# MORNA GAUZETTE

**February** **2011**

## President`s Corner

We are well under way in the New Year and have already had some very interesting and informative education sessions. "OR Nursing Down Under" which took a look at the unique differences and similarities with perioperative nursing in Australia from Natalie Keane a perioperative nurse from Perth. We also had two equally interesting presentations on Left Ventricular Assisted Device (LVAD) by Louise Dyck and Clinical Pathways of the Renal Disease patient by Robert Lajeunesse.

I hope all members have had an opportunity to review the strategic plan presentation by Catherine Harley that was sent out in January. Catherine Harley was hired by ORNAC last fall as Executive Director and is responsible for planning the strategic direction and sustainability of ORNAC. Catherine states "*ORNAC demonstrates a great opportunity to build on its existing foundation, delivering innovative membership benefits and programs that will position it as a vital part of the Canadian perioperative care within the healthcare system. ORNAC in order to assert its position successfully must have a clear mission, vision and values which provide direction and excitement".* If you did not receive the presentation and would like to view it please let me know.

I would also like to send out a reminder for our spring workshop which will be held on Saturday, March 12th at the Samuel Cohen Auditorium. Deadline for registration is March 7th and each MORNA hospital rep has been sent a package that includes the program and registration forms. Our workshop committee has worked very hard and has organized what should prove to be a very appealing program which will provide an informative learning experience for all perioperative registered nurses. Please make sure to check out the workshop poster and get your registrations in.

As always I look forward to connecting with you at our educational sessions and hope to see you at our spring workshop.

Best regards,

Leah Restall



**2010-2011 EXECUTIVE**

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# CONFERENCES - INTERNATIONAL AND CANADIAN

## DATES INTERNATIONAL

2011 Mar 18-24— AORN 58th Annual Congress Philadelphia, PA "Freedom to be……" AORN Congress

2011 Mar 25 & 26 Australia Operating Room Nurses Ass`n,43rd Annual Conference, `The Heat is On: The Changing Climate of Perioperative Nursing`, Perth, Australia www.acorn.org.au

2011 May 2 – 8, ICN (International Council of Nurses) Conference and CNR, Malta www.icn2011.ch/

2011 May 10 – 13 2011 SATS (South Africa Theatre Sisters) Congress, Johannesburg, South Africa www.theatrenurse.co.za

2011 May 25 – 27 3rd Congress of the NORNA (Nordic OR Nurses Ass`n), Reykjavik, Iceland www.meetingiceland.com

2011 Nov 8 – 10 37th World Hospital Congress, "Healthcare in a Changing World: Overcoming the Challenges", Atlantis The Palm, Dubai

2012 Mar 29 & 30 – 2nd Aseptic Surgery Forum, Paris, France, - International Expert Meeting on Good Surgical Practices and Technological Innovations to Prevent and Cure Infections www.aseptic-surgery-forum.com/en/

2012 Mar 25 – 29 AORN 59th Annual Congress, New Orleans, Louisiana AORN Congress

2012 April 26 – 29 6th EORNA European OR Nurses Ass`n Congress, Lisboa, Portugal www.eorna.org

2012 May 22 – 26 ACORN (Austrailian College of OR Nurses) 15th National Conference in Darwin, NT ``Territorial Boundaries, Dare to be Diverse`` www.acorn.org.au

## DATES CANADIAN

2011 May 8 – 13 22nd ORNAC National Conference, Regina, SK ``Elevating the Field of Perioperative Nursing`` www.ornac.ca

2011 May 28 – June 2 CHICA (Community & Hospital Infection Control Ass'n) Canada, 2011 National Education Conference, "Innovation, Inspiration, Influence" Toronto.ON www.chica.org

2011 May 29 – June 1 e-Health 2011: Enabling Healthy Outcomes, Toronto, ON www.e-healthconference.com/

2011 June 5 – 8 CONA (Canadian Orthopedic Nurses Ass'n) 34th Annual Conference, Winnipeg, MB "An Ortho Mosaic" A "Bone" Afide Prairie Experience

