completed its work on the handbook for organizing workshops. The handbook provides helpful information on how to plan and organize equipment, skills workshops, workshops on biosimulators and workshops with live demonstrations.

ESGENA representatives were also involved in the development of ESGE – ESGENA guidelines on:

- Non-anaesthesiologist administration of propofol (NAAP) for gastrointestinal endoscopy
- The use of electrosurgical units

Both guidelines will be published in Endoscopy, as well as on the ESGE and ESGENA web sites.

ESGENA also produced a ‘Statement on Drying and Storage of Endoscopes and the Use of Drying/Storage Cabinets’, and ESGENA tutors supported ESGE workshops on advanced endoscopy held in Cluj-Napoca (Romania) in October 2009 and in Yaroslavl (Russia) in June 2010.

Many members attended the GI Nurses 2009 conference. The combined ESGENA–SIGNEA Meeting on 21–23 November 2009 in London was very successful, and I would like to thank Norah Connelly as President of SIGNEA and Pauline Hutson as Chair of the BSG-EAG for their very committed and professional collaboration before and during the conference. It was really a great pleasure to work with them. The success of a conference is always the result of teamwork, so I would also like to thank in particular the speakers, chairmen, tutors, and authors of free papers and posters, as it was their contributions that made the congress come alive.

In London, Eric Pflimlin from Switzerland was awarded honorary membership of ESGENA. Eric was the person responsible for initiating hands-on training courses on biosimulators during ESGENA conferences.

The next ESGENA conference is coming up in a few weeks’ time – on 23 – 25 October 2010 in Barcelona. The Catalanian metropolis will be welcoming the conference participants with its special atmosphere. The preliminary programme included in this issue provides a good overview of the different sessions, workshops and hands-on training courses available.

Finally, I would like to thank the biomedical companies who sponsor ESGENA for their continued financial support, both for the Society and for the conferences. Although financial pressures have been increasing, the companies are continuing to support nurses’ activities.

We hope to see as many members as possible at the 14th ESGENA Conference in Barcelona in October 2010, meeting up with international colleagues and sharing their experience and knowledge.

Ulrike Beilenhoff
A workshop involving live demonstrations is a large event that requires intensive preparation work with participation by the industrial sponsors and the endoscopists and nurses involved. As ESGENA co-director, I visited the Third Medical Clinic in Cluj – Napoca on 26 – 27 June 2009 to prepare the workshop from the nurses’ side and to coordinate collaboration with the local staff.

The organizing committee consisted of Prof. Pascu, Cluj-Napoca (course director), Prof. Gheorghe, Bucharest (ESGE co-director), and myself. The ESGE faculty members were Prof. Lars Aabakken (Norway), Prof. Paul Fockens (The Netherlands), Prof. Olivier Le Moine (Belgium), Prof. Miguel Muñoz-Navas (Spain) and Prof. Rainer Schoeffl (Austria). The ESGENA faculty members were Jadranka Brljak (Zagreb), Marjon de Pater (Amsterdam), Herta Pomper (Vienna) and myself.

The ESGENA team arrived in Cluj-Napoca on Tuesday, 13 October. Gabriela Mester, head nurse of the local department, arranged a welcome dinner which was a good opportunity for everyone to meet in a relaxed atmosphere.

On Wednesday 14 October, the ESGENA nurses visited the Third Medical Clinic. The endoscopy unit had been given a completely new appearance since my previous visit in June 2009, with all of the rooms freshly painted and plenty of space for the workshop. The whole local team had worked very hard to prepare everything. Together with the local doctors and head nurse, as well as representatives of Olympus and ESGENA, we started preparation work. Olympus was the major sponsor for the event. It was essential for the company to demonstrate the equipment available so that all of the nurses would be familiar with it. In the afternoon, the team as a whole discussed the final program, and in the evening the welcoming reception was held at the Opera Plaza Hotel.

The workshop programme on 15 – 16 October 2009 combined live demonstrations with state-of-the-art lectures. Live demonstrations were transmitted from the Third Medical Clinic to the main audience hall in the University Palace. Procedures performed during the two days included:

- Oesophageal and colonic polyps: gastroscopy/colonoscopy, narrow-band imaging (NBI), polypectomy
- Benign oesophageal stricture: balloon dilatation
- Gastric cancer: gastroscopy with stenting
- Peutz–Jeghers syndrome: small-bowel capsule endoscopy
- Jejunal polyp: enteroscopy with polypectomy
- Lithiasis in the common bile duct: ERCP with stone removal
- Chronic pancreatitis, Klatskin tumour: ERCP with stenting
- Ulcerative colitis: colonoscopy, NBI, chromoendoscopy
- Mediastinal findings (lymph nodes): endoscopic ultrasound with fine-needle aspiration (EUS-FNA)
- Cystadenoma: EUS-FNA, contrast-enhanced ultrasonography (CEUS)
- Pancreatic cancer: EUS-FNA, neurolysis

All of the patients received propofol sedation, administered by anaesthesiologists.

The nurses’ programme offered lectures on the following topics, in parallel with the medical lectures:

- Sedation in endoscopy – European guidelines for nurses (Herta Pomper)
- Cleaning and disinfection in accordance with the European guidelines (Sylvia Lahey)
- Nurse assistance before and after ERCP procedures (Jadranka Brljak)
- Aspects of medical communication for nurses (Gabriela Mester)
- Legal aspects of nursing practice in Romania (Maria Milas)

During the workshop, I had the honour of being made an honorary member of the Romanian society (the Association of Gastroenterology, Hepatology and Endoscopy Nurses) by Gabriela Mester in recognition of my collaboration with our Romanian colleagues over the last 10 years.

The workshop was attended by 284 participants (181 doctors and 103 nurses) from Romania, the Republic of Moldova, Hungary and the Ukraine. The atmosphere during the workshop was excellent, as was the hospitality, and the team spirit among the local hosts, ESGE, Olympus and ESGENA was perfect. Everything was very well prepared and organized, and the local nurses who were assisting during the procedures showed an excellent standard.

In the reprocessing room, one nurse was responsible for cleaning the endoscopes during the workshop in accordance with the European guidelines. The department had two washer-disinfectors. The hygiene standard in all of the endoscopy rooms was very good.

The event concluded on the Thursday evening with a concert in a local church, followed by a dinner. In summary, it was a very well-organized workshop, with all kinds of interesting cases for the participants. The hard-working and enthusiastic team made the workshop a great success.

Sylvia Lahey (Rijnstate Hospital, Arnhem, Netherlands)
Like the medical participants, the majority of the nurses came from Europe, but also from the United States, Asia, Australia, Africa and South America.

Delegates at Gastro 2009 – postgraduate teaching programme

Australia 18
Austria 4
Belgium 59
Brazil 4
Canada 12
China 1
Croatia 5
Cyprus 1
Czech Republic 8
Denmark 75
Estonia 3
Finland 2
France 21
Germany 61
Greece 9
Hong Kong 2
Hungary 7
Iceland 6
Ireland 21
Israel 12
Italy 16
Japan 2
Jordan 7
Latvia 4
Lebanon 2
Luxembourg 9
Malaysia 1
Malta 1
Monaco 1
New Zealand 5
Nigeria 1
Norway 26
Peru 2
Poland 3
Portugal 23
Romania 1
Russia 3
Serbia 4
Singapore 1
Slovak Republic 2
Slovenia 17
South Africa 3
South Korea 1
Spain 28
Sudan 6
Sweden 24
Switzerland 11
Thailand 1
The Netherlands 65
United Arab Emirates 3
United Kingdom 141
USA 28

Delegates at Gastro 2009 per continent

City of London

GASTRO 2009 IN NOVEMBER 2009 IN LONDON

The United European Gastroenterology Federation (UEGF) and the World Gastroenterology Organization (WGO), together with the World Organization of Digestive Endoscopy (OMED) and the British Society of Gastroenterology (BSG), jointly organized the Gastro 2009 conference in London on November 21 – 25, 2009.

In conjunction with Gastro 2009, ESGENA and SIGNEA organized GI Nurses 2009 as a joint meeting on 21 – 23 November 2009, hosted by the Endoscopy Associates Group of the British Society of Gastroenterology (BSG-EAG). SIGNEA, BSG and ESGENA worked as a team in the different stages during the 2 years’ preparation. It is always a challenge to organize a conference with different societies. In order to meet the needs and expectations of all three societies, the steering, programme and free-paper committees included representatives of all three societies. ESGENA and SIGNEA coordinated the overall programme, while the BSG was responsible for organizing the nurses’ welcoming reception.

Nearly 15,000 people attended Gastro 2009, with 773 nurses attending the GI Nurses 2009 conference.
The three-day programme combined state-of-the-art lectures, free papers and posters, lunch sessions, several workshops with hands-on training and live transmissions. The conference programme started with the first workshops in the late morning, but it was difficult for many of the delegates to attend these early workshops. The majority of conference participants arrived around lunchtime, and the afternoon workshops therefore had more participants.

Topics offered in conjunction with the medical industry were hygiene and reprocessing, capsule endoscopy, inflammatory bowel disease (IBD), manometry, pH monitoring and various aspects of the management of endoscopy units. The hands-on training on bio simulators were very attractive, with experienced tutors from different countries. The welcoming reception following the first full day was enjoyable and was held at the conference centre immediately after the end of the workshops.

On the Sunday, the scientific programme featured eight sessions in two halls. The main topics were nutrition, ethics, IBD, staff welfare and management, gastrointestinal diseases and lower gastrointestinal endoscopy. Two free paper sessions gave 12 delegates an opportunity to share experience from their own countries and present research projects.

The poster exhibition was another attractive aspect of the conference, with 31 scientific posters from all over the world being presented in two rounds. The bio simulator workshops also continued in the morning and in the afternoon for nurses, again made possible by highly motivated training teams. Lunchtime sessions also offered hands-on training. Training was provided in the use of new equipment, questions on hygiene and reprocessing were discussed, and new developments in small-bowel diagnosis and treatment were presented.

Monday was marked by a plenary session in the morning on new techniques and developments and the announcement of the best free paper and poster awards.

The best three free papers were:
First place: High Prevalence of Fatigue in Patients with Inflammatory Bowel Disease: Results of a Case-Control Study. Maria van Vugt-van Pinxteren, Tessa Römkens, Fokko Nagengast, Martijn van Oijen and Dirk de Jong (The Netherlands)
Second place: Nursing and Technical Perceptions of the Usefulness, Applicability, Enjoyment and Realism of Simulation-based Training in the Paediatric GI Endoscopy Unit. Lisa Heard, Meghan Fredette and Jennifer Lightdale (USA)
Third place: Gastric, Small-Intestinal and Colonic Findings in a Specialist Nurse-Led Capsule Endoscopy Service. Linda Jackson and Owen Epstein (UK)

The three best posters were:
First place: Needless Fasting: Can Fasting be avoided? Martika Kloppenburg-Flieringa, E. Mathus-Vliegen, S. Simson, G. Veenboer and P. Fockens (The Netherlands)
Third place: The Difference a Nurse makes: Hepatitis B Research in Aotearoa, New Zealand. Kathryn Adams and Jennifer Masters (New Zealand)

The GI Nurses 2009 conference closed with an invitation to attend the next ESGENA Conference in Barcelona in 2010.

