SIES 2016
WESTMEAD ENDO SCO PY SYMPOSIUM
NURSES’ WORKSHOP
WEDNESDAY 24TH FEBRUARY
HILTON SYDNEY, AUSTRALIA

INTERNATIONAL SPEAKER
Ulrike Beilenhoff, ESGENA
Scientific Secretariat & President
of the German Society of Endoscopy
Nurses and Associates (DEGEA)

LOCAL FACULTY
Prof Golo Ahlenstiel
Mary Bong NUM
Prof Michael Bourke
Robyn Brown CNE
Dr Nick Burgess
Di Jones NUM
Dr Vu Kwan
Dr David Tate
Judith Tighe-Foster CNS

HIGHLIGHTS INCLUDE
• Colonoscopy practice
• Polypectomy principles
• Portal hypertension
• Endoscopic practices and reprocessing
• Live workshop demonstrations
• Nurses’ Workshop Quiz

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SIES 2016 APP

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- Have the conference program and floorplan in the palm of your hand and personalise your schedule
- See profiles of all exhibitors and their staff and have access to additional documents etc
- Capture exhibitor information straight to your phone by scanning QR codes at the show
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You must scan all exhibitors to be eligible.

MARK YOUR DIARY

SIES 2017 - Wednesday 15, Thursday 16 and Friday 17 March, 2017
FOUR POINTS BY SHERATON SYDNEY, DARLING HARBOUR

MARCH 2017

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It is a great pleasure to welcome you to the 9th Annual Sydney International Endoscopy Symposium Nurses’ Workshop.

The Westmead Endoscopy team has prepared another fabulous and stimulating array of talks and demonstrations which will enhance your understanding of Gastrointestinal Endoscopy. An interesting topic on the agenda is the Mini Symposium “When things are not/may not go well and how to avoid, anticipate and respond” to situations in the scope room with a team of doctors and nurses on the panel. Michael Bourke’s sharing on what makes a successful endoscopy team will be exciting!!

We are delighted to have a large and diverse group of fantastic speakers on our programme including Nick Burgess, David Tate, Golo Ahlenstiel, Vu Kwan, Michael Bourke and our 2016 international speaker Ulrike Beilenhoff from Germany.

We have kept the very popular demonstration stations again this year and you will have hands-on opportunities with the latest devices in therapeutic endoscopy and fantastic talks by the two great presenters.

The Symposium is also an avenue for networking and interaction amongst the great nursing minds in gastroenterology and endoscopy, offering updates and sharing and learning fresh tips and tricks to promote the specialisation in this specialty.

All nurses are encouraged to attend the following two full days live high quality transmission from the Westmead Endoscopy Suite to the Hilton Sydney Hotel, which will showcase the latest development with interesting and challenging cases, which demonstrate the skills and wisdom of the internationally renowned guest faculty. If you would like to register for the following two days, please enquire at the registration desk. CPD points will be available for nurses attending the Symposium.

Yours sincerely,

Mary Bong
Nurse Unit Manager Endoscopy Unit,
Westmead Hospital Organising Committee
Sydney International Endoscopy Symposium, Nurses’ Workshop 2016

Welcome to 2016 Sydney International Endoscopy Symposium – Nurses’ Workshop Program.

After a successful program run in 2015, I warmly welcome you back to Westmead Hospital where we hope you gain an unprecedented experience.

Westmead Hospital supports initiatives that further the professional development of nurses, and I am proud to support Westmead nurses in their journey to becoming leaders in gastrointestinal endoscopy. These initiatives will help us better serve our community with safe, high quality Gastroenterology and Endoscopy services.

The Nursing Workshop program promises to provide us with an inspiring combination of interactive workshops and cutting edge insights. The activities over the next two days will help us build local and international networks and a culture of collaboration. Every opportunity should be taken to ensure we spend time gathering our collective experience and inspiring each other to provide the best possible care for our patients.