2011 June 3 & 4 ORNANS (periOperative RN's Ass'n of Nova Scotia) Annual General Meeting, Halifax "Steer to the Side of Safety" www.ornans.ca

2011 Sept 29 – Oct 1 CSGNA (Canadian Society of Gastroenterology Nurses & Assiciates, Ottawa, ON Navigating "Le Canal" in the Capital

2011 Oct 2, The 10th Annual NAPANc (National Ass'n of PeriAnesthesia Nurses of Canada) Conference; Toronto, ON napanc.org

2011 Oct 3 – 6 International Conference for PeriAnesthesia Nurses, Toronto, ON napanc.org

2012, June 17 to 20 the (CNA)Canadian Nurse Association Biennial Conference, Vancouver, BC.

Future CNA biennial conferences

- 2014, June 15-18 Winnipeg, MB
- 2016 June 19-22, New Brunswick
- 2018 June 17-20, Alberta
- 2020 June 20-23, Prince Edward Island

2013 May 5 – 10 ORNAC National Conference, Edmonton, AB



Any of these pique your interest?

**Sources of funding**

1. WRHA – $500.00 each year Jan to Dec, plus 2 days salary replacement, to a maximum of 2 days per year. (Those outside of the WRHA contact your local HA).
2. MNU – $200.00 per fiscal year (available to all MNU members, contact your ward rep). Some locals have additional educational funds.
3. MORNA members – contact your rep or go online at (must have been a member in the previous year). **www.ornac.ca/chapters/MORNA/** for funding guidelines

# Election Announcement



This year we are to elect a new Treasurer and a new Education Co-ordinator! Both are elected for a 2-year term, which begins July 1, 2011.

## Duties of the Treasurer

1. Is a signing officer for MORNA, with the President and President Elect.
2. Keeps an accurate record of all monies received and disbursed, and submits a year end financial statement
3. Submits a report on the treasury balance at all MORNA meetings.
4. In consultation with the Board of Directors prepares a budget for the ensuing fiscal year, and presents it for approval at the first meeting of the fiscal year.
5. Recommends and receives approval from membership for the appointment of an auditor for the current fiscal year. Is responsible for the audited of the books at the end of the fiscal year, presents the audited statement to the Executive & Membership at the first meeting of the fiscal year. Provides documentation as required to the auditor.
6. Receives and records all membership dues.
7. Maintains an accurate and confidential list of all members. Use of the membership list requires approval of the Board of Directors.
8. Receives all monies from workshops,etc unless alternate arrangements are made. Accounts for all such monies in the MORNA statements.
9. Submits reports and issues cheques as required.
10. Is responsible for processing approving members' requests for education funding according to the established criteria.
11. Performs other duties as requested by the President.

## Duties of the Education Co-ordinator

1. Is a consultant for all aspects of perioperative nursing education.
2. Particpates on the Communications Committee as Co-Chair. Responsible for the production of the MORNA newsletter (min of three per fiscal year) and maintenance of the MORNA website.
3. Keeps membership informed of all opportunities for educational activities related to perioperative nursing.
4. Works in close communication with the Secretary to ensure that there are timely notices of educational events. Submits MORNA educational information to the CRNM newsletter.
5. Ensures appropriate audiovisual equipment is available for meetings and educational sessions.
6. Responsible for the production, distribution and updating of resources for Hospital Representatves and Associate Chapter President(s). Ensures approval of the Executive and/or Board of Directors prior to distribution of changes.
7. Maintains a list of MORNA audiovisual material and other available resources for use by MORNA members
8. Performs other duties as requested by the President.

