



QRC: 3078

Price

One Day : \$451 inc. GST

Two Days: \$572 inc. GST

Date

20 - 21 Jul 2017

Venue

Rydges Sydney Central

28 Albion Street , Surry Hills, NW,
2010

CPD Hours

12 Hours | 0 Mins

The Ins and Outs of Bowel Disease - Sydney 2017

2 Day Nursing Conference

Need for Program

The incidence of people with bowel disease varies in Australia with some, such as inflammatory bowel disease and colon cancer, being common disorders. They are, by nature, anxiety-producing and may cause very uncomfortable symptoms. Current evidence suggests that timely management of these conditions and best practice care is imperative if wellness and quality of life is to be preserved. Nurses frequently connect with patients with disorders of the bowel and have a key role in their support and desired outcomes.

Purpose of Program

This conference provides evidenced knowledge to promote best practice nursing care of people with bowel conditions.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Correlate information obtained from a nursing assessment of a patient's health and laboratory findings to develop appropriate care plans
- Use current knowledge about bowel related disorders and their management to promote best outcomes for patients across the continuum of care
- Patients in your care will be supported to deal with the anxieties and emotional strains associated with a bowel disorder
- Use information relating to bowel health to promote prevention of disorders and to educate patients

Program Schedule

Day One

8:30AM Registration for Day One

9:00

Ros Ben-Moshe

My Experience of 'Laughing at Cancer'

This heartfelt opening session commences the conference by sharing with you a story of how a woman at aged 42 received a shock diagnosis of bowel cancer. Almost 6 years to the date she will reflect on her journey, which included a full bowel resection and ileostomy. By reading a series of journal entries from her recently published book, she will demonstrate that it is possible to 'Laugh at Cancer' and provide insight into the following:

- A personal account of turning illness into wellness
- The effects of using empowering language and communication skills
- How to promote resilience, self-growth and develop a positive mindset
- Wellbeing and mindfulness tips to boost mood and physical wellbeing

9:45

Dr. Vinesh Singh

What's That Symptom? Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a non-inflammatory condition of the bowel. Despite sharing a similar name and acronym as inflammatory bowel disease (IBD), the two are very different conditions. This session allows nurses to identify and distinguish the differences between IBS and IBD by providing an understanding of the physiological development of IBS. It includes:

- What is IBS?
- Why are symptoms so vague?
- How does IBS differ from IBD?
- Overview of management strategies to improve symptoms associated with IBS

10:30 Morning Tea

11:00

Harriet Scott

Abdominal Assessment - Recognising the Warning Signs

Assessing a person's abdomen especially if they are experiencing pain can be challenging. However, an accurate assessment can identify potential problems and enable them to be averted early. This session reviews the basics of an abdominal assessment but more specifically focuses on how you can recognise warning signs that may indicate something is wrong. Includes:

- What is the correct framework for performing an abdominal assessment?
- What to ask, what to look for, what to feel for and what to listen for

- Subtle signs that may indicate:
 - Ileus/obstruction
 - High or low output changes and associated fluid balance challenges, e.g. electrolyte management
 - Intra-abdominal collections
 - Peritonitis/perforation

11:45

TBA

Screening for Colorectal Cancer

The incidence of bowel cancer is increasing in Australia. When this condition is detected early, the prognosis is optimistic. This session will give a general overview of how this condition is screened and the evidence-based pathways following screening. Includes:

- What is the role of bowel screening?
- Who should be tested and when?
- A look at how evidence-based screening improves outcomes of patients at risk of bowel cancer

12:45PM Lunch and Netowrking

1:30

Debra Day

Aids and Appliances for Stomal Therapy

There are a complex range of modern aids and appliances associated with the care of a person with a stoma. With more and more products constantly being released, understanding the correct use of each product is essential. This practical session looks at some of these products and gives you information on their use and application and how this relates to optimum patient care. You will also discover some useful tips that you can share with your patients.