The ESGENA delegates also had an opportunity to visit the exhibition, which opened on the Monday morning. In addition, Gastro 2009, the ESGE Learning Area and live demonstrations on the Tuesday and Wednesday offered further opportunities for participants to update their knowledge.

GI Nurses 2009 was a successful event for gastroenterology nurses to meet up and exchange ideas, to get into contact with colleagues internationally and to expand the fascination of the profession.

Ulrike Beilenhoff
The sixth conference of the Associação Nacional de Enfermeiros de Endoscopia Digestiva (ANEED) was held on 12 – 13 March 2010. The main topics were related to recent standards and recommendations in endoscopy re-processing, biological treatments in inflammatory bowel disease and the new model of professional development in Portugal and the tutoring processes involved in it. Other topics covered innovative new developments in endoscopy:

- Information technology as a management tool in the endoscopy unit
- New trends and developments in endoscopy

Two European experts were invited:

- Michael Ortmann (ESGENA Vice-President), responsible for education and training in the Swiss society (SVEP) and at Basle University Hospital in Switzerland; and
- Eric Pflimlin, President of the SVEP and manager of the endoscopy department at Basle University Hospital.

Eric spoke about a new guideline on “Microbiological Surveillance in Endoscopy” and Michael gave a presentation on “Teaching New Staff – the Role of the Teacher”. As experts for the ESGENA hands-on training approach, they chaired the workshop on “Practical Training with Models – How to Make Dummies”.

A total of 160 nurses representing the majority of endoscopy units in Portugal used the conference to update their knowledge and to share experience with colleagues. The participants’ assessment of the meeting showed that they were extremely satisfied with it and that there is a strong need for continuing education and training in endoscopy and gastroenterology nursing in Portugal.

We would like to express our special thanks to the two international guests, who made a major contribution to the quality of the event. They showed different ways of learning in a simple, practical and effective way.

Rafael Luis Dos Santos Oliveira (Department of Medicine and Specialized Examinations, Hospital do Serviços de Assistência Médico-Social/SAMS, Lisbon)
General nursing education in Jordan has been established at university level, but endoscopy nursing has not so far officially been recognized as a specialty and there is no formal training yet for endoscopy nurses. Lilishor Hijaz has been a member of ESGENA’s Education Working Group for many years. During our stay in Jordan, she explained to us that her next project is to implement the ESGENA European Core Curriculum for Endoscopy Nurses and to establish, step by step, a specialist training course for endoscopy nursing in Jordan. Her close contacts with the president of the Jordanian nursing association will help her on the way.

Jordan has been an established destination for medical tourism in the Middle East since the 1970s. During our stay in Jordan, we were able to visit four different endoscopy departments in Amman. As the capital of Jordan, Amman has a good medical standard and the endoscopy department has standards compatible with those in many European countries. However, hygiene standards and staff protection measures are one field for possible improvements – as in many other countries.

During our stay in Jordan, it was impressive to see how peacefully people from different cultural backgrounds are able to work together and meet each other with respect and tolerance – setting an example for other countries. We enjoyed the warm hospitality and relaxed atmosphere during the conference, during sightseeing and private visits. It was a wonderful time in a fascinating country. I would like to thank Lilishor Hijaz and Hana al Shami for all the time they spent with us and would like to wish them all the best, good luck and staying power for their work in JAGENA.

Ulrike Beilenhoff

THE SIXTH ANNUAL JAGENA CONFERENCE IN JORDAN, MARCH 2010

The Sixth Scientific Day of the Jordanian Association of Gastroenterology and Endoscopy Nurses and Associates (JAGENA) was held on 26 March 2010 at the Le Royale Hotel in Amman, during the annual gastroenterology conference there. The conference was attended by 50 nurses from Jordan, Palestine, the Arabic countries and Sudan.

The following lectures were given by Jordanian doctors and nurses:
- Update on new techniques
- ERCP
- Intragastric balloon for weight reduction
- Barrett’s oesophagus
- Management of gastrointestinal tract varices
- Role of the hepatology assistant in hepatitis C

Four international speakers gave presentation:
- Ethics in endoscopy (Christiane Neumann, UK)
- Education and training of endoscopy nurses (Ulrike Beilenhoff, Germany)
- Training competent staff (Debbie Den Boer, USA)
- Gastroenterological emergencies – endoscopic preparation and patient care (Agnes Nezkarn-Gaber, USA)

The Jordanian society is one of the “young” societies within ESGENA. It is all the more impressive to see how fast the society has established itself and how active it is in the country. Its success is the work of Lilishor Hijaz (the current Vice-President) and Hana Al Shami (the current President). Lilishor Hijaz took the initiative to found the society after receiving an ESGENA Grant scholarship, spent in London. A very active society has been established within only a few years, and congratulations are due to her.

The society is very active in supporting endoscopy departments all over Jordan. JAGENA has used European and American guidelines to implement its own standards in hygiene and patient care. The focal point of JAGENA’s work lies in training for endoscopy nurses. In addition to the annual conference, JAGENA organizes local workshops and smaller regional meetings in different parts of the country.
The anaesthetists administered deep propofol sedation for all of the patients. Workshop programmes ideally ought to cover a wide variety of examination types, and in this workshop enteral stenting and endoscopic submucosal dissection (ESD) predominated, although they are not used in everyday routine in Russia. ESD is a very difficult and time-consuming technique, and it is not possible to cover every aspect of it during a live demonstration. Some ERCPs and EUS were performed, but cases of band ligation and endoscopic variceal therapy were not demonstrated. We learned that ERCP is carried out in all of the main hospitals in Russia. The examinations presented during the workshop were performed successfully and without any complications. It was a full programme that kept the team busy even outside the transmission time slots.

In parallel with the medical lectures, the nurses’ programme offered the following presentations:

• Cleaning and disinfection in gastrointestinal endoscopy – 2010 update (P. Scherbakov, Russia)
• ESGENA activities (Jadranka Brljak, ESGENA)
• Reprocessing of endoscopic equipment (Sylvia Lahey, ESGENA)
• Role of endoscopy nurses in different European countries (Herta Pomper, ESGENA)
• Treatment of gastrointestinal bleeding (Michael Ortmann, ESGENA)

The presentations were given in English with simultaneous translation by a colleague from Olympus Russia.

The Olympus – ESGENA hands-on-training courses for endoscopy nurses, chaired by Jadranka Brljak, were held in the training centre on the afternoon of 1 July. Training was provided in the following techniques: Injection therapy, Clipping, Polypectomy and Reprocessing of endoscopes and accessories.

The workshop on 1 – 2 June combined live demonstrations with separate lectures for medical participants and nurses. One ESGENA representative co-chaired the live demonstration, while the other nurses worked in the endoscopy unit.

The local nurses did a great job – as they did not speak English, it was impressive that they understood every step of the organization and knew what was needed during the procedures, even when verbal communication was difficult. Every room was prepared in the same way, so it was easy to find everything we needed. The transportation and preparation of the patients was always efficient and on time, and hygiene standards during the procedures were good. The reprocessing of endoscopes was done by the local nurses, at a very good hygiene level, in Olympus endoscope washer-disinfectors.

The first live demonstration workshop to be held in Russia under the auspices of ESGE and ESGENA took place in Yaroslavl on Thursday and Friday 1 – 2 July 2010. The procedures were performed at the Yaroslavl Regional Cancer Hospital, with live transmissions to a conference hall in the Yaroslavl Government Building.

The ESGENA representatives were Michael Ortmann (Basle, Switzerland, ESGENA co-director), Sylvia Lahey (Arnhem, The Netherlands), Jadranka Brljak (Zagreb, Croatia) and Herta Pomper (Vienna, Austria).

The ESGENA team arrived in Yaroslavl together with representatives of Olympus on 29 July. Preparation for the workshop started the next day, with a visit to the Regional Cancer Hospital. The endoscopy department was completely renovated, offering plenty of space and good standards for this kind of event. The preparatory work became a challenge, however, as the endoscopy equipment specially ordered for the workshop was delivered late at night after customs delays, and like ourselves the ESGE physicians only arrived late at night.

The workshop on 1 – 2 June combined live demonstrations with separate lectures for medical participants and nurses. One ESGENA representative co-chaired the live demonstration, while the other nurses worked in the endoscopy unit.

The local nurses did a great job – as they did not speak English, it was impressive that they understood every step of the organization and knew what was needed during the procedures, even when verbal communication was difficult. Every room was prepared in the same way, so it was easy to find everything we needed. The transportation and preparation of the patients was always efficient and on time, and hygiene standards during the procedures were good. The reprocessing of endoscopes was done by the local nurses, at a very good hygiene level, in Olympus endoscope washer-disinfectors.

Everyone in the local organizing team gave us a very warm welcome to Russia, and Yaroslavl – currently celebrating its thousandth anniversary – gave us a very strong impression of Russia. We enjoyed the warm hospitality shown by the hospital employees, Russian endoscopy experts and citizens of Yaroslavl, where we made a lot of friends. The good atmosphere and team spirit during the workshop, along with the enthusiasm shared by the local hosts, ESGE, the efficient Olympus and Cook representatives, and ESGENA was perfect.

We all agreed that it was a well-organized and successful first workshop in Russia. Based on these first contacts, ESGENA is looking forward to supporting local nurses in their efforts in the future.

Herta Pomper (Endoscopy Unit, Vienna University Hospital)
ESGENA HONORARY MEMBERSHIP 2009 FOR ERIC PFLIMLIN FROM SWITZERLAND

Eric Pflimlin was born in France, where he received his basic nursing training. He has worked at the University Hospital in Basle, Switzerland, since 1987 in the fields of neurosurgery, intensive care, and endoscopy. He became nurse-manager of the Endoscopy Department for Gastroenterology/Pulmonary Medicine there in 1999, and also obtained several additional qualifications (e.g., in the Clinical Leadership Programme at the Royal College of Nursing of London and a Certificate of Advanced Study).

In 2001, Eric Pflimlin was one of founding members of the Swiss endoscopy nurses’ society, the Schweizerische Vereinigung für Endoskopiepersonal (SVEP), and has been President of the society since then. He has also been active at the European and international level as a speaker, chair, and tutor in several countries since 2000.

