



# ASPS NEWS

AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC.

JUNE 2009

## From the Boardroom...

### Time to Vote!

It is almost that time again for the voting members of ASPSN to receive their ballots. We have two Director positions that will open up for the year 2010-2012, and you will be asked to vote on some potential changes in our bylaws. In the past, we have not had a big response with our paper ballots. Voting is so important! The privilege to vote is one of the most cherished of our constitutional rights. Over the centuries, people have marched, fought, and died for the right to vote.

It is the right to vote that permits you to express your opinion as to the appropriateness of our elected ASPSN board members as well as to the policies and standards we uphold. It is the right to vote that allows you to determine, to a certain degree, your own future within ASPSN by electing board members who reflect your views and will speak for you. But by NOT voting, you are relinquishing your right to influence ASPSN's leadership and decisions, and to potentially allow opinions and decisions to be made that may be contrary to your own. We are in a time of great change within our country and within our own association.

Change is not easy, but it is time for all of us to become involved in the processes that will affect our lives and the future, for better or worse. By changing attitudes of apathy and indifference to concern and interest, you can shape your own future within ASPSN. Only you can vote for the candidate who will best reflect that future in the policies and bylaws that the board endorses in your name. Only you, with your vote, can make the difference. Please, take the time to read through the biographies of the candidates and vote for those individuals who meet your expectations for leadership.

**Sharon Fritzsche, MSN, RN, FNP-BC, CPSN**  
ASPSN President-elect

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## Aesthetic Symposium

The 6th Annual ASPSN Aesthetic Symposium held in Las Vegas this year was a great success. Program Chairman Marcia Spear offered a variety of interesting and new topics to the attendees. We announced that the location of the 7th Annual Aesthetic Symposium will be in Washington, DC, April 24-25, 2010. The format will return to a Saturday and Sunday program at the Gaylord National Resort & Convention Center. Look for a call for abstracts in upcoming newsletters.

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## Editorial

**Haley Wood, MSN, WHNP**

ASPSN Newsletter Editor

During a surgical consultation a few weeks ago for a mastopexy, a patient asked if “juva something” is available now for the treatment of scarring. She said, “You know, you can inject it under the skin and it helps improve the scar! I found it on the internet when I was doing my research!” The plastic surgeon and I were clueless. Is she thinking “juvederm”? She was very confident in her research findings and offered to e-mail her findings to us.

I have to admit, when a patient tells me they have done “research on the internet,” I throw up a red flag and have a tendency to discredit their findings. It must be the pessimist in me. There is little doubt that Google is the Michael Jackson of the internet. Patients are becoming more and more technologically savvy, and I ask myself, “How can I stay up to date with this information?”

The patient emailed her new information to us and the earlier “juva something” became “Juvista.” I had never heard of the product, nor had the plastic surgeon. A Google search led to 12,300 hits for “Juvista”! Unbelievable! Where had I missed this one? Moreover, the patient’s “research” was pertinent, true and current. The red flag was hanging over my head at this point!

Further exploration led me to a little known secret: [www.medicalnewstoday.com](http://www.medicalnewstoday.com). Posted on April 9, 2009 is an article about Juvista. The patient found the information on this website. It has a category especially for plastic and cosmetic surgery headline news. Short articles discuss the topic, and articles are cited as references. It’s not a substitute for scientific journal readings; however, it is one way to stay abreast of information your patients might be researching! And, I am less hesitant to throw up my red flag when a patient mentions personal “research”! Lesson learned!

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# 2009 Scientific Sessions Update

**Georgia Elmassian, BAS RN CPSN**

Scientific Sessions Chair

The Scientific Sessions Planning Committee has been diligently pursuing and confirming speakers for our 2009 Seattle meeting. In April's e-newsletter, we listed several of the education sessions topics that will be offered at the October 23-27, 2009 national meeting. Additionally, we mentioned all the hard work the Western Washington Chapter is undertaking to ensure our stay in their town is pleasurable as well as didactic. They have initiated a compilation and inventory of Seattle's "must see" attractions, eateries, and night-life, which we will share with you in upcoming newsletters. Moreover, as hosts of the Emerald City, Marsha Harding and April Thomas, the chapter's president and treasurer/president-elect respectively, have located a Seattle women and children's domestic violence shelter that could use our help. Therefore, in addition to the ASPSN going green for 2009, the ASPSN will also actively participate in a cultural community project with our host city.

As nurses, we know how important it is to give of our time and talents in order to help others. What better way to put our practice into action than by becoming involved with the neighborhood of our host city. The Western Washington Chapter chose a Seattle women and children's shelter because each of us as women, have known or currently know someone who has been or is a victim of abuse or violence, whether physical or emotional. We as professionals are particularly aware of the cycle of maltreatment that the victims endure. The dire need and desire for safety for which these women and children yearn are sometimes only found in a safe haven such as a shelter. As more and more anticipated financial constraints are placed on families, the greater the incidence of abuse. The greater the prevalence of violence; the greater is the need to support shelters.