2:30

Debra Day

Managing Challenging Stomas

Preoperative planning is seen as a cornerstone of optimal stoma management. However, a 'perfect stoma' may not always result. The effects of stoma complications on a person are significant. This session looks at the causes, consequences and tips for managing the following:

- What factors may make a stoma more difficult to construct and manage?
- Stoma complications and practical management options
 - Skin issues
 - Prolapse
 - Stenosis
 - Parastomal hernia
 - Retracted stoma

3:15 Afternoon Tea

3:30

Sohpie Lane

Nutrition for People Living with Chronic Bowel Disease

It should be no surprise that nutrition plays an integral part in living well with chronic bowel disease. Good nutrition assists with the management of symptoms and prevention of complications such as weight loss, flare ups, nutritional deficiencies and malnutrition. This practical, informative session will update you on relevant nutritional approaches to a range of chronic bowel conditions. It will look at what happens in the hospital and as a person transitions to going home. A strong focus will be on providing correct education. Includes:

- How do chronic bowel diseases affect appetite, absorption and other aspects of nutrition?
- When may oral supplements, enteral or parenteral nutrition be required?
- Correct, practical nutritional approaches to:
 - Colorectal cancer
 - Small bowel obstructions
 - Diverticular disease
 - Inflammatory bowel disease
 - People living with stomas

4:30 Close of Day One of Conference

Day Two

9:00AM Commencement of Day Two

9:00

Professor Hazel Mitchell

The Secret Gut - Unlocking the Key to Bowel Diseases?

The gut microbiome, a collection of trillions of mostly bacterial microorganisms, is increasingly being recognised as an integral part of the body. More is being revealed about this once forgotten organ, particularly in relation to the interplay between the gut and health. This fascinating session will look at what we know about the microbiome. Includes:

- How is the gut microbiome connected to health?
- What role does it play in gastrointestinal disease?

10:00

Alison Battisti

Inflammatory Bowel Disease (IBD)

Inflammatory bowel disease, of which Crohn's and Ulcerative Colitis are most common, is chronic and lifelong. The rate of prevalence in Australia of this mostly hidden disease is one of the highest in the world, and increasing. This session looks at:

- How is IBD defined and what are its causes?
- When is onset of the disease experienced?
- What is the course of the disease and its associated complications?
- What factors are associated with impaired health-related quality of life?

- What are the goals and evidenced principles of IBD treatment? (I.e. What's normal? What should a person expect to be optimal quality of life?)

11:00 Morning Tea

11:30

Professor Fadi Mourad

Beyond the Belly - Systemic Complications of IBD

The effects of IBD on a person are evidently far reaching. Complications are not just limited to the bowel. IBD or treatment associated with IBD can cause a raft of systemic effects to a person. This session will look at some common systemic complications of IBD. Gain knowledge to help you truly understand the impact of IBD on a person and identify complications early. Includes:

- Local complications of IBD that affect the intestines, e.g. strictures, fistulas etc.
- Infection
- Malignancy
- Arthritis
- Skin conditions
- Urinary complications
- Other complications to be aware of

12:30PM Lunch and Networking

1:15

Professor Fadi Mourad

Pharmacological Treatment of IBD

Anti-inflammatory agents and immunosuppressants are common medicines used in the treatment of IBD. Antimicrobial agents may also be required, as well as other medications for pain relief and symptoms. These may be prescribed using a step-wise approach. This session provides a review of these medicines in the context of their treatment of IBD as well as precautionary considerations. Includes:

- What are the main types of medicines used in the treatment of IBD and why?
 - Anti-inflammatory agents
 - Immunosuppressants and biological agents
 - Other adjunct therapies
- What are some of the long term adverse effects of these medicines on the person and potentially nurses?
- How to provide safe advice to patients
- Considerations when allergies are present

2:15

Margaret Jordan

Managing Pain in Patients Post Bowel Surgery

Evidence suggests that good pain management is intrinsically tied to improved patient outcomes such as reduced de-conditioning, rates of infection and other preventable complications. However,

the complex nature of managing pain, particularly in the immediate post-operatively period requires nurses to be well informed. This session will detail evidence-based nursing management of pain, with a focus on patients following bowel surgery.