Duties are recopied from the MORNA Constitution and Bylaws, available from your MORNA Rep.
The election will be held at the MORNA Annual General Meeting, May 26, 2011
Please forward nominations to Donna Fallis (Chair Nominating Committee)

**HOSPITAL REPS**

**Concordia Hospital**
Colleen Ungrin
OR 661 7198
1095 Concordia Ave R2K 3S8
Fax 661-7222

**Grace Hospital**
Leanne Moyer
OR 837 0120
300 Booth Drive R3J 3M7
Fax 837 0493

**Health Sciences Centre Adult**
Monica Palmquist
OR 787 3524
820 Sherbrook St R3A 1S1
Fax 787 3095

**Children's Hospital**
Charissa St Cyr
OR 787 2240
840 Sherbrook St. R3A 1S1
Fax 787 1178

**Women's Hospital**
Karen Gilchrist
OR 787 2087
735 Notre Dame Ave R3E 0L8
Fax 787 1078

**Misericordia Hospital**
Cheryl Wood
OR 788 8380
99 Cornish Ave R3C 1A2
Fax 788 8529

**Pan Am Clinic**
Carey McGregor
OR 925 1553
75 Poseidon Bay R3M 3E4
Fax 475 9486

**St. Boniface Hospital**
Lilian Brown
OR 237 2585
409 Tache Ave R2H 2A6
Fax 237 2587

**Selkirk Hospital**
Karen Warcimaga
204 482 5800 ext 209
Selkirk, Manitoba R1A 2M2
Fax 204 482 1293

**Seven Oaks Hospital**
Jemima Calixto
OR 632 3176
2300 McPhillips St R2V 3M3
Fax 697 3077

**Victoria Hospital**
Harold Passley
OR 477 3183
2340 Pembina Hwy R3T 2E8
Fax 269 7683

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

## CPN (C) Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION
Consider becoming certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write in 2012 is usually in November 2011, so check out the website and plan now to write in 2012. The deadline for certification renewal application for 2012 will be around the same time (Nov 2011).
You must have completed 3900 hours in your specialty prior to applying. Applications are accepted from Sept 1, of each year to ~mid Oct/Nov. Visit www.ornac.ca and www.cna-aiic.ca for more information. MORNA has funding available for active members, $150.00 toward certification or recertification fees. This is separate from the educational funding and does not influence the amount of educational funding available to you. There are other sources of funding available follow the financial assistance link under obtaining certification on the CNA website.
The fee schedule is available on the CNA website noted above. Click on Become Certified! on the left hand side of the home page.

### Important notice re Canadian Operating Room Nursing Journal (CORNJ) subscriptions

Please ensure that MORNA has your correct & current address. These addresses are submitted at the beginning of each year to Clockwork. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions. The change of address window can be found here.

# Welcome to Manitoba Hospital Reps

**MORNA**

**M**anitoba **O**perating **R**oom **N**urses **A**ssociation

## 2010-2011 Manitoba Hospital Reps

| Facility | Name | Address | Phone/Fax |
|---|---|---|---|
| Boundary Trails Health Centre | Jennifer Sager | Box 2000. Sta Main<br>Winkler, MB<br>R6W 1H8 | Work (204)331-8922<br>Fax (204) 331-8924 |
| Brandon Regional Health Centre | Dawn Affleck | c/o Surgical Suite<br>150 McTavish Ave. East<br>Brandon, Manitoba R7A 2B3 | Work (204) 578 4136<br>Fax (204) 578 4959 |
| Dauphin Regional Health Centre | Maggie Scott | 625 3rd St SW<br>Dauphin, MB R7N 1R7 | Work (204) 638-2229<br>Fax (204) 638-2188 |
| The Pas Health Complex Inc | Debbie Williamson | PO Box 240<br>The Pas, MB R9A 1K4 | Work (204) 623-9555<br>Fax (204) 623-9614. |
| Thompson General Hospital | Lorna Dudas | 871 Thompson Drive South<br>Thompson MB R8N 0C8 | Work (204) 677-2381 x 2233<br>Fax (204) 778-1410 |

# We look forward to more contact info soon

### MORNA Membership Information

1. **Active Membership will be $50.00 as of June 1, 2011 (currently $45.00)**
2. **Deadline for membership is Dec 1, 2011**
3. **Send completed application form and fees (cheques payable to MORNA) to: MORNA Treasurer**
   **Gladys Zinnick**
   **Seven Oaks Hospital**
   **c/o OR**
   **2300 McPhillips Ave**
   **Winnipeg, MB R2V 3M3**




# WRHA News Alert!

**Did you know!**

1. Currently the OR educators are working on:
    - Evidence Informed Practice Tool for Patient Positioning.
    - Regional Preoperative Checklist incorporating new testing guidelines for patients coming for surgery.

