

MD/DC SOHN NEWS

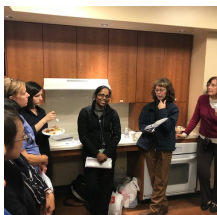
Maryland/DC Chapter of Society of Otorhinolaryngology and Head-Neck Nurses

FALL 2017

Top stories in this newsletter



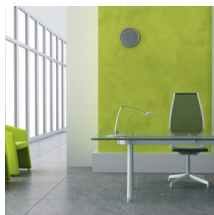
SOHN's 41st Annual Congress



Members activities



Local Chapter Meeting



Reviews of SOHN Lectures by our members



President's Message

Message from the President

Vinciya Pandian MSN, PhD, RN, ACNP-BC

As human beings, we are always looking forward to special occasions or main events. It might be someone's wedding or birthday or retirement. Whatever it might be, it makes our life meaningful. It forces us to take time out of our mundane daily activities and experience new opportunities making it memorable and enjoyable. It is that time of the season when everyone is hustling and bustling for the holiday season. It gives us a reason to spend more time with family and be cheerful.

We, the executive officers and the educational planning committee members of the SOHN MD/DC chapter, are planning for a very special occasion too. Our annual SOHN MD/DC chapter event that is planned to be held at Greater Baltimore Medical Center is the main event of our chapter activities. This is the time when all the members of the chapter get together for a day-long educational event and fellowship with each other. We have some exciting topics and speakers. Please plan on attending the event and taking advantage of the networking opportunities, CEUs, and the time to fellowship with colleagues and friends. One of the new activities that we have added to the program is the research forum. Otolaryngology Head and Neck nurse researchers will be presenting ongoing research in the field that is sure to leave you inspired and motivated to inquire into nursing literature and implement evidence-based nursing practice.

In our lives, we are always planning for a main event – a new job, graduation, or anniversary. Right now, it is the holiday season around the corner, followed by New Year celebrations. As you start the New Year, please plan on attending our very own SOHN MD/DC chapter's main event. Please invite your friends and colleagues too. You will not be disappointed. The planning committee and the executive officers will be thrilled to have each one of you join us. I hope you have a happy holiday season and attending the SOHN MD/DC chapter annual congress meeting on March 23rd, 2018 is on your bucket list.

Welcome new Member

Jessica Alper JHH Otolology

MD/DC 2017-2018 Officer / Committee members

President – Vinciya Pandian
Vice President – Marybeth Hartlove
Treasurer – Carol Maragos
Budget and Finance Committee – Carol Maragos
Secretary – Laurie Turner
Membership – Barbara Gottschalk and Cynthia Fox
Education and Annual Conference Committee – Karen Ulmer
Communication – Melinda DeSell
Website – Vinciya Pandian
Nominating Committee – Lori Papaeracleous and Mikki Fritz

Upcoming chapter educational events:

January 10th, 2018 Case studies at JHH-JHOC

March 23rd Annual Spring Conference at GBMC

- *Clinical Applications of Oropharyngeal Sonography, Ray Blanco, MD*
- *The Future of Head & Neck Reconstruction, Ryan Smith, MD and Carol Maragos, CRNP, MSN, CORLN*
- *Professionalism: What does this mean to the Art of Nursing? Deena Hollingsworth, MSN, FNP-BC*
- *Maxillofacial Prosthetics: A General Overview, Ghassan Sinada, DDS*
- *What's New in Pediatric ORL, Marisa Ryan, MD*
- *Pain Management after Tonsillectomy, Grace Tan, MD*
- *Research Forum, Kelly Cunningham, RN, Sara Boisen, RN, Vinciya Pandian, PhD, MSN, ACNP-BC, FAAN*
- *OTC Hearing Aids- Implications for our Patients, Kelly King, AuD, PhD*
- *Embracing Social Media in Nursing Practice, Melissa Borofsky, RN*

Upcoming community Outreach:

December 19th: Hackerman Patz Dinner with SOPNC-contact Laurie Turner or Kim Webster for information

Upcoming national meetings:

April 18-22 , 2017

Location: National Harbor, MD Gaylord National Resort and Convention Center

Topic: COSM/SOHN Spring Meeting

February 2nd and 3rd 2018

4th International Tracheostomy Symposium GTC 2018

Location: Dallas Texas

Abstracts due by July 31st, 2017 for posters and oral presentations

October 5-8th 42nd SOHN Annual Congress Atlanta, Ga.



SOHN's 41st Annual Congress and Nursing Symposium

September 8-12, 2017

Chicago, Illinois

We had many members attend the annual conference. We were represented by Karen Ulmer and Laurie Turner, who are national board members, Vinciya Pandian on research and editorial board, and Nina DeSell as the leader of Pediatric special interest group. Vinciya gave an interesting lecture on swallowing after airway surgery.

We networked and learned. We enjoyed the sites that Chicago had to offer including bus and river tours. We sampled delicious food. Vinciya participated in the annual walk for ENT-NF.

Our chapter won the Chapter Excellence award! Congratulation for all the hard work. This award reflects all of our involvement and participation in SOHN activities.