For that reason, the Western Washington Chapter is asking for each 2009 ASPSN National Convention attendee to donate FIVE (\$5.00) dollars to Seattle's *New Beginnings* shelter. The opportunity for donation will be collected for a period of time at the beginning of the convention in October, and the money gathered will be presented to the director of the shelter. Secretary/President-elect April Thomas, has suggested that perhaps each meeting attendee could forego one cup of Starbucks coffee and "Share a whole latte love," equating the \$5.00 donation to the price of a latte. We will also be offering the option to donate via the convention registration form. Whichever method you choose to employ, we are confident the ASPSN membership will reach deep into their pockets and assist in making a difference in the lives of the battered and abused in Seattle. After all, as so clearly illustrated through every facet of our being, it all comes down to the importance and understanding of the sisterhood: women helping other women!

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## Attention:

**Jeff Engle**

General Manager - People Song Music

You may like to take three minutes of your time and watch singer/songwriter Gene Cotton's performance of his song "I Am a Nurse." He performed this song at the National Student Nurses' Association Convention in Nashville, Tennessee. It's creative, and it is funny; but more importantly, it helps to take some of the "edge" off the stress and demands of this most worthy profession.

Here's the link, please feel free to pass it on: <http://www.youtube.com/watch?v=oTwjy52XsA8>

PS: Gene Cotton will be performing for a number of state nursing conventions this coming year. Inquiries should email: [bookings@genecotton.com](mailto:bookings@genecotton.com)

# Update on Advanced Practice

**Marcia Spear, ACNP-BC, CWS, CPSN**

It appears change is eminent for Nurse Practitioners. The Institute of Medicine in 2003 published a report that stated doctors, nurses, pharmacists and other health professionals are not being adequately prepared, and they called for an increase in preparation for health care professionals (<http://www.iom.edu/?id=12749>). In 2004, the American Association of Colleges of Nursing (AACN) made a recommendation that all nurses seeking to be credentialed as a nurse practitioner earn a Doctorate of Nursing (DNP) degree (<http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>). The National Organization of Nurse Practitioner Faculties (NONPF) also endorsed this recommendation. The phase-in date is 2015. This degree requirement has caused much concern, controversy, discussion, and even conflict within the NP community and other healthcare disciplines including the American Medical Association.

The DNP is a clinical degree intended to prepare nurse practitioners for delivering quality health care that matches the needs of today's population. As of January 2009, approximately 80 schools are offering a DNP program with over 200 more preparing to start a program (Ford, 2009). In 2006, the AACN published "The Essentials for Doctoral Education for Advanced Nursing Practice". This document outlines the program requirements which all DNP programs must adhere to in order for their graduates to be eligible for certification (Ford, 2009). In addition, "the essentials" aid to ensure that DNP programs provide sufficient clinical content and are consistent across schools (Ford, 2009). In the future, nurses will prepare for the NP profession by entering a 3-year doctoral program. Each program requires a project for graduation that is focused on system-level health care management. The DNP will also be the educational requirement in the three other advanced practice nursing roles: nurse midwife, nurse anesthetist and clinical nurse specialist (Ford, 2009).

The grandfathering in of Masters prepared nurse practitioners will be a challenge and may be determined state by state. Of course, many Masters prepared nurse practitioners may decide to earn a DNP degree. The impact that this transition will have on health care is left to be determined. It will be interesting to see this change in landscape and how it will be received in the medical community and the impact it will have on the delivery and outcomes of health care. More education can and should be considered a good thing.

## References:

<http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>, accessed 3/2/2009

Ford, J. (2009). The Doctorate of Nursing Practice. *Advance for Nurse Practitioners*. 17(1): 31-38.

<http://www.iom.edu/?id=12749>, accessed 3/2/2009

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## CPSN Corner

**Sheri Levin, RN, BSN, CNOR, CPSN**

PSCNB board member

Just a reminder that as a certified plastic surgical nurse, it is YOUR responsibility to be aware of when your certification is due to expire. Renewal packets may be downloaded from the website [www.aspsn.org](http://www.aspsn.org); click on the certification link. You may also contact the National Office by telephone or e-mail for a renewal packet. Yes, reminders are sent, but in the end it is your responsibility to submit your application when it is due. Thank you for your attention to this matter! Have a great summer!

# Surgical Patients and Pressure Ulcers

Robert B. Dybec, RN, MS, CPSN, CNOR

In October of 2008 the Centers for Medicare and Medicaid Services (CMS) announced that they would no longer reimburse hospitals for the treatment of new pressure sores in Medicare patients. Since then hospitals across the United States took a hard look at what initiatives they currently had in place to identify, prevent and treat pressure ulcers. Pressure ulcers occur in approximately 15% of general acute care patients and are caused by pressure, shear force and friction, or some combination thereof; however, moisture, oxygen deprivation, elevated temperatures and sensory impairment are also important factors.