2. Future OR educators projects include:
    - Standardization of Perioperative documentation to facilitate move to electronic charting in the future.
    - Feasibility for standardization of Perioperative count sheet and process.

3. Medical Device Reprocessing (MDR) update:
    - 1st Provincial MDR conference April 8th and 9th at the Victoria Inn. Watch for additional information coming soon.
    - Policies approved:
        - Loaner Policy

    - Policies being worked on/reviewed include:
        - Recalls
        - Decontamination of Medical Devices;
        - Revisions to Endoscopy Policy (including non-channeled scopes)
        - Reprocessing of Probes (ultrasound, sentinel node, etc.)
        - Sterilizer Quality Assurance

4. Endoscopy
    - An Evidence Informed Practice Tool for guidance/application of Conscious Sedation to the endoscopy setting has been developed. Learning package being developed.

5. Perioperative Orientation sessions were held in January with another session scheduled to begin February 28th 2011.
    - A recognition tea is scheduled for June 16, 2011 hosted by Children's Hospital.
    - Participants recently completing the orientation: Tammy Derocquiny (Carmen), Shirley Revereza (SOGH), Diana Bossman (Child Health), Annie Chang (Child Health), Julie Cotart (Portage), Carmen Gillis (Portage), Wendy Rodgers (Women's), Rachel Giesbrecht (Steinbach), Sherry Lezak (GGH), Leanna Zamonsky (Child Health), and Jaclyn Desautels (MHC)

- Participants currently doing their clinical experience: Abigail Gagan (GGH), Leslie Ramos-Cordova (VGH), Lorna Conley (SOGH)
- Participants in the February 28th session: Suanne Williams (Assiniboine Health Region), Kara Burton (Assiniboine Health Region), Julia Meda (Selkirk), Erin Tufts (Portage), Karl Giesbrecht (Children's), James Kenny (Children's), Joanne Caines (Children's), Ashley Syrnyk (Thompson), Raffiel Desjardis (Thompson), Aline Durand (SBH), Karen Dreger (Dauphin)

6. Perioperative Orientation
   Other information:
   - Thank you to all who either present or assist with labs during the orientation. Without the following individuals:
     - Dr. Marie Edwards – Ethics in the perioperative environment
     - Brenda Peloquin – Malignant Hyperthermia
     - Lisa Van Osch – Blood Conservation
     - Graciana Mederios – Endoscopy
     - Joan Porteous – Forensics
     - Donna Fallis - Orthopedic instruments
     - Leah Restall – Pregnant Patient
     - Lisa Manning – Specimen collection
     - Willow Yakiwchuk – Children in the OR
     - Jack Kress – Anesthesia
     - Stacey Kuhl – Labs
     - Jade Chambers – Labs
     - MDR staff at SBH – Tour of MDR

7. Educational opportunities
   - www.wrha.mb.ca/osd/index.html
   - Nurses are welcome to attend any of the Perioperative Orientation topics as a refresher. If you are interested please contact Carol Knudson 926-1023 for dates and times.
   - 1st MDR provincial conference April 8th (afternoon) and 9th (all day). Contact Wendy Zikman 940-8362.

Submitted by Carol Knudson Regional Perioperative and MDR Nurse Educator




**Thinking of attending ORNAC 2011?**

| Price | Member | Non-Member |
|---|---|---|
| **Full conference** | **Before April 1 - $600** | **Before April 15 $700** |
| | **April 2 – 15 $700** | **After April 15 $800** |
| | **After April 15 $800** | |

**Go to www.ornac.ca/conference/register for more information. You can also register for portions of the conference at a reduced rate. You'll need your MORNA membership number to register.**



## Care of Surgical Instrumentation in the Operating Room

Instrumentation that is sterile and functioning properly is necessary when performing procedures in outpatient clinics, acute care patient care areas, ambulatory care patient care areas, and long term care facilities. Not all instrumentation is the same. Surgical instrumentation required for performing surgical procedures is constructed from high quality products. Meticulous care by operating room personnel and Medical Device Reprocessing (MDR) personnel is required. Proper care of instrumentation ensures that the instrument functions as intended during the surgical procedure and prolongs the life of the instrument. Nurses at the sterile field are the first to begin the decontamination process.