November 7th, 2017 Journal Club at Hackerman Patz House

Our chapter cooked dinner for the Hakerman-Patz residents and families undergoing treatment at Johns Hopkins. We had our journal club that evening. Karen Ulmer lead this discussion. We had our nurse visitors from Hong Kong.



International Nursing Outreach

Johns Hopkins hosted 2 nurses from Hong Kong, Stephanie and Candy. They rotated through our department and hospital for the month of November. It was a great learning experience for all. Barb Gottschalk, Carol Maragos, and Nina DeSell shared education days with the pair.



Decisions at the End of Life

Rebecca Porter, PhD, RN, is Clinical Resource nurse in Iowa City, Iowa, who presented on this topic. The first priority with any patient at the end of life is to establish their Advance Directive, power of attorney, living will, MOLST, etc. She offered some helpful resources: “Good to Go Toolkit” and “Let’s have dinner and talk about death” (both found online).

The second priority is to have a discussion about end of life. There are several challenges in this discussion. Clinicians may experience fear of rejection, anger, resistance, lack of time, don’t know what to say, that the patient will think that I’ve given up, etc. The patient may experience fear, uncertainty, not being ready, no hope, along with many other feelings. The 2016 ANA Position Statement says “Nurses are obliged to provide comprehensive and compassionate end-of-life care...Nurses and other health care providers have a responsibility to establish decision making processes that reflect physiological realities, patient preferences, and the recognition of what may or may not be accomplished... for *this* patient at *this* time...” Ms. Porter detailed the importance of active listening, which includes: encourage, reflect, name emotions, probe, validate feelings of thought, and silence. Sit down facing the patient, look at them, have tissues available, do not look at the clock or your watch, turn off your pager and/or cell phone. She found that having them draw a map with the important things in their life is helpful. One thing she mentioned that I thought was helpful was if a patient expresses that “God is going to give us a miracle”, even though the patient is at the end of life, reply “Maybe he already has.”

She discussed conversation stoppers such as: asking why, shallow reassurance, direct advising, dig for information, patronizing, preaching and interrupting. Make sure that the discussion is in a private place, tell the patient you have some information that you would like to share, ask if this is a good time, and find out who they would like to have with them in the room. Find out what the patient knows already. Ask what about the future is important. How does the patient want the information? Emotions vary and ambivalence is normal. When it is time to say good-bye, choose the right time and place, acknowledge that this is the end of routine care but that caring will not end, give space for a response, and care for yourself.

Submitted by Carol Maragos

Product Alert: The Latera Absorbable Nasal Implant

Chronic nasal congestion and obstruction are some of the most common chief complaints encountered in our specialty. Thankfully, in many cases, the causes for the complaints of obstruction and congestion are typically found to be benign with readily available treatment options. However, for those of us whose practice focuses more on functionality and less on aesthetics, nasal valve collapse was often previously overlooked as a contributing factor to the aforementioned complaints. This was partly because, until recently, the most commonly recommended treatment options included cartilage grafting, nasal valve dilators, rhinoplasty, or titanium implants, all of which were most likely to be performed by a plastic surgeon or ENT who held additional certifications in facial plastics exclusively in the operating room.

This changed in July of 2016 when Spirox introduced their FDA approved Latera implant. The implant, which resembles a small plastic wishbone, is used to support both the upper and lower lateral nasal cartilage. It reinforces the lateral nasal wall without changing the physical appearance of the nose. Our physician colleagues (General ENTs, Rhinologists, ENT facial plastics, plastic surgeons, etc.) insert the implant either unilaterally or bilaterally and it is said to dissolve over the next 18 months with reported long lasting results. This can be done in the office with local anesthesia or in the operating room in conjunction with other planned procedures. Per the manufacturer, risks of the implant include mild bruising, and inflammation, awareness of the implant, mild pain or irritation, discomfort, infection, reaction to the implant material, and device retrieval.

Our office has been using the Latera implant since November of 2016. Since then, I have become familiar with the following nursing considerations:

- Patients may experience some minor facial bruising after placement of the implant which tends to resolve in a few days.

- In some patients you may be able to visualize the implant through their skin (IE: a slight swelling or protrusion on the lateral bridge of their nose). We anticipate that this would resolve as the implant begins to dissolve.

- Placement of steri-strips or a bandage on the bridge of the nose serves as a great reminder to the patient not to touch or manipulate their nose immediately after the procedure.

- Avoid having the patient apply Vaseline/Mupirocin with a q-tip post-operatively. This avoids accidentally manipulating the implant. Saline spray, however, is encouraged.

- If a patient gets benefit in their symptoms from use of OTC Breathe Right strips, they may benefit from the Latera implant.

Overall, our Latera patients are extremely pleased with the results they have obtained thus far. Their nasal valve collapse is notably improved on physical examination and many express that they are not only breathing better through their nose, but sleeping better as well. The majority of the results we have seen to date are promising and we look forward to observing how our patients progress long term. The Latera allows us treat our patients comprehensively and ensure that all contributing factors to complaints of nasal congestion and obstruction are being addressed. Our doctors can do a near perfect septoplasty and turbinate reduction for complaints of nasal obstruction, but will our patients get maximum surgical benefit if their nasal valve collapse is ignored? For more information about this implant, please visit Latera on the web at www.latera.com.

Submitted by Melissa Borofsky, RN