He can take the credit for enabling ESGENA to offer hands-on training sessions with biosimulators at European conferences. He invested a great deal of work in the development of this project at the European level and put a tremendous amount of energy, enthusiasm and professionalism into it. ESGENA was able to offer its first hands-on training session at the ESGENA conference held in Geneva in 2002. Two years later, this form of training was also provided by the European Society for Gastrointestinal Endoscopy (ESGE) for participants at the United European Gastroenterology Week conference.

Eric Pflimlin has been involved in organizing hands-on training facilities for ESGE–ESGENA since 2002. His department has undertaken extensive preparatory work and on-site organization every year. He has chaired all of the hands-on sessions offered since 2002 and has also inspired more and more of his colleagues to become tutors as well.

Eric’s enthusiasm and professional work have enabled ESGENA to establish a very professional method of training, and the ESGENA Governing Board therefore decided to award him honorary membership of the Society. The award was presented at the ESGENA Annual General Assembly in November 2009 in London.

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Ulrike Beilenhoff
A guide to practical care, particularly towards the end of life

Press Statement of the Royal College of Physicians in conjunction with the British Society of Gastroenterology

This is the central message from a Working Party report published by the Royal College of Physicians in conjunction with the British Society of Gastroenterology. Entitled ‘Oral feeding difficulties and dilemmas: A guide to practical care, particularly towards the end of life’, it has been prepared in response to continuing unease about the lack of consensus, including among doctors, about when artificial nutrition and hydration is appropriate.

Its authors (a multidisciplinary team of healthcare professionals with an interest in nutrition matters, medico-legal experts and patient representatives) have reviewed the clinical and ethical arguments surrounding the tube feeding of those patients who, often near the end of life are experiencing swallowing difficulties either as a result of neurological illness or other substantial disabilities.

The ultimate aim of the report is to improve care by providing healthcare professionals, patients, their families and carers with practical advice that has a sound legal and ethical basis, and to prevent distressing and complicated disagreements.

The Working Party invited a wide range of stakeholders to submit views during the course of the work. Among the evidence they took were reports of poor practice involving the withdrawal of feeding, as well as its inappropriate continuation. There were also reports of substantial disagreements between health professionals and family members when patients were unable to articulate their wishes.

On the basis of this, the group’s final recommendations are that:

• Oral intake, modified as necessary, should be the main aim of a nutrition strategy at the end of life. Even if a patient is deemed to have an ‘unsafe swallow’, a risk management approach may offer them the best quality of life; ‘nil by mouth’ should be a last resort, rather than the initial default option. Where tube feeding is necessary, this should be additional whenever possible and done with clear clinical objectives in mind.

• To ensure patient centred decisions about artificial nutrition and hydration are being taken, there needs to be a clear agreement about what the aims of any regimen. Such decisions should never be based on the convenience of staff or carers. Nor should artificial feeding ever be required as a criterion for admission to any kind of institution providing care.

• All trusts and care homes should ensure there is sufficient staff, especially at meal times, to assist and feed those patients who require a longer time to eat an adequate meal.

• When oral feeding difficulties occur, a nutrition support team, ideally but not inevitably led by a doctor with special expertise in nutrition should be made available to work with patients and their families.

Dr. Rodney Burnham, Co-Chair of the Working Party said:
“This report brings considerable and much overdue clarity to a very challenging area. Feeding difficulties can create great uncertainties and even confusion among healthcare professionals, as well as patients and relatives. The College expects it to become an invaluable resource for those who are trying to grapple with these difficult issues.”

Dr. David Sanders of the British Society of Gastroenterology said:
“The British Society of Gastroenterology is strongly supportive of this timely and critical report. This report not only provides an evidence base for our practice but is also a valuable ‘working manual’ for clinicians from all disciplines dealing with these highly emotive clinical problems. This report is further strengthened by the fact that it was an all inclusive working party which encompassed many disciplines and societies.”

Copies of the report are freely available for download in the members’ section of the website, or for sale in hard copy or pdf format to non-RCP members through the College’s online bookshop.

For further Information:
Royal College of Physicians
www.rcplondon.ac.uk/pubs/brochure.aspx?e=295
Frank Soodeen, Email: frank.soodeen@rcplondon.ac.uk
Expand your options for more efficiency in ERCP

The V-System provides maximum flexibility

In combination with the revolutionary guidewire VisiGlide and a versatile line-up of state of the art EndoTherapy devices, the V-System is your optimal solution for easy and fast instrument exchange. Its expanded product line including both distal wireguided and over the wire design devices is fully compatible with both a long or short guidewire. The V-System provides you with the greatest flexibility possible!
It is early in the morning and I am on a train rattling up to Central London. I am off to the British Society of Gastroenterology (BSG) as part of a working group updating guidelines on decontamination in GI endoscopy. I regularly deal with these issues and as advice that I give must be evidence-based best practice. It is a great opportunity to keep me abreast of developments and to network with experts in their field.

Later on today, I will be training a group of sterile supplies staff in the manual decontamination of PENTAX scopes. It is an important part of my role and essential that clinical staff recognise the type of scope they are using and understand the different internal channel configurations. I work closely with PENTAX Technical Account managers in delivering our validated reprocessing recommendations as well as training in basic anatomy, common disease, endoscopic procedures, scope handling and damage prevention. This all helps to give PENTAX users a well-rounded overview and greater understanding of endoscopy that benefits both staff and patients.

My job is very customer-facing and no two days are ever the same. I cover the whole of the UK and some of the other activities I might be involved in are supporting the Sales Team in demonstrations of new equipment, speaking at clinical meetings, educating PENTAX employees on clinical disease, attending conferences, meeting with staff in Europe or performing regular scheduled visits to our key units to provide clinical staff with extra manufacturer support and guidance. I regard all nurses as my colleagues and understand completely the challenges they face in their working lives. I know they enjoy coming to PENTAX UK for my Education Days where they can tour the National Service Centre for a first-hand appreciation of the inner workings of a scope and the importance of damage prevention. Last week I met up with international PENTAX colleagues at the annual BSG meeting in Liverpool. It is particularly good to catch up with my two fellow nurse specialists from Ireland and The Netherlands.

Tonight I am having a meal with external colleagues that I have met through work. It has been a long day but full of variety and I cannot think of a job that would suit me better. I feel valued by a caring and ethical company where I am autonomous in linking the commercial and clinical worlds. Most of all, I have huge potential for caring for, and supporting, customers, colleagues and most importantly, patients.

Nicky McKechnie, Clinical Nurse Specialist von PENTAX UK

Report sumitted by PENTAX EUROPE
14th ESGENA CONFERENCE 2010

IN CONJUNCTION WITH:

THE SPANISH SOCIETY OF ENDOSCOPY NURSES AND ASSOCIATES (AEEED)
SPANISH SOCIETY OF GASTROENTEROLOGY HEPATOLOGY AND ENDOSCOPY NURSES (AEEP D)

18TH UEGW
OCTOBER 23 - 25, 2010
CENTRE CONVENCIONS INTERNACIONAL BARCELONA, SPAIN
WELCOME ADDRESS

Dear Colleagues,

On behalf of ESGENA, Spanish Society of Endoscopy Nurses and Associates (AEEED) and the Spanish Society of Gastroenterology Hepatology and Endoscopy Nurses (AEEP) we have great pleasure inviting you to the 14th ESGENA Conference, which will be held during the 18th UEGW on Saturday 23 to Monday 25 October 2010 in Barcelona, Spain.

The three day conference will include state-of-the-art lectures, free papers & posters, lunch sessions, several workshops with hands-on-training and live transmissions. Interesting topics in Gastroenterology and Endoscopy will ensure a truly global context. We are hoping to provide a full and varied programme – to encourage you to meet up with colleagues from all over the world and exchange information with them. This format will encourage networking and communication between the delegates – both between individual nurses and national groups.

On Saturday, there will be an opportunity to attend several workshops organised in four parallel rooms. The workshops will have a more practical focus and will be held in smaller groups – up to 50 – to encourage discussion, questions, and exchanges of ideas.

Following success at previous conferences, we will be offering hands-on training using bio simulators for nurses on Saturday and Sunday. These workshops will be organised in close cooperation with ESGE. Nurses will also have access to the UEGW post graduate course.

The conference will officially open with the ESGENA Welcome Reception on Saturday evening. In the past, this has been a most enjoyable, informal evening with the opportunity to meet colleagues and friends from all over Europe and overseas. This evening will be organised by the Spanish nurses as local hosts of the conference.

On Sunday, the scientific programme, which includes two free paper sessions and a nurses’ poster session, will offer mainly nursing-oriented lectures in two parallel halls. In addition, 3 parallel lunch sessions will have a more practical focus. The Plenary Session with lectures in one hall follows on Monday morning. This will bring together all the delegates and we will award the prizes for the best free paper and the best poster. The meeting will finish with invitations to forthcoming conferences.

The trade exhibition will open on Monday at lunchtime, and there should be enough time to browse the stands if the medical scientific programme does not tempt you back into the lecture halls.

We hope that we will be able to welcome you at the 14th ESGENA Conference in October 2010 in Barcelona, Spain.

Ulrike Beilenhoff
President of ESGENA

GENERAL INFORMATION

Venue

Centre Conventions International Barcelona (CCIB)
Rambla Prim 1-17 · 08019 Barcelona, Spain · www.ccib.es

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Web: www.aeepe.com
GENERAL INFORMATION

ESGENA Annual General Meeting

ESGENA Annual General Meeting will be held on Saturday 23 October 2010 from 17.15-18.30 hours in Hall 129
Access for ESGENA members only.

Social Events

Saturday, 23 October 2010
• Evening: Welcome Reception & Opening of ESGENA conference
• Attendance at the Welcome Reception is included in the registration
• Ticket: Access only with badges of ESGENA conference

ESGENA Scientific Programme

Saturday, 23 October 2010
• Afternoon: 8 workshops in four parallel sessions
• Afternoon: hands-on training on bio simulators

Sunday, 24 October 2010
• All day: ESGENA scientific programme with free paper and poster sessions and 3 parallel lunch sessions
• All day: hands-on training on bio simulators

Monday, 25 October 2010
• Morning: ESGENA Plenary Session
• All day: technical exhibition and the ESGE Learning Area

Hands-on-Training on Saturday and Sunday

• Hands-on-training on bio simulators will be offered in 5 different sessions in co-operation with ESGE.
• Tickets for nurses will be available at the entrance of the ESGE Learning Centre one hour before starting each session
• Please note that there are only a limited number of tickets available in order to ensure small training groups at each station.

ESGENA Poster Session

• Scientific posters will be displayed on Saturday and Sunday, 23-24 October 2010
• Two poster sessions will be held on Sunday, 24 October 2010

ESGENA Lunch Session

• Lunch sessions will combine state-of-the-art-lectures with hands-on-training on different stations focused.
• On Sunday, 24 October 2010, 3 parallel lunch sessions will be offered.
• Please note that there are only a limited number of tickets available in order to ensure small training groups at each station.
• Tickets for nurses will be available at the ESGENA information desk.