Most surgical instrumentation is constructed of Stainless Steel. Not all stainless steel is the same. Martensitic (400 series) stainless steel is used for instruments that require sharp cutting edges such as scissors, osteotomes, chisels, rongeurs, forceps, hemostats, needle holders). Austenitic (300 series) stainless steel is resistant to corrosion, but is malleable. Austenitic steel is used to construct malleable instrumentation such as retractors, cannulas, rib-spreaders, and suction devices. Surgical grade instruments may have a shiny or matte finish depending on the use of the instrument. During the manufacturing process, the steel is tempered to ensure hardness. Following this step, the instrument undergoes a process that will increase resistance to corrosion, be polished, and undergo passivation (removal of iron content found on the outside of the instrument)

All surgical instrumentation should be marked with the company name, item number, and country of origin (usually Germany). Instruments marked as Pakistan made should not be used as surgical instrumentation. Pakistan made instruments are manufactured to be disposable or semi-disposable. It is not cost effective to sharpen or repair these instruments. Pakistan made instruments will rust quickly; therefore if they are sterilized with surgical grade instrumentation staining of surgical grade instruments may occur.

Ratcheted instruments must be open for the sterilization process. Any instruments sterilized with closed ratchets are considered contaminated. Also, some instruments may be required to be sterilized apart. This is dependent on the manufacturer's validated instructions and the construction of the instrument. For example laparoscopic instruments may be sterilized together or apart dependent on the manufacturer. Karl Storz click line laparoscopic instruments may be sterilized together whereas laparoscopic instruments manufactured by Stryker are required to be sterilized apart. If your site uses laparoscopic instrumentation from various vendors, they may opt to sterilize all of the instruments apart to avoid confusion. Regardless of whether the instrument can be sterilized together or not, the instrument is taken apart, decontaminated, and checked for functionality each time it arrives in the MDR department.

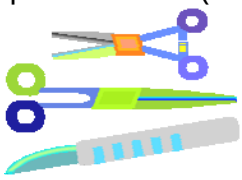
Care of surgical instruments is a joint responsibility or operating room theatre personnel and the MDR personnel. Improper use of the instruments and rough handling or dumping of instruments may cause damage. Instruments should only be used for their intended purpose. Following a surgical procedure heavy instrumentation should be separated from smaller delicate instrumentation. Heavy instruments should never be placed on top of smaller instrumentation. Allowing blood to dry onto instruments makes the decontamination process in MDR more difficult. This is even more of a challenge for difficult to clean instruments such as orthopedic and small lumened instruments. The scrub nurse is responsible to remove gross debris and soil at the sterile field by rinsing instruments in sterile water and/or wiping with a dampened sponge during the surgical procedure. Instrumentation should not be sent to MDR until gross soil and debris is removed. Never use saline to clean surgical instruments. Any and all long-term soaking will damage surgical instruments.

Nurses may be concerned about stains that may be found on instrumentation. Not all stains are rust or contamination. When trying to determine "is it rust or a stain" remember that stains can be removed whereas rust can not. Dark brown or black stains may be caused from the use of low pH detergents and soaps or may be dried on blood. Bluish Black stains can result

when metals of different types are put into the ultrasonic machine together or as a result of exposure to saline, blood, or potassium chloride. Multicolored stains result from excessive heat in the processing cycle. Light and dark spots result from water spots allowed to air-dry, or from the slow evaporation of water resulting in minerals being left on the instrument surface. Black stains may result from exposure to ammonia.

Instrumentation over the years has become more complicated. Care of surgical instrumentation requires team work. Understanding of the process of reprocessing of surgical instrumentation is imperative for all members of the team. Additional information related to care and inspection of surgical instruments can be found in the following references.


