



Volume 6, Issue 2

Sept, 2013

**Welcome to the newsletter for the CaPSNIG  
(Canadian Pediatric Surgical Nurses Interest Group)**

Purpose of the CaPSNIG is to network and exchange information.

There is no cost to join the CaPSNIG group. To join the list, please send a brief email to [monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca) and confirm whether or not you wish to remain a member.

Make sure to include your full name, hospital/employer, area of expertise, and preferred email address. Please let us know if it's okay to share your email address with the rest of the group, since each hospital in Canada have different communication channels and confidentiality rules.

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**Annual Meeting September 25, 2013**

Charlottetown, PEI

This year's meeting will be at the Delta Prince Edward hotel.

Nurses attending CaPSNIG's Annual Meeting also have the option to register for The Canadian Association of Pediatric Surgeons (CAPS) Annual Meeting

[www.caps.ca](http://www.caps.ca)

September 26-28

Charlottetown, PEI

**Those attending the annual meeting are invited to join the group for dinner the night before our meeting.**

Please email [monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca) if you can attend so reservations can be made. The menu is linked for you to check out. It's a 5 min walk from the Delta hotel.

Claddagh Oyster House

<http://claddaghoysterhouse.com/menus.php>





## CLINICAL CORNER

**Q:**  
I was wondering if anyone out there would like to share their policies related to chest tubes. I am looking to re vamp/update the following: Insertion, Care, changing the dressing, changing the drainage unit and assisting with the removal

**A:**  
Sick kids Chest tube policy was shared. Can be obtained by emailing [monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca)

**Q:**  
I am wondering what the surgeons in your facility do to secure TIC's (Hickman's) after initial placement. We have found with our smaller infants in particular that the TIC's are being pulled out or dislodged before the tissue can grow into the cuff. Our surgeons have tried a few different dressing products but do not have a standard approach. If anyone has policies or suggestions I would appreciate it. Thanks

**A:**  
I'm attaching photo's on how we are securing the central lines at Sick Kids. Hope this helps. Copy of pictures can be obtained by emailing [monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca) or [christina.kosar@sickkids.ca](mailto:christina.kosar@sickkids.ca)

**Q:**  
Wondering if anyone used EMLA routinely prior to using silver nitrate on hypergranulation tissue (particularly around tube sites)? Do you have a protocol? And other than for genital mucosa, is there any literature to support the absorption rate of 5-10 minutes on mucosa? I can't locate any.

**A:**  
We just discussed this with our Pharmacy this past week. We have not been using EMLA or Amitop on the mucosa as we were informed by Pharmacy that the tetracaine in it is only intended for "normal intact skin". Prior to this I was using LET gel for dilating a stoma when a tube prematurely fell out. But this also has lidocaine, epinephrine and tetracaine. So again, the Pharmacy did not support using this on mucosa. I have not done a literature search as of yet. Any other comments from people would be interesting. For now, I try to time things if possible for Tylenol to be given prior to silver application.

**A:**  
Response from Winnipeg Children's Hospital Pharmacy: You posed a question earlier about the safety of applying LET gel, Emla or Ametop to a stoma site. It is difficult to predict the amount of drug absorption that will occur as this will depend on factors such as the amount applied, application time, concentration of

product, and permeability of area. However, given that the stoma area would have increased permeability there is greater risk of adverse effects particularly methemoglobinemia and cardiovascular symptoms.

I understand current practice is to use LET gel for GJ insertions. I would be interested where this practice originated and if any literature exists to support it. As it stands, I would not recommend application of any topical anaesthetic to a stoma site.

Please contact me if you have any questions or concerns.

Q:

I am wondering if anyone in the group has heard of, or is interested in the Gastronom puppets as a teaching tool/patient support device. There is some more info here:

<http://www.thebowelmovement.info/the-gastronauts/>

I met with the volunteer coordinator today, her name is Janet, she is from Seattle, and if anyone thinks they might be interested let me know and I can connect you with her. I also hear that there is a volunteer getting organized on the east coast to facilitate some of the Gastronom puppets there, so Janet could likely get you in touch with him as well.

I've heard that McMaster uses some of these puppets already.

A:

We are using the puppets at McMaster for children with stomas. I have forwarded this e mail to Nancy Trapasso (our Enterostomal Therapy nurse) and have asked her to email the group with the information that she has about the puppets.

Q:

We are currently revising our post op feeding regimes following the surgical insertion of a gastrostomy tube (open balloon tubes, PEGs and lap assisted low profile mickeys). The literature provides very little guidance for feeding regimes hence I am begging for your assistance. If you could connect me with the person who could provide me with your post op feeding regime from your centre it would be greatly appreciated. I would appreciate written guidelines if available. But if not, could you provide me with the NPO wait time before initiating feeds, whether you start with CF or FS formula and how fast you move up. We are looking at two guides – one for children never having had tube feeds (they tend to move slower) and for those who had NG feeds pre-op. Your help is greatly appreciated.

A:

Here at the Janeway our surgeons use the Kendall Entristar P.E.G. "PULL" ,REF# 8884751630, size 16Fr. Supplier Tyco/Healthcare. They've been using that one for a long time.

The set comes with a P.E.G. Entristar Adapter. These attach well to the feeding sets, as mentioned by Mary from IWK. This is most likely because the Kendall people make the Kangaroo feeding sets as well, so the fit is good. The Entristar Adapters can be ordered in boxes of 20. Parents need extras if the tube is in for a while, as sometimes they break off the cap or it wants to pop open from 'overuse'.

Two of our surgeons tend to leave the PEG tube in place for as long as it is functioning well and not causing any problems. I've seen some last for several years. Once the tube has to come out ...or is accidentally pulled out the replacement tube will be a Mic bolus style tube, or one of the low profile tubes, either the Bard Button, Mickey Low-profile, or Nutriport Skin Level Tube. Personally, I prefer the Nutriport tube ,as it sits a little bit closer to the skin and also because the connections for it are much nicer than that for the Mickey. The Nutriport connections are much more flexible and the continuous feed connection has a very good locking device. Any of the parents who have tried both tubes, always prefer the Nutriport.

We have one surgeon who likes to replace most of his PEG's with a low-profile tube in 3-6 months, but he sometimes leaves the PEG in longer as well, depending on the patient and parent's needs.

From an economic standpoint, if parents are not covered by special assistance programs or insurance, they often are happier to keep the PEG in place as long as they can, since the low-profile tubes are very costly.

## Congratulations on your Retirement Lida!

Lida Jones, longtime member of CaPSNIG retired in July 2013. Lida was one of the first members of CaPSNIG and was always a strong supporter of the group. Lida submitted the winning design for our present CaPSNIG logo.

Lida started her career at the hospital for Sick Kids in Toronto. She then moved to the Hamilton General Hospital and then the "new" McMaster University Medical Center where she spent the balance of her career. She spent the majority of her career in the pediatric clinics, surgical, nephrology, and spina bifida to name a few. Her expertise will be missed by those who worked with her.

We will miss you Lida, thank you for your contributions to the CaPSNIG group!!!



2007 St John's NFLD



2008, Toronto, ON



Halifax, NS. 2009



Saskatoon, SK. 2010



Ottawa, ON. 2011



Victoria B.C. 2013