Conference language

• The official language of the ESGENA conference is English.
• On Saturday, 23 October 2010 two workshops will be held in Spanish.
• On Sunday, 24 October 2010 one lunch session will be held in Spanish.
## UEGW – PG TRAINING PROGRAMME – Saturday, 23. October 2010

<table>
<thead>
<tr>
<th>Hall 127</th>
<th>Hall 128</th>
<th>Hall 129</th>
<th>Hall 130</th>
<th>ESGE Learning Area</th>
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<tbody>
<tr>
<td><strong>Language:</strong> English</td>
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<td><strong>Language:</strong> Spanish</td>
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<tr>
<td><strong>13:30 - 15:00</strong></td>
<td><strong>WORKSHOP 2</strong></td>
<td><strong>WORKSHOP 3</strong></td>
<td><strong>WORKSHOP 4</strong></td>
<td><strong>WORKSHOP 5</strong></td>
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<tr>
<td>Endoscopes reprocessing: Is there a need for a separation of clean and dirty steps?</td>
<td>What is the role of nurse during Colon Capsule Endoscopy (CCE)?</td>
<td>How to create scientifically sound abstracts and posters for conferences</td>
<td>Risks in the practice of digestive endoscopy</td>
<td>Hands-on training on bio simulators Upper GI Bleeding ERCP Colonoscopy</td>
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<td>organised by ESGENA</td>
<td>organised by AEEED</td>
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<td><strong>15:30 - 17:00</strong></td>
<td><strong>WORKSHOP 6</strong></td>
<td><strong>WORKSHOP 7</strong></td>
<td><strong>WORKSHOP 8</strong></td>
<td><strong>WORKSHOP 9</strong></td>
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<tr>
<td>Hygiene surveillance in the reprocessing room: How to prevent false positive results</td>
<td>RXperience - An insight into best clinical practice with short wire ERCP</td>
<td>Practical training with models – How to make dummies</td>
<td>Patient safety</td>
<td>Hands-on training on bio simulators Upper GI Bleeding ERCP Colonoscopy</td>
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<td>Details: Page 27</td>
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<tr>
<td><strong>17:15 - 18:30</strong></td>
<td><strong>ESGENA General Assembly</strong></td>
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**Coffee Break 15:00 - 15:30**

**ESGENA Welcome Reception 19:00 - 21:00**
### Sunday, 24. October 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Hall 113</th>
<th>Hall 114</th>
<th>Hall 130</th>
<th>Poster area in front of Hall 113/114</th>
<th>ESGE Learning Area Hall 117</th>
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<tbody>
<tr>
<td>08:30 - 10:00</td>
<td>Session 1</td>
<td>Session 2</td>
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<td>Free Paper Session</td>
<td>Management</td>
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<td>10:30 - 10:30</td>
<td>Coffee Break</td>
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<tr>
<td>10:30 - 12:00</td>
<td>Session 3</td>
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<td></td>
<td>Free Paper Session</td>
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<tr>
<td>11:00 - 12:30</td>
<td>Workshop 11</td>
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<td></td>
<td>Hands-on training on bio simulators</td>
<td>ERCP Short Wire System Cook</td>
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<tr>
<td>12:00 - 13:00</td>
<td>Lunch</td>
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<tr>
<td>13:00 - 14:30</td>
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<td></td>
<td>New technics and developments</td>
<td>Hygiene and infection control</td>
<td>Is your AER compliant with ISO 15883?</td>
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<tr>
<td>14:30 - 16:00</td>
<td>Session 5</td>
<td>Session 6</td>
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<td>POSTERROUND II</td>
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<td>Inflammatory Bowel Diseases</td>
<td>Thoracic Medicine</td>
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<tr>
<td>16:00 - 17:00</td>
<td>POSTERROUND II</td>
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<tr>
<td>15:30 - 17:00</td>
<td>Workshop 13</td>
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<td></td>
<td>Hands-on training on bio simulators</td>
<td>Upper GI Bleeding ERCP Short Wire System Boston</td>
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<td>17:00 - 18:30</td>
<td>Session 7</td>
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<td>Education</td>
<td>GI Diseases</td>
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</table>
**Monday, 25. October 2010**

**Hall 112**  
**Seats 815**

**Language:** English

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 08:30 - 10:30 | **SESSION 9**  
New Techniques and Developments in Endoscopy  
Presentation by Major Sponsors  
Scientific Lectures  
Best Free Paper and Best Poster Award  
Invitation to the next ESGENA Conference  
Details: Page 38 |
| 10:30 - 11:00 | **Coffee Break** |
| 12:30 - 14:00 | **Lunch**  
Visit of Exhibition ESGE Learning Area UEGW Sessions |
| 15:30 - 16:00 | **Coffee Break**  
Visit of Exhibition ESGE Learning Area UEGW Sessions |
For almost three decades, Cook Medical has provided the broadest range of pancreaticobiliary stents to drain obstructed biliary and pancreatic ducts. These stent offerings facilitate the management of complicated biliary strictures to prophylaxis of post-ERCP pancreatitis. With over 700 stenting options in three material choices—polyethylene, PTFE and Sof-Flex®—you have the flexibility of personalizing each therapeutic indication to help optimize your patient outcomes.

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www.cookmedical.com
### WORKSHOP 1:
**Endoscope reprocessing: Is there a need for a separation of clean and dirty steps?**

**HALL 127**
13:30 - 15:00

**Chairs:**
Tina Bradley, Birmingham, UK and Annette Rittich, Hamburg, Germany

**Aims & Content:**
While the separation of contaminated, clean and sterile reprocessing steps is common practice in surgical hygiene, this concept has just recently entered the endoscope reprocessing room. However, is such a high level approach to hygiene really necessary in endoscopy? Is the need to invest into a different reprocessing concept, necessitating among other new endoscope washer disinfectors, just driven by the industry?

This workshop will discuss the following issues:
- Are pass-through machines in endoscope reprocessing just marketing or of additional benefit to the necessary level of hygiene?
- Is there any evidence to undermine an improvement of infection prevention?
- What are potential short-comings in applying clean side / dirty side concept to the endoscope reprocessing room?

This workshop is organised by Olympus Europa Holding GmbH

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### WORKSHOP 2:
**What is the role of nurses during Colon Capsule Endoscopy (CCE)?**

**HALL 128**
13:30 - 15:00

**Chairs:**
Cristina Alvarez, Barcelona, Spain and Ute Pfeifer, Düsseldorf, Germany

**Content:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13:30 - 13:50</td>
<td><strong>Is there a role of nurses during Colon Capsule Endoscopy?</strong>&lt;br&gt;Clinical experience in practice – what are the tasks of nurses and doctors during CCE? Which tasks can the nurse take over during the procedure? What kind of training does the nurse need for this? Is this a relief for physicians?&lt;br&gt;<em>Cristina Alvarez, Barcelona, Spain</em></td>
</tr>
<tr>
<td>13:50 - 14:20</td>
<td><strong>Practical demonstration of the role of nurses in CCE</strong>&lt;br&gt;Explaining the bowel preparation to patient, handing out the patient instruction, monitoring of preparation, monitoring of the CCE procedure, downloading the video, how to read a video, what should be considered? Technical support tools in the software, making thumbnails, using the atlas, using the image adjustments, blue colour, etc.&lt;br&gt;<em>Ines Ibanez, Barcelona, Spain</em></td>
</tr>
<tr>
<td>14:20 - 14:50</td>
<td><strong>Evidence in nurse reading of CE - an overview of international studies</strong>&lt;br&gt;Investigation of the analysis quality of PillCam Colon Capsule Endoscopy of doctors and nurses compared to experts - RCT. The first national study of PCCE in Germany (a presentation of the study protocol, without results)&lt;br&gt;<em>Ute Pfeifer, Düsseldorf, Germany</em></td>
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<tr>
<td>14:50 - 15:00</td>
<td><strong>Questions and answers</strong></td>
</tr>
</tbody>
</table>

This workshop is organised by Given Imaging
WORKSHOP 3:
How to create scientifically sound abstracts and posters for conferences

Chairs:
Christiane Neumann, Birmingham, UK and Ulrike Beilenhoff, Ulm, Germany

Aims & Content:
The professional duty of each nurse includes sharing good evidence based practice. This can be done by teaching staff in one’s own department, publication in journals or conference presentations. However, the way scientific presentations are prepared is not normally taught during nurse training.

The workshop aims to introduce nurses to follow scientific principles when
• Choosing a topic
• Preparing and evaluating an abstract for a conference
• Producing a poster which is both scientific and visually attractive
• Presenting a poster at a meeting to the poster round judges

This workshop is organised by ESGENA

WORKSHOP 4:
Risks in the practice of digestive endoscopy = Riesgos en la práctica de la endoscopia digestiva

Chair:
Alejandro Santos Martin Cugno, Santa Cruz de Tenerife, Spain

Content:
13:30 - 14:15 Biological risks prevention
Montserrat Sallés I Creus, Barcelona, Spain

14:15 - 15:00 Ergonomics
Laura Sicilia Jorda, Barcelona, Spain

This workshop is organised by AEEED

WORKSHOP 5:
Hands-on Training on Bio Simulators

Chairs:
Michael Ortmann, Switzerland and Eric Pfimlin, Switzerland

Aims & Content:
Hands-on training on bio simulators (pig models) under the supervision of highly experienced tutors:
Participants will have the opportunity to perform endoscopic techniques on the following topics:
• OGD with Injection techniques, Ligation, Clipping, APC
• Colonoscopy with Polypectomy, EMR and APC
• ERCP with stone extraction and stenting

As participation will be limited, registration will be treated on a first-come-first-served basis.
Ticket will be available onsite only – at the entrance of the ESGE Learning Area

This workshop is organised by ESGENA
## WORKSHOP 6:

**Hygiene surveillance in the reprocessing room: How to prevent false positive results**  
**HALL 127**  
**15:30 - 17:00**

**Chairs:**  
Holger Biering, Düsseldorf, Germany and Reinhard Blum, Hamburg, Germany

**Aims & Content:**  
Long before the final release of EN ISO 15883-4, the necessity for hygiene surveillance in endoscope reprocessing room was addressed by national and European expert committees and guidelines. Meanwhile, regular sampling of endoscopes, washer disinfectors as well as the water supply should be considered a routine task. Still, apparent contaminations are time and time again routed back to false positive sampling results. Independent experts will present the causes of such false positive results and discuss how they can be prevented to increase the efficiency and appropriateness of hygiene countermeasures.  