1. CSA Standard Z314.3-09 Effective sterilization in health care facilities by the steam process.
2. CSA Standard Z314.8-08 Decontamination of reusable medical devices.
3. Operating Room Nurses Association of Canada (2009) Recommended standards, guidelines, and position statements for perioperative registered nursing practice. (9th ed). Canada: author.
4. Phillips, N. (2007). Berry & Kohn's operating room technique (11th ed.). St. Louis: Mosby.
5. Provincial Infectious Diseases Advisory Committee (PIDAC). Best practices for cleaning, disinfection and sterilization of medical equipment/Devices found at http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_cds.html
6. Rothrock, J. (2010). Alexander's care of the patient in surgery (14th ed.). St. Louis: Mosby.
7. Schultz, R. (2005). Inspecting surgical instruments; an illustrated guide. IAHCSMM.
8. Tighe, S. (2007). Instrumentation for the operating room; a photographic manual. (7th ed.). St. Louis: Mosby.

# Labeling medications on the Sterile Field

- ORNAC and AORN standards indicate that labeling of medications on the sterile field is required EVEN if there is only ONE medication. Labeling to include: name, strength and dose of medication.
- No more than one medication and label should be handled at a time.
- Literature indicates that there is more compliance with this recommendation from junior staff compared with more experienced staff members.
- The most common causes of medication errors include:
    - Miscommunication,
    - Inadequate documentation;
    - Failure to follow procedures and protocols.
- Despite recommendations medication errors continue to occur. Some errors/near misses reported include:
    - Mistaking Gluteraldehyde as spinal fluid during an enucleation of a cancerous eye
    - Injection with antiseptic skin preparation solution instead of the intended contrast media.
    - Mistaking chlorhexidine for saline.
- Additional information related to medications available at:
    - CPSI http://www.ismp-canada.org/index.htm
    - Brumfield, D. (2010). Adherence to a medication safety protocol: current practice for labeling medications and solutions on the sterile field. *AORN Journal, 91(5), 610 – 617.*

## Reducing Potential for Intravesical Explosion during TUR Type Procedures

## (Information provided by Graciana Medeiros and Glen Brown from GGH)

- Intravesical explosions are rare; however if these explosions occur, they may result in potentially devastating complications.
- Damage to the bladder can range from a small mucosal tear to bladder rupture.
- The explosion is a result of the production of explosive gases (mostly hydrogen and oxygen) during the use of diathermy coagulation (i.e. electrosurgery) on human tissue. Hydrogen mixes with atmospheric $O_2$ and becomes explosive when ignited by a spark from diathermy.
- These gaseous products (mostly hydrogen) collect in the dome of the bladder.
- During endoscopic procedures, oxygen may enter the bladder from the atmosphere as a result of manipulation of the resectoscope/working elements, incorrect use of Ellick evacuator or introduction of air bubbles via irrigation tubing.
- The type of irrigation fluid has no impact on the risk of explosion.



**Decreasing the Risk of Explosion:**

1. Use of careful operative technique
    - Correct use of Ellick evacuator bulb;
    - Decrease the frequency of manual irrigations of the bladder;
    - Ensure air is removed from the irrigation tubing by flushing the tubing with irrigant; and
    - Ensure all connections are tight thereby preventing atmospheric air from being drawn into the tubing entering the bladder.
2. Minimize operative time. There is a correlation between the length of the procedure and risk of explosion.
3. Use of coagulation current at moderate power and ensure judicious coagulation of tissues.
4. Remind surgeon to manually remove the inner sheath of the resectoscope to evacuate accumulation of gases in the bladder. This will further decrease the risk of gas build-up in the patient's bladder.