Regards,

Kate Hackett
Acting Director of Nursing and Midwifery
Westmead Hospital
SPEAKER BIOS

PROFESSOR MICHAEL BOURKE
Director of Gastrointestinal Endoscopy, Westmead Hospital Sydney

Professor Michael Bourke is Clinical Professor of Medicine, University of Sydney and Director of Gastrointestinal Endoscopy at Westmead Hospital. He is Co-editor of the journal Endoscopy. He is the convener of the Sydney International Endoscopy Symposium, now in its 9th year with a delegation of more than 600 registrants and Australia’s second largest gastroenterology meeting.

His clinical and research interests encompass many different facets of diagnostic and interventional endoscopy. Endoscopic resection for advanced mucosal neoplasia at all sites in the gastrointestinal tract has been a focus. Patients referred to Westmead with early Barrett’s neoplasia, duodenal and ampullary lesions, and large sessile polyps or laterally spreading tumours of the colon are invited to participate in prospective studies and randomised trials designed to validate, assess and enhance the safety and efficacy of endoscopic resection for advanced mucosal neoplasia.

Work in the animal laboratory augments the clinical research. He is also active in ERCP research. Original research is published regularly in the leading international journals in Gastroenterology and Endoscopy.

PROFESSOR GOLO AHLENSTIEL
Gastroenterologist and Hepatologist at Westmead Hospital Sydney

After completing his medical and doctoral degrees at the University of Bonn, Germany, Golo Ahlenstiel received research fellowships from the National Institutes of Health (NIH, USA) and the German Research Foundation (DFG, Germany) to pursue research into the immune-pathogenesis of viral hepatitis at the National Institutes of Health, Bethesda, MD, USA. Since moving to Australia and undertaken general medical and advanced training in Gastroenterology and Hepatology at Westmead and Blacktown Hospital.

Apart from his clinical duties as a staff specialist at Westmead Hospital, he also leads a Liver Immunology group at Westmead Millennium Institute. He is a clinician-scientist with a strong emphasis on translational research in chronic inflammation and liver disease with active involvement in education of students and junior medical staff.

DR DAVID TATE
Advanced Endoscopy Fellow, Westmead Hospital Sydney

Dr David Tate trained as a physician at Cambridge University, United Kingdom and more recently as a Gastroenterologist in Bristol, UK. Dr Tate has worked as an Advanced Endoscopy Fellow at Westmead with Professor Bourke since February 2015 and his current interests include advanced tissue resection techniques, teaching and research into techniques in advanced endoscopy.

ULRIKE BEILENHOFF RN
Scientific Secretariat and President, ESGENA of the German Society of Endoscopy Nurses and Associates (DEGEA) Berlin, Germany

Ulrike Beilenhoff is a registered Nurse with specialist education in endoscopy nursing. She is currently working self-employed, as a nurse teacher, tutor and external assessor at endoscopy specialist education courses in Heidelberg, Munich and Berlin, Germany. She is Chief-Editor of German Journal for Endoscopy Nurses (ENDO-PRAXIS) and has worked 16 years as a head nurse of Endoscopy Departments in Germany.

Ulrike’s special GI Interests (including research) include: education of endoscopy nurses; hygiene; sedation in Endoscopy; patient monitoring; team time out; and therapeutic Endoscopy. She is involved in the development of various national and European guidelines and curricula on hygiene and Infection control and on sedation and patient monitoring.

Ulrike’s involvement with professional societies and groups past and present include: ESGENA founding member; ESGENA past president and currently ESGENA scientific secretary and chair of the ESGENA Education Working Group; and President of the German Society of Endoscopy Nurses and Associates (DEGEA).
Dr Vu Kwan
Director of Gastroenterology at Norwest Private Hospital
Vu Kwan is a staff specialist in Gastroenterology at Westmead Hospital and Director of Gastroenterology at Norwest Private Hospital. She is delighted to be participating in the important Nurses Symposium at this meeting once again.

Di Jones Num
Nurse Unit Manager at Logan Hospital
Di has worked in gastroenterology nursing since 1976, holding clinical, research, education and administration positions over that time. Di is the current president of the Society of International Gastroenterology Nurses and Endoscopy Associates (SIGENA) and a lifetime member of GENCA.