*Jürgen Gebel, Bonn, Germany, Lionel Pineau, Marseille, France and Heike Martiny, Berlin, Germany*

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This workshop is organised by Olympus Europa Holding GmbH

## WORKSHOP 7:

**RXperience - An insight into best clinical practice with short wire ERCP**  
**HALL 128**  
**15:30 - 17:00**

**Chair:**  
Mark Walker, London, UK

**Aims & Content:**  
This programme is designed to increase ERCP nurse’s awareness of the clinical benefits of the RX Biliary ERCP System™.  
Programme contents:

- Presentation on the clinical best practice related to wireguided cannulation and RX  
- Hands on practice with the RX Biliary system™ on Biliary ERCP models.  
- Conclusion

---

This workshop is organised by Boston Scientific

## WORKSHOP 8:

**Practical training with models - How to make dummies**  
**HALL 129**  
**15:30 - 17:00**

**Chairs:**  
Ulrike Beilenhoff, Ulm, Germany and Michael Ortmann, Basel, Switzerland

**Aims & Content:**  
In order to simulate realistic training scenarios, training on dummies is a very effective and efficient way of learning. However, it is not necessary to use complicated and expensive bio simulators like pig dummies for daily hands-on training or smaller workshops; artificial models and dummies can easily been “built” locally. The attendees will get information

- about commercially available dummies and
- how to produce cheap, simple and very effective self-made dummies for practical training in their own practice by using a combination of plastic dolls, meat, fruit and vegetables.

---

This workshop is organised by ESGENA
WORKSHOP 9: Patient Safety  
**HALL 130**  
**15:30 - 17:00**

**Chairs:**  
Maria Isabel Jimeno Sáenz, Barcelona, Spain and Encarna Coca Macias, Barcelona, Spain

**Content:**

15:30 - 15:50  
**Patient Safety = La seguridad del paciente**  
*Carme Valls Guallar, Barcelona, Spain*

15:50 - 16:10  
**The transmission of hepatitis viruses in healthcare = La transmisión de los virus de hepatitis en la asistencia sanitaria**  
*Joaquín López Contreras, Barcelona*

16:10 - 16:30  
**Sedation in gastrointestinal endoscopy = La sedacion en endoscopia digestive**  
*Sergio Sainz Saenz-Torre, Barcelona, Spain*

16:30 - 16:50  
**Patient safety in gastrointestinal surgery = La seguridad del paciente y la cirugía digestiva**  
*Virginia Pomar Solchaga, Barcelona*

16:50 - 17:00  
**Discussion**

This workshop is organised by AEEPĐ

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WORKSHOP 10: Hands-on Training on Bio Simulators  
**HALL 117: ESGE Learning Area**  
**15:30 - 17:00**

**Chairs:**  
Michael Ortmann, Switzerland and Eric Pflimlin, Switzerland

**Aims & Content:**

Hands-on training on bio simulators (pig models) under the supervision of highly experienced tutors. Participants will have the opportunity to perform endoscopic techniques on the following topics:

- OGD with Injection techniques, Ligation, Clipping, APC
- Colonoscopy with Polypectomy, EMR and APC
- ERCP with stone extraction and stenting

As participation will be limited, registration will be treated on a first-come-first-served basis. Ticket will be available onsite only – at the entrance of the ESGE Learning Area

This workshop is organised by ESGENA

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ESGENA GENERAL ASSEMBLY  
**(members only)**  
**HALL 129**  
**17:15 - 18:30**
For more than two decades.

Each year, physicians worldwide place approximately 100,000 Boston Scientific self-expanding GI stents, including the WALLSTENT™ Endoprosthesis, Ultraflex™ Stent and our newest technology, the WallFlex™ Stent. These are stents you know and trust, cited in hundreds of journal articles and chosen by you for their clinical efficacy and consistent performance. Every day, our field representatives work with your clinical teams, sharing their knowledge and experience and providing hands-on training and support. Yesterday, today and tomorrow – we continue to advance stent technologies that make more treatment options possible and improve patient care.

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### SESSION 1: Free Paper Session
#### HALL 113
08:30 - 10:00

**Chairs:**
Diane Campbell, Torbay, UK, Stanka Popović, Ljubljana, Slovenia and Enriqueta Hernández Soto, Sabadell-Barcelona, Spain

**Welcome:**
08:30 - 08:40  
Ulrike Beilenhoff, Ulm, Germany (President of ESGENA)  
Maria Dolores Esteve Martinez, Elche, Spain (President of AEEPD)

08:40 - 08:55  
**The NHS Bowel Cancer Screening Programme in England**
Lynn Coleman, Claire Nickerson, Ian Fretwell, Helen Griffiths, Julietta Patnick, National Office, NHS Cancer Screening Programmes, UK

08:55 - 09:10  
**Nurse led clinic in pre-colonoscopy counseling in a colorectal cancer screening programme**
A. Salvini, P. Vaccarella, P. Baldocchini, S. Salucci, M. C. Azpiri, A. Leto, F. Fracasso, F. Ciaralli, M. L. Mangia, G. Capobianco, N. Oliva. Gastroenterology, Don Bosco Clinic, Roma, Italy

09:10 - 09:25  
**Usefulness of a second endoscopic arm to improve operative endoscopy in the lower gastrointestinal tract**
Stefania Ferri, Stefania Fiorentini, Umbretta Nannetti, Francesca Romana Serotti, Maria Angela Tattini, Rossella Callegari, Pietro Fusaroli, Giancarlo Caletti, Gastroenterology Unit, University of Bologna/AUSL, Imola, Italy

09:25 - 09:40  
**Placement of nasoduodenal feeding tubes in Intensive Care patients by nurses with the assistance of an electromagnetic guidance system (Corttrak™)**
A. Duflou RN, M. Ramali RN, L. Singels RN, K. van Vliet RN, M. van den Berg RN, P. Fockens MD PhD, E. Mathus-Vliegen MD PhD. Academic Medical Centre, Amsterdam, The Netherlands

09:40 - 10:00  
**Microbiological analysis of reused autoclavable Biopsy Forceps (BF) in GI Endoscopy**
Suzana Muller, RN, PhD; Ismael Maguilnik, MD, MsH; Afonso Luis Barth, PharmD, PhD; Larissa Lutz, Pharm. Universidade Federal do Rio Grande do Sul, Hospital De Clinicas de Porto Alegre, Porto Alegre, Brazil

### SESSION 2: Management
#### HALL 114
08:30 - 10:00

**Chairs:**
Mette Olesen, Copenhagen, Denmark and Montserrat Chuecos Medel, Sabadell-Barcelona, Spain

**Welcome:**
08:30 - 08:40  
Michael Ortmann, Basel, Switzerland (Vice President of ESGENA)  
Maria Luz Gálvez Deltoro, Barcelona, Spain (President of AEEP)

08:40 - 09:05  
**Management of patients with MDRO (multi drug resistant organisms)**
Maria Luz Gálvez Deltoro, Barcelona, Spain

09:05 - 09:30  
**The role of nurse in optimisation of workflow in endoscopy site: A time motion study**
Jadranka Brljak, Zagreb, Croatia

09:30 - 10:00  
**Management of endoscopy unit – advantages and disadvantages of computerised systems**
Ilona Harteveld-Kievit and Eveliene Velhuizen, Rotterdam, NL
10:30 - 10:45  Critical role of nurses in building a centre of endotherapy in Africa: First report on four years cooperation; Dakar, Senegal
Nabila Dahri, Karima Dib, Maité Dessy, Aminata Diallo, Khadija Gueye, Malik Cisse, Mamadou Lamine Diouf and Olivier Le Moine on behalf of the Belgian/Senegalese Inter-University Project, Université Catholique de Louvain, Université Libre de Bruxelles, Université de Liège, Universiteit Gent, Universitair Ziekenhuis Brussel, Belgium & Centre Hospitalier Universitaire Le Dantec, Dakar, Senegal

10:45 - 11:00  Degree of knowledge of gastrointestinal endoscopy in other settings: Intervention training
Anna Sánchez, C. Díaz, M. Ruiz, E. Hernández, M. Puig, A. Sánchez, M. Galvez, N. Horcas, Unidad de Endoscopia Digestiva, Corporació Sanitaria Parc Taulí. Hospital de Sabadell, Sabadell, Spain

11:00 - 11:15  Complementary and alternative medicine in patients with inflammatory bowel disease
Lena Oxelmark (1), Annelie Lindberg (2), Katarina Phil Lesnovska (3).
1) Dept. of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Stockholm, Sweden
2) Dept. of Clinical Science and Education, Karolinska Institutet South Hospital, Stockholm, Sweden
3) Dept. of Endocrinology and Gastroenterology, University Hospital of Linköping, Linköping, Sweden

11:15 - 11:30  Abdominal symptoms in relation to perceived health in patients with familial adenomatous Polyposis
Kaisa Fritzell, Msc (1, 2), Lars E. Eriksson, Phd (1), Jan Björk, Phd (2, 3), Rolf Hultcrantz, Phd (2, 3), Lena Wettergren, Phd (1)
1) Department of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Stockholm, Sweden
2) The Swedish Polyposis Registry, Department of Gastroenterology and Hepatology, Karolinska University Hospital, Stockholm, Sweden
3) Department of Medicine, Karolinska Institutet, Stockholm, Sweden

11:30 - 11:45  Liver cirrhosis constitutes an independent risk factor for the development of pressure ulcers in critically ill patients
Miquel Sanz, Begoña Abad. Hospital Clinic and IDIBAPS, University of Barcelona, Spain

11:45 - 12:00  Efficiency of liver pre-transplant nursing consultation and degree of patient satisfaction
López Benages Eva, Comallonga Bartomeu Teresa, Navasa Anadon Miquel, Liver Transplant Unit, Hospital Clinic, Barcelona, Spain
SESSION 4: Sedation

HALL 114
10:30 - 12:00

Chairs:
Ute Pfeifer, Düsseldorf, Germany and Francisco Javier Fernández Martínez, Elche, Spain

10:30 - 10:50 ESGE guidelines about non-anaesthesiologist administration of propofol (NAAP) for GI endoscopy
Jean Marc Dumonceau, Geneva, Switzerland

10:50 - 11:05 Development of a national training programme for NAPS
Pernille Hornslet, Copenhagen, Denmark

11:05 - 11:20 Effect of national training programme on daily practise
Ulrike Beilenhoff, Ulm, Germany

11:20 - 11:35 The use of entonox as an alternative to opioids analgesia for lower GI endoscopy
Hayley Barnett, Sheffield, UK

11:35 - 12:00 Round table discussion

WORKSHOP 11: Hands-on Training on Bio Simulators
HALL 117: ESGE Learning Area
11:00 - 12:30

Chairs:
Björn Fehrke and Eric Pflimlin, Switzerland

Hands-on training on bio simulators (pig models) under the supervision of highly experienced tutors.
Participants will have the opportunity to perform endoscopic techniques on the following topics:
• ERCP short wire system of COOK