- The process from post surgical to discharge pain management
- Overview of common medications used to manage pain
- The differences between “Patient Control Analgesics”, PCA and Epidural for post-op pain management
- Managing PRN dosages
- The contraindications on pain medications

3:15 Afternoon Tea

3:30

Dr. Alissa Beath

Psychological Impact of IBD - Overcoming Fear and Shame...

Managing a serious health condition is often stressful, with risks of experiencing comorbid psychological distress (such as anxiety and depression). Coupled with the feelings of fear and shame that often accompany bowel problems, this can make life for patients with IBD particularly difficult. A nurse’s ability to care for and develop professional rapport with an IBD patient relies on understanding the impact of this disease on all aspects of their life, including their psychological well-being. This session will outline the connection between psychology and gut physiology (via the brain-gut axis) and discuss common psychological issues experienced by patients with bowel disease. Includes:

- What is the brain-gut axis?
- Why are psychological issues common in IBD patients?
- What can nurses do to help manage these psychological issues?

4:15

Final Questions and Wrap Up

4:30 Close of Conference and Evaluations

Presenters



Harriet Scott

Harriet Scott is a registered nurse of over five years. Harriet holds a Master of Nursing Science and Bachelor of Arts and Bachelor of Commerce. She began nursing at St Vincent’s Private Hospital in Melbourne specialising in colorectal nursing, and has recently moved to Sydney to commence employment on a colorectal and gynaecology ward at The Mater Hospital. Harriet has a particular interest in the surgical interventions and impact of those affected by bowel disease. Originally graduating as an accountant and working in insolvency, Harriet has embraced her career in healthcare.

Ros Ben-Moshe



Ros Ben-Moshe is Director of LaughLife Wellbeing Programs, a leading provider of wellbeing, mindfulness and laughter wellness programs. LaughLife delivers programs for a diverse range of clients, including hospitals. Ros holds a Bachelor of Arts, a Postgraduate Certificate in Health Promotion and a Masters of Public Health. She has also held a teaching and research position at La Trobe University and was a subject coordinator and tutor in the School of Public Health and Human Biosciences. Ros has conducted research on laughter in a dialysis unit and run pilot studies investigating the health benefits of laughter wellness activities in aged care facilities. She is the author of the forthcoming book: "Laughing at Cancer - How to Heal with Love, Laughter and Mindfulness".

Vinesh Singh



Dr. Vinesh Singh is an Integrative General Practitioner who completed his medical degree and postgraduate GP training in the UK before recently immigrating to Australia. He has worked in General Practice for 15 years, both in Australia and the UK. Over the years, working in multiple standard GP clinics, he has found it very challenging to deal with or manage chronic disease and practice preventative medicine within the constraints of short appointment times and has since made a transition to seeing patients with chronic conditions over longer appointment times. Dr. Singh has a special interest in the diagnosis and treatment of people with IBS symptoms which has come mainly from his own personal battle with the condition. He is passionate about addressing all aspects of a patient's health and emphasises lifestyle change as a means of treating and preventing disease.

Debra Day



Debra Day has been a Stomal Therapy Nurse for almost 16 years. She has been working in this capacity for Central Coast Local Heath District for 13 years. Debra attended and presented at the World Council of Enterostomal Therapy (WCET) Congress in Gothenberg, Sweden in 2014, as well as attending the same event in Cape Town in 2016. Debra is the current President of the NSW Branch of the Australian Association of Stomal Therapy Nurses. Debra's love of colorectal surgery goes back a long way, to her first two years of post-graduate nursing at the Sydney Adventist Hospital. She is passionate about her role; it gives her a buzz to know that stomal therapy can make a significant difference in people's lives and assist them to adjust to life-changing surgery.