Betty Lo RN
Clinical Nurse Consultant, Gastroenterology, Westmead Hospital
Betty has been the Clinical Nurse Consultant for Gastroenterology at Westmead Hospital since July last year. Her first year is focusing on establishing and developing the new Rapid Access Faecal Occult Blood Test (FOBT) Clinic at Westmead Hospital, aiming at improving access to colonoscopy for bowel cancer screening patients. She is passionate about her new role in educating patients and liaising with the multidisciplinary team during this process. Betty has been working in the Westmead Endoscopy Unit for 9 years. She is a credentialed gastroenterology nurse. She has also worked in the Cardiothoracic Unit and Medical High Dependency Unit in Westmead.

Dr Nick Burgess
Consultant Gastroenterologist, Westmead Hospital
Dr Nick Burgess is a staff specialist gastroenterologist and interventional endoscopist at Westmead Hospital. He is currently completing a University of Sydney PhD examining endoscopic mucosal resection (EMR) of large colonic polyps. Key aspects of his research include the subtypes of large sessile colonic polyps, complications associated with their removal and novel techniques to reduce bleeding. This research has resulted in several publications in high impact international journals. He is actively involved in ongoing research, teaching and education at Westmead Hospital.

Dr Farzan Bahin
Advanced Endoscopy Fellow, Westmead Hospital
Farzan Bahin (MBBS, FRACP) has completed his gastroenterology training and advanced endoscopy fellowship at Westmead Hospital. He is completing his PhD on improving outcomes and safety of endoscopic resection of gastrointestinal neoplasia. He has an interest in therapeutic endoscopy and quality improvement.
NURSES’ WORKSHOP PROGRAM

Kindly supported by

WESTMEAD ENDOscopy SYMPOSIUM
2016 NURSES’ WORKSHOP

This program is endorsed by the Westmead Hospital and 7 CPD points are awarded

The attendance of Ulrike Beilenhoff RN has been graciously supported by

DEMONSTRATION STATIONS - what you need to know!

• There will be three Workshop Demonstration Stations to visit and these will be located in different areas within level 3. One will remain in the main auditorium, and two will be based in the adjoining room.
• For the two Workshop Demonstration Stations that are based in the adjoining room, there will be 2 booths per Demonstration Station and you will be required to break into smaller groups for 20 minutes to view the various demonstrations of your choice.
• A reminder will be given after 40 minutes and you will rotate to the next station in your colour groups.
• Your name badge will be colour coded (yellow, green or blue) to represent the group you have been allocated to. The yellow group will start at Demonstration Station 1, the green group will start at Demonstration Station 2, and the blue group will start at Demonstration Talk 3 (in the main auditorium). Groups will then be rotated after 40 minutes.
• Please follow the Facilitator’s (Westmead Hospital staff) instructions when moving from booth to booth.

0730  Registration opens
0830 - 0845  Welcome note
Mary Bong RN and Kate Hackett, Acting Director of Nursing, Westmead Hospital

SECTION 1 – Facilitator: Robyn Brown RN

0845 - 0915  What makes a successful Endoscopy team and how do we achieve this? – Prof Michael Bourke
0915 - 0945  Colonoscopy practice: Adenoma detection and basic polypectomy principles – Dr David Tate
0945 - 1015  Portal hypertension and its complications – Prof Golo Ahlenstiel
1015 - 1045  Endoscopic practices and reprocessing: The European perspective (including CRE) – Ulrike Beilenhoff RN, International Speaker (Germany)
1045 - 1115  Morning tea and trade displays (‘Special dietary’ platters will be placed next to the App Concierge)

SECTION 2 – Workshop Demonstrations and Talks – Facilitator: Mary Bong RN

1115 - 1330

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<td>Management of large CBD stones - therapeutic pathways</td>
<td>Endoscopes – How they work? Cleaning, maintenance and safety</td>
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<td>Judith Tighe-Foster RN, Marriam Khilwati RN &amp; Dr Farzan Bahin</td>
<td>Robyn Brown RN, Zion Siu RN &amp; Jenevieh Junio RN</td>
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<td>Management of portal hypertension- Sengstenk, band ligation and histoacryl Prof Golo Ahlenstiel, Sandra Ko RN &amp; Nicky Stojanovic RN</td>
<td>Colon polypectomy: tips and tricks to optimise outcomes Dr Nicholas Burgess, Betty Lo RN, Dr David Tate &amp; Stephanie Henshaw RN</td>
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Talks