As participation will be limited, registration will be treated on a first-come-first-served basis.
Ticket will be available on-site only – at the entrance of the ESGE Learning Area
| Chairs: Jayne Tillet, Lydney, UK, Pilar Perez Rojo, Pamplona, Spain and Raquel García Muñoz, Barcelona, Spain |
| --- | --- |
| **01. Non-attendance in an endoscopic department**  
Charlotte Parnel and Trine Lange, Hillerød Hospital, Endoscopic section, Hillerød, Denmark |
| **02. A project – computer-based information systems in nursing management of endoscopy**  
Joaquim Andrade, Carla Sousa, Rafaela Bré, Ana Penso, Célia Leite, Sofia Bessa, Belém Afonso, Fernanda Lameiras, Carla Moreira, Nuno Cruz (Eng. informatic), Centro Hospitalar Do Alto Ave, Unidade De Endoscopia Digestiva, Guimarães, Portugal |
| **03. Birmingham questionnaire as a useful tool for gastroenterology nurses**  
Mihaela Calita, Daniela Burtea, Monica Molete, Research Centre of Gastroenterology and Hepatology Craiova, Romania |
| **04. Shortening of the recovery time by the use of Flumazenil after Midazolam sedation in over 1000 patients**  
Linda de Jong, Hedwig Kos, Monique van den Bergh, Paul Fockens, Elisabeth Mathus-Vliegen, Department of Gastroenterology, Academic Medical Centre, Amsterdam, The Netherlands |
| **05. Safety of Propofol use under trained nurse-monitored during therapeutic endoscopic procedure**  
Ji Yon Ryu, Woon Geon Shin, Hak Yang Kim, Kangdong Sacred Heart Hospital, Hallym University College of Medicine, Seoul, Republic of Korea |
| **06. The role of Entonox in managing pain during Colonoscopy**  
Deirdre Clune, CNM1, Institution: HSE Midwestern Regional Hospital, Ennis, Co. Clare, Ireland |
| **07. Systematic use of topical pharyngeal anaesthesia in Endoscopy unit: Does it improve the tolerance?**  
Margarita Hidalgo Isla, Gema Jiménez Puente, Hospital Infanta Cristina, Gastroenterology Nursing Unit, Division of endoscopy, Parla (Madrid), Spain |
| **08. Nurse’s role in Endoscopic Dilation of Benign Desophageal Strictures: our experience**  
P. Burga, L. Polese, L. Norberto, Department of Surgical and Gastroenterological Sciences. Surgical Endoscopy Unit, University of Padua, Italy |
| **09. New minimal invasive flexible endoscopic intervention: Magnemosis (experimental results)**  
Krisztina Tari RN (1), Péter Lukovich MD (1), Attila Jónás MD (1), Kata Szabó MDS (2), Ibolyka Dudás MD (3), Gábor Váradi MD (4), Szilvia Kupcsulik MD (1), Bea Berényi MDS (2), Péter Pálházi MDS (2), Attila Zsirka, MD (1), Péter Kupcsulik, MD (1)  
1) Endoscopy, 1st Department of Surgery, Semmelweis University, Budapest  
2) Faculty of Medicine, Semmelweis University, Budapest  
3) Department of Diagnostic Radiology and Oncotherapy, Semmelweis University, Budapest  
4) Ödön Javorszky Hospital, Vác, Hungary |
| **10. Patient quality of life and patient safety in Bravo Capsule Endoscopy**  
Nimet Tüzomay, B. Açıl, S. Pala, E. Tankurt, Kent Hospital, Izmir, Turkey |
| **11. The contribution of nursing staff to the success of needle knife fistulotomy during difficult ERCP**  
Kristalia Moschota, Manousos-Georgios Pramatetakis, Emmanuel Christoforidis, Panagiota Chatzigianni, Georgios Vrakas, Charalampos Lazarides, Endoscopic Unit, 4th Surgical Department, Aristotle University of Thessaloniki, Thessaloniki, Greece |
| **12. Nursing role in a new technology: Endoscopic Radiofrequency Ablation of Barrett’s Esophagus**  
m. Ruiz, C. Diaz, E. Hernandez, M. Puig, Alicia Sanchez, M. Galvez, Anna Sanchez, N Horcas, Consorci Hospitalari Parc Taulí de Sabadell, Spain |
| **13. Quitting tobacco: The gastroenterology nurses’ role**  
Agnes Gaber, American Lung Association, Greater Chicago, Chicago, Illinois, USA |
LUNCH SESSION 1:
New techniques and developments
HALL 113
13:00 - 14:30

Chairs:
Jadranka Brljak, Zagreb, Croatia and Michael Ortmann, Basel, Switzerland

- Placement of small-bowel feeding tubes using the Corttrak System. (CORTRK MedSystem); Ann Duflou, Amsterdam, NL
- Over the scope clipping (OVESCO)
- Ergonomic design in medical devices; Simon Brouwers (Cook Medical)
- Duodenoscope reprocessing - Karl Storz Solution for daily work; Thomas Makowski, (Karl Storz GmbH)

This lunch session is organised by ESGENA

LUNCH SESSION 2:
Hygiene and infection control
HALL 114
13:00 - 14:30

Chairs:
Ulrike Beilenhoff, Ulm, Germany and Sylvia Lahey, Arnhem, NL

- Manual decontamination of Hi Line. Best practice (PENTAX Europe); Nicky McKechnie, Pentax, UK
- Easier pre-cleaning with the new Olympus TJF-Q180V duodenoscope (Olympus Europa Holding GmbH); John Cobain, Hamburg, Germany
- ASP’s Total Solution for Endoscope Reprocessing; Johnson & Johnson Medical/Advanced Sterilization Products

This lunch session is organised by ESGENA

LUNCH SESSION 3:
Is your AER compliant with ISO 15883?
HALL 130
13:00 - 14:30

Chairs:
Dania Rocio Diaz Rodriguez, Madrid, Spain and José Ibáñez Muñoz, Jaén, Spain

- Total solution for Endoscope Reprocessing
- Is your AER compliant with ISO 15883?
- Solution for transport and conditioning – NF98030

Guillermo Haro (Johnson & Johnson Medical/Advanced Sterilization Products), Spain

This lunch session is organised by AEEED and AEEPД

WORKSHOP 12:
Hands-on Training on Bio Simulators
HALL 117: ESGE Learning Area
13:30 - 15:00

Chairs:
Björn Fehrke and Eric Pfliimlin, Switzerland

Hands-on training on bio simulators (pig models) under the supervision of highly experienced tutors.
Participants will have the opportunity to perform endoscopic techniques on the following topics:
- OGD with therapeutic procedures
- ERCP short wire system of Olympus Europe

As participation will be limited, registration will be treated on a first-come-first-served basis.
Ticket will be available onsite only – at the entrance of the ESGE Learning Area
### SESSION 5: Inflammatory Bowel Diseases

**Chairs:**
Mette Olesen, Copenhagen, Denmark and Amelia Rodríguez Nogueiras, Madrid, Spain

**HALL 113**
14:30 - 16:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:30 - 14:45</td>
<td>Surgery in IBD</td>
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<tr>
<td></td>
<td>Félix Lluis, Alicante, Spain</td>
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<tr>
<td>14:45 - 15:00</td>
<td>The role nurses in safe implementation of Infliximab</td>
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<td>Irene Dunkley, Huntingdon, UK</td>
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<td>15:00 - 15:15</td>
<td>Use of complementary medicine in IBD and its effect on quality of life</td>
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<td>Randi Opheim, Oslo, Norway</td>
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<td>15:15 - 15:30</td>
<td>Communication with IBD patients</td>
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<td>Lukas Degen, Basel, Switzerland</td>
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<tr>
<td>15:30 - 15:45</td>
<td>Patient’s personal experience with IBD</td>
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<td>Bruno Raffa, Aarau, Switzerland</td>
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<tr>
<td>15:45 - 16:00</td>
<td>Discussion</td>
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### SESSION 6: Thoracic Medicine

**Chairs:**
Christine Petersen, Amsterdam, The Netherlands and Monica Granados Martín, Madrid, Spain

**HALL 114**
14:30 - 16:00

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:30 - 15:00</td>
<td>“Umbrella for the lung” – Valve implementation in patients with emphysema</td>
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<td>Michael Ortmann, Basel, Switzerland</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Teamwork in flexible Thoracoscopy</td>
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<td>Ales Rozman, Golnik, Slovenia</td>
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<tr>
<td>15:30 - 16:00</td>
<td>Sedation and complication during flexible Bronchoscopy</td>
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<td>Cristina Burrel Deicke, Barcelona, Spain</td>
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### WORKSHOP 13: Hands-on Training on Bio Simulators

**Chairs:**
Björn Fehrke and Eric Pfliimlin, Switzerland

**HALL 117: ESGE Learning Area**
15:30 - 17:00

Hands-on training on bio simulators (pig models) under the supervision of highly experienced tutors. Participants will have the opportunity to perform endoscopic techniques on the following topics:
- ERCP short wire system from Boston Scientific

As participation will be limited, registration will be treated on a first-come-first-served basis. Ticket will be available onsite only – at the entrance of the ESGE Learning Area
### 14. Comparison of colonoscopy preparations by efficacy and tolerability

Mary Hackett Brennan, Clara O’Connor, Rachel Crowley, Faisal Zeb, Garry Courtney, Abdur Rahman Aftab. St. Luke’s General Hospital, Freshford Road, Kilkenny, Ireland

### 15. A case report of colorectal cancer patient with severe diarrhoea ameliorated by L-Glutamine

Akemi Mori (1), Saori Kijima (1), Mayumi Kurahashi (1), Yutaka Murakami (1), Aya Ishizuka (1), Sumiko Matsumoto (1), Yoshiyuki Tsuji (1), Yutaka Niihara (2), Reigetsu Yoshikawa (1)
1) Kobe Adventist Hospital, Kobe, JAPAN; 2) University of California, Los Angeles, School of Medicine, USA

### 16. Safety and efficacy of Adalimumab for induction of remission in Crohn’s disease in a nurse-led outpatient clinic: Preliminary data from a single centre prospective study

Matteo Martinato, Tiziana Slongo, Maria Piovanello, Antonella Ugoni, Moira Rigato, Elisa Pelanda, Giacomo Carlo Sturniolo, Renata D’Incà. Gastroenterologia, Azienda Ospedaliera, Università Di Padova, Padova, Italy

### 17. Differences in perception and attitude among medical staff towards IBS and IBD – a comparative study

Dickman R. (1), Levy S. (3), Segev M. (3), Reicher-Atir R. (2, 3), Horev N. (1), Niv Y. (1); 1) Divisions of Gastroenterology and Gastroenterologist, Azienda Ospedaliera, Università Di Padova, Padova, Italy