Sophie Lane



Sophie Lane has worked in several clinical areas including colorectal, ICU, oncology, upper GI, neurology, haematology, aged care, respiratory, diabetes and outpatient clinics. Sophie has worked as the Colorectal Dietitian at Royal Prince Alfred Hospital for over 4 years. She is currently conducting a randomised controlled trial investigating pre-operative nutrition support in pelvic exenteration surgery. Sophie has worked on developing the services of nutrition support in colorectal surgery at Royal Prince Alfred Hospital with an aim to improve implementation of evidence-based practice.

Hazel Mitchell



Hazel Mitchell is Professor of Medical Microbiology in the School of Biotechnology and Biomolecular Sciences (BABS) at the University of New South Wales, a position she has held since 2006. Professor Mitchell plays a major role in convening and teaching to Medical Microbiology to Science and Medical students. Her research over the last 25 years has focussed upon gastrointestinal disease, and in particular the role of *Helicobacter pylori* in gastroduodenal disease. Professor Mitchell undertook one of the first studies to investigate the epidemiology of *Helicobacter pylori*, which was conducted in Southern China. Following these early studies her major foci has been investigation of the role of specific *H. pylori* virulence factors and host genetic factors in the aetiology of gastric cancer. A further major focus of her research is the investigation of the role of mucous associated bacteria and the gastrointestinal intestinal microbiota in Inflammatory Bowel Disease. Interestingly based on these studies we have shown that infection with *Helicobacter pylori* decreases the risk of IBD. In a recent collaborative research study, she was involved in investigating the efficacy of microbiota transplantation (FMT) as a treatment for ulcerative colitis UC and determining whether specific bacterial species/bacterial groups were associated with achieving remission or not achieving remission. In 1996, Professor Mitchell co-founded the Western Pacific *Helicobacter pylori* study group and was convenor of the first meeting in Guangzhou, China and the International Scientific Adviser for subsequent meetings in Malaysia, Indonesia, Australia, Japan and Thailand. She has published 190 peer-reviewed journal articles, 16 book chapters and co-edited a book entitled “*Helicobacter pylori* in the 21st Century”.



Alison Battisti

Alison Battisti is an experienced clinical nurse specialist working in the St George Hospital Department of Gastroenterology. Her expertise facilitated the development of the IBD specialist nurse led service at St George Hospital. Since implementation in 2013, the service has continued to expand, providing support and education to over 300 patients with complex chronic care requirements.

Fadi Mourad



Fadi Mourad, MD is a Professor of Medicine and Gastroenterology at the American University of Beirut Medical Center (AUBMC). He is now on Sabbatical leave at Concord Hospital. His honors and rewards include: ‘International Health Professional of the Year’ (2005) by International Biographical Center of Cambridge; The Cattlin Prize (1994) by the Joint Research Board of St Bartholomew’s Hospital; EAGE Scientific Award (1993) by European Association for Gastroenterology and Endoscopy. Dr. Mourad’s research interests are IBD, peptic ulcer disease, regulation of small intestinal absorption of water and nutrients and pathophysiology of diarrhea. Dr. Mourad has over 70 published articles and is an ad hoc reviewer and on the editorial board of many international journals. He is involved in teaching Internal Medicine, Gastroenterology and Gastrointestinal Physiology to medical students, residents, fellows and nurses.



Alissa Beath

Dr. Alissa Beath, PhD, is psychology researcher and lecturer at Sydney’s Macquarie University. Her PhD, which was awarded the Vice Chancellor’s Commendation for Academic Excellence, sought to understand individual differences in personality, emotion regulation, and how individuals cope with stress. Her current research interests are in health psychology, specifically the psychology of gastrointestinal conditions. Her work investigates how cognitive and emotional processes affect the development, experience, and treatment of gastrointestinal conditions, and particularly the link between gastrointestinal symptom burden, appraisal of physical sensations, and psychological distress.



Margaret Jordan

Margaret Jordan is a clinical pharmacist with experience in hospital practice and primary care, medicines information, research and programs development. Margaret has been involved in the development and delivery of educational programs to GPs, hospital resident medical officers, pharmacists and general practice and hospital nurses. Margaret has coordinated a district-wide Medication Advisory Committee for the local RACFs and undertook her research into the management of warfarin in the aged care setting.



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