- Talk 1  Interpreting basic GI radiology Dr Vu Kwan
- Talk 2  Australian reprocessing update Di Jones RN

1330 - 1430  Lunch and trade displays (‘Special dietary’ platters will be placed next to the App Concierge)

SECTION 3 – Facilitator: Judith Tighe-Foster RN

1430 - 1445  Quiz – Betty Lo RN
1445 - 1505  Endoscopy nurse education program and initiatives – Ulrike Beilenhoff RN, International Speaker (Germany)
1505 - 1545  Mini Symposium: When things are not/may not go well: avoiding, anticipating and responding – Dr Farzan Bahin, Dr Nicholas Burgess, Judith Tighe-Foster RN, Sandra Ko RN, Janice Waru RN and Stephanie Henshaw RN
1545 - 1600  Quiz prizes, presentations and surprises
1600 - 1605  Closing remarks and thank you
1605 - 1620  Afternoon tea and trade displays (‘Special dietary’ platters will be placed next to the App Concierge)
ABSTRACTS AND CONFERENCE NOTES
Colonoscopy practice: Adenoma detection and basic polypectomy principles
David Tate, Advanced Endoscopy Fellow, Westmead Hospital Sydney

Colonoscopy and polypectomy is the most effective technique available to detect, prevent and treat colorectal cancer and its precursors. Integral to its success is a thorough examination of a well prepared colon, use of advanced real-time imaging to determine endoscopic resectability of lesions detected and a good polypectomy technique. Cold snare polypectomy is a safe, effective but under-utilised technique to remove precursors to colorectal cancer and will be covered in addition to other techniques for the removal and detection of small colorectal polyps.

Portal Hypertension and it’s complications
Golo Ahlenstiel, Gastroenterologist and Hepatologist, Westmead Hospital Sydney

The term portal hypertension (pHTN) describes the phenomenon of restricted blood flow and thus increased blood pressure within the portal vein. The most common cause in Australia is liver cirrhosis, whereas schistosomiasis and extrahepatic portal vein thrombosis are more frequent in other countries of the world.

Clinical signs for pHTN include splenomegaly, thrombocytopenia and Caput medusae. Complications of portal hypertension include: Varices of the gastrointestinal tract, most frequently oesophageal varices and their risk of bleeding, portal hypertensive gastropathy, abdominal ascites and its risk of spontaneous bacterial peritonitis, hepatic hydrothorax, hepatorenal and hepatopulmonary syndromes, as well as cirrhotic cardiomyopathy.

Management of portal hypertension is aimed at preventing and treating its complications. For oesophageal varices, this requires screening for varices by endoscopy, nonselective beta blockers and/or endoscopic varix ligation to prevent bleeding or treat active hemorrhage. Gastric varices may require glue application or other radiological interventions. Ascites is treated with dietary sodium restriction and diuretics, but may require regular large volume paracentesis. Transjugular intrahepatic portosystemic shunt placement or vascular shunt surgery or liver transplant are the only treatments that will remove the underlying cause for these complications, i.e. pHTN.

Endoscopic practices and reprocessing: The European perspective (including CRE)
Ulrike Beilenhoff, ESGENA Scientific Secretary, Ulm, Germany

Since the late 1970s there have been sporadic reports of nosocomial infections linked to endoscopic procedures. Infections by multi-drug-resistant organisms (MDRO) have an increasing impact to healthcare systems worldwide. Since 2010 outbreaks with MDRO have been reported from ERCP from the United States, France, Germany and the Netherlands. In some cases insufficient cleaning or drying supported the outbreak. In the majority of outbreaks happened despite the apparently appropriate reprocessing protocols in use, but micro lesions were identified at a number of endoscopes which supported the growth of bacteria and the transmission of infectious material. National official bodies responded with warnings. Manufacturers published updated reprocessing protocols.