### 18. Quality of health and daily activities measured by sf 36 in IBD patients and Lynch gene carriers: Results of a case-control study

Maria van Vuigt-van Pinxteren, Fokko Nagengast, Dirk de Jong, Radboud University Nijmegen Medical Center, Department Gastroenterology and Hepatology, The Netherlands

### 19. Use of intravenous Iron in a Gastroenterology day hospital: Indications, dosage and adverse effects

Angelina Dosal, Xavier Calvet, Laura Moreno, Maria Lopez, Ariadna Figuerola, Miquel Angel Ruiz, David Suarez, Emili Gené, Mireia Miquel, Albert Villoria, Gastroenterology Unit, Corporació Sanitària Parc Taulí, Sabadell, Spain

### 20. Literature review on best intervention to improve fatigue in patients with HCV treated with Interferon and Ribavirin

Maria Lopez (1), Maria Feijoo (2), Roso Bernal (3), Cristina Varoucha (4), Laura Moreno (1), Mercè Pérez (5), Carmen Marquez (6), Dolores Gimenez (6), Laura Lechuga (6), Iolanda Caballero (3), Montserrat Vargas (7), Carme Baldrich (8).
1) Day Hospital of Gastroenterology, Corporació Sanitària Parc Taulí, Sabadell, Spain; 2) Autonomous University of Barcelona. Nursing Department. Faculty of Medicine; 3) Hospital Terrassa; 4) Quatre Camins Penitentiary center; 5) Hospital Vall d’hebron; 6) Hospital del Mar; 7) Joan XXIII Tarragona; 8) Hospital Vallés, Spain

### 21. Interferon and fear of needles: A case report

Maria López, Laura Moreno, Angelina Dosal, Marta M Pujol; Digestive Diseases Unit Day Hospital, Corporació Sanitària Parc Taulí, Sabadell, Spain

### 22. The importance of Cirrhosis patients’ oral health and nurses role in assessing and maintaining it

Susanne Olsen, Lea Ladegaard; Department of Hepatology and Gastroenterology V, Aarhus Sygehus, Aarhus University Hospital, Denmark

### 23. Empowering celiac disease patients through education

Eloranta Sini (1) RN, PhD, Kinnunen Mervi (1) RN, head nurse, Tervahartiala Leena (1) RN, Fromin Katarina (1) RN, Vähätalo Mervi RN, MNSC, doctoral student, Johansson Kirsi (2) RN, PhD, docent; 1) Department of Surgery, The Hospital District of Southwest Finland; 2) Department of Nursing Science, University of Turku, Finland

### 24. Endoscope reprocessing: current situation in Italy

Caldana P. Ulss 22 Veneto, Cordioli D. Ulss 22 Veneto, Salardi I. Arcispedale S. Maria Nuova Reggio Emilia, Nembrini L. Clinica San Carlo Mi, Rivara C. Asl Torino 4, Mattioli R. Asl Torino 2, Cimbro M. CBC Europe, Italy

### 25. Two centre evaluation of the same model drying cabinet used in Endoscopy

Gordana Tanger RN, Sandra Bogovic RN, Jadranka Brljak RN, KBC-Zagreb- Referral Centre of Interventional Gastroenterology and Hepatology Minister of Health, Zagreb, Croatia; Pam Cullis RG. N. Jolene Davies RGN. Jayne Tillett RGN Lydney and District Hospital, Lydney. Gloucestershire, UK
## SESSION 7: Education

### Chers:
Christiane Neumann, Birmingham, UK and Paloma Hernández-Sampelayo Matos, Madrid, Spain

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>17:00 - 17:20</td>
<td>Nursing education – current situation and future challenges</td>
<td>Adelaida Zabalegui Yarnoz, Barcelona, Spain</td>
</tr>
<tr>
<td>17:20 - 17:40</td>
<td>Knowledge transfer strategies for implementation and clinical utilization of research information</td>
<td>Maria Teresa Moreno Casbas, Madrid, Spain</td>
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<tr>
<td>17:40 - 18:00</td>
<td>The ethical role of supervision in the education of GI nurses</td>
<td>Darja Thaler, Ljubljana, Slovenia</td>
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<tr>
<td>18:00 - 18:20</td>
<td>Gastroenterology education in private hospitals in India and South Africa</td>
<td>Chris Mulder, Amsterdam, The Netherlands</td>
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<td>18:20 - 18:30</td>
<td>Discussion</td>
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## SESSION 8: GI Diseases

### Chairs:
Sylvia Lahey, Arnhem, The Netherlands and Natalia Bartolomé Salvador, Barcelona, Spain

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>17:00 - 17:30</td>
<td>Care for GI cancer patients in the community</td>
<td>Dolores Garolera Bruguera, Barcelona, Spain</td>
</tr>
<tr>
<td>17:30 - 18:00</td>
<td>The nurses role in hereditary colo rectal cancer screening</td>
<td>Pilar Perez Rojo, Pamplona, Spain</td>
</tr>
<tr>
<td>18:00 - 18:30</td>
<td>Old and new treatment of gastric antral vascular ectasia (water melon stomach)</td>
<td>Michael Manz, Basel, Switzerland</td>
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EXCELLENCE IN CAPSULE ENDOSCOPY

Advanced imaging technology from the acknowledged leader in endoscopy achieves unrivaled diagnostic performance.

For latest technological developments in guided capsule endoscopy please visit the OLYMPUS booth at UEGW in Barcelona

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**SESSION 9:**
New Techniques and Developments in Endoscopy

**HALL 112**
08:30 - 10:30

**Chairs:**
Ulrike Beilenhoff, Ulm, Germany, Maria Dolores Esteve Martinez, Elche, Spain and Maria Luz Gálvez Deltoro, Barcelona, Spain

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Location</th>
<th>Organizer</th>
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<tbody>
<tr>
<td>08:30</td>
<td>Update on Olympus’ product highlights: Get exclusive insights into the newly expanded V-System product range</td>
<td>Hamburg, Germany</td>
<td>Olympus Europa Holding GmbH</td>
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<tr>
<td>08:45</td>
<td>Advances in EUS Technology: What are the benefits to your practice?</td>
<td>Rotterdam, The Netherlands</td>
<td>Cook Medical</td>
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<tr>
<td>09:00</td>
<td>10 Years of Short Wire Innovation</td>
<td>Rotterdam, The Netherlands</td>
<td>Boston Scientific</td>
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<tr>
<td>09:15</td>
<td>i-scan-step by step to diagnosis</td>
<td>Mainz, Germany</td>
<td>PENTAX Europe GmbH</td>
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<td>09:30</td>
<td>Management of Perforations of the GI tract</td>
<td>Rotterdam, The Netherlands</td>
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<td>09:50</td>
<td>Endoscopic treatment of obesity and diabetes</td>
<td>Hildesheim, Germany</td>
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<tr>
<td>10:00</td>
<td>Best Free Paper and Best Poster Award (sponsored by PENTAX)</td>
<td>Stockholm</td>
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<tr>
<td>10:20</td>
<td>Invitation to the next ESGENA Conference 2011 in Stockholm</td>
<td>Stockholm</td>
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**SESSIoN 9:** New Techniques and Developments in Endoscopy
Welcome to the Fujinon Satellite Symposium. 
Endoscopy 2010: frontiers and beyond

Welcome to the Fujinon symposium at UEGW 2010! The rapid advances that have been made in gastrointestinal endoscopy in recent years are still continuing. The Fujinon Satellite Symposium at this year’s UEGW meeting aims to take you to the frontiers of the most recent developments – and even beyond. We warmly invite you to attend this year’s symposium – chaired by Professors Christian Ell (Germany), Chris Mulder (Netherlands) and Enrique Pérez-Cuadrado (Spain) – to find out about the latest breakthroughs. Fujinon. To see more is to know more.

Visit us at the UEGW 2010 in Barcelona October 23 – 27, 2010 CCIB Barcelona, booth 37

Welcome to the Fujinon Satellite Symposium. 
Endoscopy 2010: frontiers and beyond

Date: Monday, October 25, 2010
Time: 6.00 – 7.30 p.m.
Catering: 5.30 – 6.00 p.m.
Venue: CCIB Barcelona, room 112
TECHNOLOGY THAT GIVES MAXIMUM CERTAINTY

Excellent illumination, higher resolution with HD+ white light and the i-scan technology of the Hi Line system are increasingly making work easier for endoscopists: suspicious mucosal lesions, especially flat lesions, which have been underestimated for a long time, can be detected and characterised more easily. Initial studies show that in everyday clinical practice HD+ is significantly superior to standard colonoscopy. The increasing use of the system in colon cancer screening could further reduce the incidence and the mortality of colon carcinoma.

Martin K. was lucky: doctors examined his colon as part of a clinical study using a new-generation endoscope. The Hi Line endoscopy system from PENTAX showed conspicuous lesions in three places. Thanks to the i-scan modes, in which the reflected light is processed using special software, the specialists succeeded in characterising the mucosal changes precisely. “With standard endoscopy we might have failed to see the small, depressed lesions”, explains Dr. Arthur Hoffman, Deputy Head of Interdisciplinary Endoscopy at the University Hospital in Mainz. Using i-scan technology, one change in the tissue turned out to be harmless, two others were classified as conspicuous pit pattern IIIs and IV and were removed.

The top priority of a routine colonoscopy is to detect pre-cancerous and cancerous changes in the colon and to remove them before they metastasise. Here, over the last ten years, the discovery and characterisation of flat and depressed adenoma has become increasingly important. Flat adenoma can be recognised by a slight reddening, a central depression which occurs once in a while, slight differences in colour to the proper mucous membrane and breaks in the capillary vessel network. For a long while, chromoendoscopy using dyes such as methylene blue and indigo carmine was the gold standard for the detection and characterisation of dysplasias. For some time now, PENTAX has provided a high-resolution (HD+, high definition) endoscopy system in which the endoscopes, thanks to enhanced imaging technology, enable a form of virtual chromoendoscopy. Initial clinical studies on the Hi Line system show that the dysplasia discovery rate is significantly higher and that the system, thanks to the i-scan technology, may have the same diagnostic potential as chromoendoscopy.

“Our experience in using the Hi Line system leads us to believe that the surface accentuation supported by i-scan technology permits better and easier detection, particularly of small and flat lesions”, says Hoffman.

High-resolution endoscopy has been possible since PENTAX implemented a megapixel CCD colour chip into an endoscope. They were the first company to do this. At present, the chip can analyse more than one million pixels per image. An
Authors discovered significantly more patients with colorectal neoplasia (38% vs. 13%). Hi Line was superior, particularly in the detection of difficult-to-recognise neoplastic lesions (80 vs. 16, \(p<0.0001\)) and flat adenomas (22 vs. 3, \(p<0.0001\)).