5. Use caution when exchanging bags of irrigation fluid and prevent bags of irrigation fluid from running dry.
6. If using a fluid warmer for irrigation fluid, follow the manufacturer's recommendations for set-up, keeping the following in mind.
    - When assembling the fluid cassette into the warmer and preparing to run Glycine through the system ensuring the drip chamber is ¾ full. This will decrease the air turbulence (air bubbles) that may travel down the tubing and enter the bladder.
    - Ensure the entire length of the irrigation tubing is completely purged of all air prior to the surgeon attaching the tubing to resectoscope.
    - Ensure all warming tube connections are secure and tight. This prevents atmospheric air from being drawn into the tubing and entering the bladder.
    - Ensure the continuous flow pump is working (i.e. removing fluid and air from the patient's bladder). This prevents accumulation of gases in the patient's bladder.

**Additional information**

Hansen,R. and Iversen,P. *(1979).* Bladder Explosion During Uninterrupted Transurethral Resection of the Prostate. *Scandinavian Journal of Urology and Nephrology. 13:211 – 212.*

Khan,A., Masood,J., Ghei,M., Kasmani,Z., et al. (2007). Intravesical Explosions During Transurethral Endoscopic Procedures. *International Urology and Nephrology, 39,179 – 183.*

Silva,M., Neto,A., Zambon,J. et al. (2006). Vesical Explosion During Transurethral Resection of the Prostate: Report of a Case. *Arch Esp Urol, 59(6), 651-652.*

Soljanik,M., Stanislaus. P., Sroka.R., and Stief.C. (2008). Explosive Gas Formation During Transurethral Resection of the Prostate (TURP). *European Journal of Medical Research, 13, 399-400.*

Srivastava,A., Sandhu,A., Sinha,T., et al. (2005). Intravesical Explosion during Transurethral Resection of Prostate – a Reminder. *Urologia Internationalis,77,92-93.*



# MANITOBA OPERATING ROOM NURSES ASSOCIATION

## 2011 SPRING WORKSHOP

**When:** Saturday, 12 March 2011

**Where:** Samuel N. Cohen Auditorium
St. Boniface General Hospital Research Centre
Winnipeg, Manitoba

**TIME:** 0730 –0800 Registration and Continental Breakfast
0800 – 1600 Workshop

**GUEST SPEAKERS:**

**David Zinger - Engaging Conversations: From Fear to Hear, Hear, Here**

**Sharon Brown R.R.T. - Sleep Disorder Clinic (What do they do?)**

**Dr Eric Jacobson MBChB, MHPE, FRCPC - Sleep Apnea in the O.R.**

**Dr. April Boyd M.SC, M.D., PHD - Gender Differences In Cardiovascular Disease**

**Molly Blake B.N., MHS, GNC(C), CIC - It's on Your Hands: Germs and More**

**Sarvesh Logsetty MD - It doesn't have to be that Cold in Winnipeg**

**COST:** ⇨**$45.00 for MORNA MEMBERS**

⇨**$75.00 for NON MEMBERS**

Nutrition break and lunch included with registration

**Registration Deadline: 07 March 2011**

Registration forms are available from your facility representative or they can be printed from the MORNA Web page (www.ornac.ca – Provincial Chapters for MORNA Link)

**For further registration information please contact: Gladys Zinnick (W) (204) 632-3216**



# MANITOBA OPERATING ROOM NURSES ASSOCIATION

## ***SPRING WORKSHOP REGISTRATION FORM***

## 12 MARCH 2011

**Name: _____ Title: _____**

**Facility_____**

**Home Address: _____**

**City: _____ Province_____**

**Postal Code: _____**

**Phone Number: Home: _____**

**Work: _____**

**Fax: _____ E-mail:_____**

**❒ MORNA MEMBER $45.00 MORNA MEMBERSHIP #_____**

**❒ NON – MEMBER $75.00**

***Registration Fee includes lunch and refreshments**

**** *Your Receipt will be issued on the day of the workshop***

## Please make cheque payable to MORNA

**Please send your registration to:**

**Gladys Zinnick**
**Suite 5, 667 Leila**
**Winnipeg, Manitoba**
**R2V 3T5**

**Workshop Contact: Gladys Zinnick (W) (204) 632-3216 or (H) (204) 589-8930**

## Registration Deadline: 07 March 2011

**Cheque Number: ____ Date Received_____ Receipt Issued__**