Key issues of reprocessing
- Separate, purpose designed reprocessing rooms and sufficient number of competent staff provide the structure quality for a safe reprocessing.
- The process quality includes a thorough cleaning of all endoscope channels and crucial instrument components followed by an automated and validated reprocessing procedure.
- Strict adherence to manufacturers’ recommendations is essential.
- The outcome quality should be evaluated by regular audits, validation of reprocessing procedures and microbiological surveillance. In case of outbreaks a close co-operation with official bodies and manufacturers is essential.

Conclusion: Health care professionals and manufacturers should be aware of their responsibility to ensure patient safety. A structural approach is key in prevention of Endoscopy associated infections.

References:
- Jung M, Beilenhoff U. Hygiene: The Looming Achilles Heel in Endoscopy, Visc Med 2016, DOI: 10.1159/000
- Muscarella LF. Risk of transmission of Carbapenem-resistant Enterobacteriaceae and related “superbugs” during gastrointestinal endoscopy, World J Gastrointest Endosc 2014; 6: 457-474
**Australian Reprocessing Update**

Di Jones RN, Nurse Unit Manager, Logan Hospital

The epidemic of multi resistant organism transmission following ERCP procedures in the USA has brought attention to the processes used to prepare an endoscope for use. Australia has a proud history of recognising the importance of cleaning as the critical basis for the success of reprocessing. The recent Senate Inquiry in the US into these disease transmissions has identified the design of the duodenoscope as impairing the ability to guarantee cleaning. 12 months ago GESA convened a working party to review the CRE transmission epidemic. That group, in consultation with experts from around the world, has examined all facets of the issue and will recommended changes to our reprocessing procedures. In addition, the group has instigated several research projects to provide further understanding of this complex problem.

**Endoscopy Nurse Education Program and Initiatives**

Ulrike Beilenhoff, ESGENA Scientific Secretary, Ulm, Germany

After completing basic nursing training and passing the state examinations, nurses are able to work in endoscopy departments without further mandatory job specific education.

**Specialist education in Endoscopy Nursing**

Since the 1980s specialist education courses for endoscopy nursing have been established in 21 European countries. ESGENA developed a European Core Curriculum for Endoscopy specialist training covering a 1 year course with 720 hours combining theory and practice. The majority of established courses fulfil the ESGENA requirements and are officially recognised by their national bodies. They are either established at institutes of higher education or at universities. In the UK, Ireland and Scandinavian countries Master courses are focused on Gastroenterology, while courses in Germany, Italy, France and Spain cover all fields of Endoscopy (like GE, Bronchoscopy, Urology, ENT and Surgery).

**Key issues for training new staff**

Each endoscopy department need to have a specially trained mentor for teaching new staff and for regular updates of the endoscopy team. Based on national regulations, each department should establish a structured teaching plan for teaching new staff which combines theory and practice. In order to simulate realistic training scenarios, training on dummies is a very effective and efficient way of learning. In many countries endoscopy nurses need a special training in:

- Hygiene and infection control including endoscope reprocessing
- Patient monitoring and sedation including NAPS
- Use of x-ray in Endoscopy

**References:**

- ESGENA Curriculum. www.esgena.org

**Mini Symposium: When things are not/may not go well avoiding anticipating and responding**

Judith Tighe-Foster RN

Interventional endoscopy requires a highly skilled team to perform safely and effectively. However, even in the best settings unexpected outcomes can and do happen. This open discussion between panel members from both the medical and nursing team will endeavour to explore ways to avoid, anticipate and respond to complications that can arise.

Two scenarios will be discussed – an elderly patient requiring an interventional ERCP and a patient having a colonic EMR. Topics for discussion will include – indications for procedure/ choice of equipment/sedation and anaesthetic issues/complications that can and will arise.

When reflecting on the two scenarios the panel members will discuss ideas and methods to ensure better planning to improve outcomes for patients undergoing interventional endoscopy.
THANK YOU TO THE WESTMEAD SIES TEAM

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Prof Michael Bourke
Dr Nicholas Burgess
Dr Rick Hope
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SPECIAL THANKS TO:
Westmead Department of Anaesthetics – Prof Peter Klineberg
and Dr Susan Voss

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