Virtual chromoendoscopy at the touch of a button

During in-vivo chromoendoscopy, individual sections of the colon are coloured with the aid of a spray catheter; complete dyeing of the colon is not practicable. Now, the modern processor technology of the Hi Line endoscopy system offers the possibility of activating image enhancement while the colonoscopy is in progress. This way, the visual impression of the mucosa can be altered without the use of dyes – at the touch of a button in fact – and, unlike chromoendoscopy, is reversible at any time. Using i-scan, surface structures or the vascular pattern of the intestinal mucosa can be shown considerably better just like a digital or virtual chromoendoscopy. In future, the image enhancement technology could supersede the considerably more time-consuming procedure in which, moreover, there is a given uncertainty regarding the concentration of the various dyes. Initial data showed that virtual chromoendoscopy using i-scan is equivalent to in-vivo colouring for the sporadic adenoma and Barrett’s oesophagus.

Modern endoscopic imaging procedures such as the Hi Line system from PENTAX could revolutionise colon cancer screening in the future: initial data shows that the high-resolution HD+ white light image leads to a far better detection rate and that the connectable i-scan modes enable a diagnosis comparable with chromoendoscopy. From a scientific viewpoint the biggest task now will be to confirm the advantages of this new technology in a larger patient cohort and to establish the method in everyday clinical practice.
The TWISTER™ Rotatable Polyp Retrieval Device is now available and was designed to facilitate polyp and foreign body retrieval with a fully rotatable basket. The TWISTER Device rounds out the Tissue Acquisition family of forceps and Snare products, such as the Captivator™ II Single-Use Snare, designed with a rounded shape to facilitate polyp capture.

Introducing the Radial Jaw™ 4 Standard Capacity Biopsy Forceps to our family of market-leading single-use biopsy forceps. Now available worldwide, these forceps offer a new cup size and jaw configuration with improved micro-mesh teeth engineered for a clean, precise bite. The Radial Jaw 4 Biopsy Forceps are available in Jumbo, Large Capacity and now Standard Capacity and are designed to provide excellent sample handling and accurate histological diagnosis enabling Boston Scientific to set new standards for endoscopic biopsy.

Introducing the new EndoVive™ Through-The-Peg (TTP) Jejunal Feeding Tube – a new addition to Boston Scientific’s family of Enteral Feeding Access Devices. The EndoVive Through-The-Peg (TTP) Jejunal Feeding Tube is designed for placement through an existing Standard PEG and is Pull and Push Technique compatible. Designed for greater control during placement with both a hollow stiffening stylet and a distal suture loop, this Jejunal Feeding Tube features a tapered hydrophilic tip that is designed to facilitate placement and then dissolve, leaving the distal lumen open to provide efficient nutrition delivery into the jejunum.

WallFlex™ Fully Covered Esophageal Stents
Boston Scientific Corporation received 510(k) clearance from the U.S. Food and Drug Administration (FDA) and CE Mark approval to market its WallFlex Fully Covered Esophageal Stent for the treatment of malignant esophageal strictures (obstructions) caused by tumors in patients with resectable or non-resectable esophageal cancer. The WallFlex Partially and Fully Covered Stents are part of Boston Scientific’s latest generation of self expanding metal stents (SEMS). The covering on the stents is designed to help reduce food impaction, prevent tumor ingrowth and seal concurrent esophageal fistulas.

Boston Scientific Announced Enrollment of First Patient in Benign Stricture Study of WallFlex Biliary RX Stent
Boston Scientific Corporation announced that the first patient had been enrolled in a clinical trial to evaluate its WallFlex Biliary RX Fully Covered Stent for the treatment of benign bile duct strictures. This multi-center, prospective study plans to enroll 187 patients at 12 centers worldwide over the next 18 months. The first patient was enrolled by Professor Horst Neuhaus at the Evangelischen Krankenhaus in Dusseldorf, Germany. Lead Investigators in the study are Professor Jacques Deviere of Hospital Erasme in Brussels, and Professor Guido Costamagna of Policlinico A. Gemelli in Rome.

“We are pleased to have enrolled the first patient in this important trial to assess the WallFlex Biliary RX Fully Covered Stent as a potential option for the treatment of benign biliary strictures,” said Professor Neuhaus.

The trial will evaluate removal of the stents from patients with benign bile duct strictures as well as effectiveness of temporary stenting for long-term, benign biliary stricture resolution.

1 Centers include: Australia, Austria, Belgium, Canada, Chile, France, Germany, India, Italy, the Netherlands, and Spain.

The WallFlex Biliary RX Stent is not currently indicated for use in benign strictures anywhere in the world.

Warning: The safety and effectiveness of these devices for use in the vascular system has not been established.

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When it comes to innovative ERCP solutions that can change patient outcomes...

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Our latest advance, the WallFlex™ Biliary RX Stent, was developed to meet the clinical and technical performance requirements of today’s GI physician. These stents are constructed of Platinol™ wire for greater flexibility*, radial force and full length radiopacity, with flared ends designed to reduce the risk of migration. The low profile 8.5 F (2.84mm) delivery system provides 1:1 deployment and the reconstrainability you have come to expect from our biliary stents. Choose from uncovered, partially covered or fully covered stents in a broad range of sizes. At Boston Scientific, we’ve got you covered – developing today’s solutions that can change tomorrow’s outcomes.

*Flexibility is defined as the stent’s ability to maintain its integrity under bending force.
EN 15883-4: The new European Norm on Endoscope Washer Disinfectors (WD)

In 2008, EN ISO 15883-4, the new norm on endoscope washer disinfectors, was finally released after more than 10 years of intensive discussions. It is part of the EN ISO15883 series of norms dealing with all different types of medical WD.

EN ISO 15883-4 describes in detail the requirements and tests for WD employing chemical disinfection for thermolabile endoscopes. Among others, it specifies the technical requirements and detailed instructions on how to test and validate WD processes during installation and regular use.

The tests are:
- Installation Qualification: to be done during installation only
- Operational Qualification: to be repeated on an annual basis
- Performance Qualification: to be repeated on an annual basis

While the installation qualification has to be executed during installation only, operational qualification and performance qualification should be repeated on a regular basis, at least in annual intervals. It is of paramount importance that WD are subject to regular maintenance to guarantee that they operate within the specified parameters, so that consequently the qualification tests provide satisfactory results. In addition, operating instructions for routine tests of the WD, endoscopes and water supply should be established to supervise the reliability and reproducibility of reprocessing results at all times.

According to EN ISO 15883-4, the responsibility for the execution of qualification and routine tests as well as for regular maintenance has to be assumed by hospital service providers. As a competent partner in all endoscope hygiene matters, Olympus equally promotes hygiene surveillance in the reprocessing room as well as professional maintenance and validation of ETD WD.

Olympus ESGENA Workshop:
Hygiene surveillance in the reprocessing room
For the third consecutive time, Olympus will host a workshop on this year’s ESGENA conference in Barcelona. Although hygiene surveillance in endoscope reprocessing could be considered a routine task, false positive results are a reoccurring phenomenon. Independent experts will present and discuss the causes of false positive results and how they can be prevented to increase the efficiency and appropriateness of hygiene countermeasures. Come and share your opinion with them on October 23rd, 15:30 – 17:00 h

Olympus Medical Service:
Professional maintenance and validation from one hand
Olympus is not only manufacturer of ETD machines and responsible for sales and marketing activities, but also provides full support in all service aspects. In-depth product development knowledge ensures that service and maintenance activities are carried out at utmost professional level. ETD process validation is now the latest service to be added to the Olympus service spectrum.

Validation by Olympus consists of a full yearly maintenance followed by operational and performance qualification according to the EN ISO 15883 requirements. Operational qualification focuses on monitoring of all process relevant parameters such as temperature, pressure and concentration of chemicals. Additionally, performance qualification assesses the efficacy of the ETD disinfection cycles. In cooperation with independent hygiene institutes, results of ETD performance tests are professionally analysed. The combination of maintenance and validation is time and cost effective, ensuring that ETD3 downtime is kept to a minimum. For more details of information please directly contact your local Olympus representative.
ANNOUNCEMENTS OF NATIONAL AND EUROPEAN CONFERENCES

**The Netherlands:**
Second International Conference on Violence in the Health Sector
Information: www.oudconsultancy.nl/Violence-Healthsector/program.html
Amsterdam, October 27 - 29, 2010

**Germany:**
Endo Club Nord
Information: www.endoclubnord.de
Conference language: German, English
Hamburg, November 5 - 6, 2010

**Spain:**
II. National Congress of AEEED for Endoscopy Nurses
Centro de Congressos Principe Felipe, Hotel Auditorium, Madrid
Information: E-mail: aeeed2010@fabulacongress.es · Web: www.aeeed.com · Link: www.fabulacongress.es/aaeed
Conference language: Spanish
Madrid, November 12 - 13, 2010

**Egypt:**
12th International Workshop on Therapeutic Endoscopy
Information: Web: www.esge.com · Link: www.esge.com/12th-international-workshop-on-therapeutic-endoscopy.html
Cairo, December 12 - 13, 2010

**The Netherlands:**
Amsterdam Live Endoscopy 2010
Amsterdam, December 13 - 14, 2010

**Germany:**
13. International Endoscopy Symposium
Information: www.endo-duesseldorf.com
Düsseldorf, February 4 - 5, 2011

**Norway:**
Norwegian Nurse Society/Group of Nurses in Gastroenterology NSF/FSG National meeting
Radisson SAS Hotel Lillehammer
Information: www.sykepleierforbundet.no/gastrosykepleiere
Conference language: Norwegian
Lillehammer, February 10 - 12, 2011

**Germany:**
Spring Conference of the German Society of Endoscopy Nurses and Associates (DEGEA)
in conjunction with the 41st Conference of the German Society of Endoscopy DGE-BV
Information: www.degea.de
Conference language: German
Munich, March 17 - 19, 2011
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Prof. Paul Fockens
Head of the Endoscopy Unit
Department of Gastroenterology & Hepatology,
Academic Medical Center
Amsterdam, Netherlands

*Data on file with Cook Medical
ESGENA

ESGENA MEMBERSHIP

■ Group Members

Group membership is open to national societies, groups or federations that represent the interests of gastroenterology and/or endoscopy nurses and endoscopy associates. The fees for group membership depend on the number of members in the organization.

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<th>Members:</th>
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■ Individual Membership

Individuals practising, managing, teaching, or researching in gastroenterology and/or endoscopy nursing:

Membership fee 15 EUR

■ Passive Membership

Individuals who have formerly practised, managed, taught, or researched in gastroenterology and/or endoscopy nursing and who have maintained an interest in the field:

Membership fee 10 EUR

■ Affiliate Membership

Members from the industry may join the society as affiliated members:

Membership fee 55 EUR

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- Passive Membership
- Affiliated Membership

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