As hospitals look at their statistics on Hospital Acquired Pressure Ulcers (HAPUs), a new focus is turning towards the surgical patient population and the realization that a certain percentage of these patients may be developing O.R. Acquired Pressure Ulcers (ORAPUs). ORAPUs are the result of what perioperative staff is doing, or in some cases not doing, to properly position and pad patients undergoing a surgical procedure.

## Important Points

- AORNs Recommended Practices for Positioning the Patient in the Perioperative Setting (January 2009) is an excellent resource for perioperative nurses regarding the positioning and padding of patients having surgery.
- The two most common factors related to the potential for injury in the operating room have been identified:
  1. The age of the patient
  2. The length of time on the operating room table
- Research and studies have shown that the standard foam O.R. table mattress does nothing to relieve or reduce pressure and may actually increase the risk of injury to patients. It is recommended that O.R. table mattresses be upgraded or a viscoelastic polymer overlay be used to reduce the risk of injury to patients. This is especially true if your mattresses are old and worn.
- The padding and positioning devices we use in the O.R. should provide pressure relief, reduction and redistribution. According to AORN these devices need to maintain a normal capillary interface pressure of 32mm Hg or less. The products you use should be clinically proven to be effective and supported by documentation and research from the manufacturer. Be wary of pressure mapping studies which are not standardized, regulated and are rarely repeatable. Many companies will make claims about their products based on these in-house studies.
- Pre-operative assessment is crucial in determining the pre-existence of possible Stage I and suspected Deep Tissue Injuries (DTIs) in patients having surgery. Perioperative nurses are encouraged to learn more about pressure ulcers and their staging. The National Pressure Ulcer advisory Panel (NPUAP) has an excellent website ([www.npuap.org](http://www.npuap.org)) where nurses can see and learn about identifying, preventing and treating pressure ulcers. The Wound Ostomy and Continence Nurses Society is another great resource for nurses looking to obtain more information about pressure ulcers ([www.wocn.org](http://www.wocn.org)).

It is important for perioperative nurses to become proactive in reducing the risk of ORAPUs and provide a safer environment for surgical patients with improved post-operative outcomes.

Robert Dybec is the Operating Room Nurse Manager at Winthrop-University Hospital Mineola, NY.

## Resources:

Parish LC, Witkowski JA. Controversies about the decubitus ulcer. *Dermatol Clin North Am.* 2004;22:87-91.

National Pressure Ulcer Advisory Panel. Pressure ulcers in America: prevalence, incidence and implications for the future. *Adv Skin Wound Care.* 2001;14:201-215.

Department of Health and Human Services, Centers for Medicare and Medicaid Services. Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009. Published April 30, 2008. Available at: <http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=4&sortOrder=descending&itemID=CM51209719&>.

*(continued on page 6)*

## Surgical Patients and Pressure Ulcers *(continued from page 5)*

The Joint Commission. National Patient Safety Goals 2008. Available at: [http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/08\\_npsg\\_facts.htm](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/08_npsg_facts.htm)

Black J, Baharestani M, Cuddigan J, et al. National pressure ulcer advisory panel's updated pressure ulcer staging system. *Urol Nurs.* 2007;27:144-150

AORN Standards and Recommended Practices for Positioning of the Patient in the Perioperative Setting. Association of Perioperative Registered Nurses, Denver, CO, 2008

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## Aesthetic Lines

**Marilyn Cassetta, RN, BScN, CPSN**

We all know that most of our patients are experiencing some financial pressure at this time. Instead of offering obvious discounts or bring-in-a-friend type specials, why not try a fresh approach and offer something a little more creative.

After a brainstorming session at one of my busier practices, we thought we would take advantage of the popularity of several makeover type television shows and create makeover packages that include a little of this and a little that. You might include an IPL, a Pro-Fractional, a Muscle Relaxer, a Dermal Filler, a Facial, or a Microdermabrasion, or any combination of the above.

Catchy names for these packages can reflect the cost/complexity factor. Here are a few examples starting from minimal to full-on:

*Stop the Clock:* 1 IPL, 1 Botox

*Turn Back Time:* 1 IPL, 1 Dermal Filler

*Madonna Makeover:* 1 IPL, 1 Muscle Relaxer, 1 Dermal Filler

*Six Weeks in the Bahamas:* 1 Pro-Fractional, 1 Muscle Relaxer, 1 Dermal Filler

*Ten Years Younger:* 1 Pro-Fractional, 1 Muscle Relaxer, 1 Dermal Filler, and an Upper or Lower Eyelift

Perhaps by taking 20% off the individual prices, adding that up, and offering a total package price, your patients might be inclined to try a treatment that they had not considered previously. Offering only one of each of the procedures selected for that particular package may entice your patient to want to purchase additional treatments later, at full price.

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## ASPSN Tennessee/Alabama Chapter

The annual meeting for the TN/AL Chapter of ASPSN will be held August 1, 2009 in Huntsville AL. This is our 11th year for this well attended meeting. We are well known for great topics and tons of door prizes! The "Rocket City Gala" Saturday meeting will be held 8am-5pm at the Huntsville Hospital Corporate University. Contact Mary Ann Enlow at [maryann@dyacosmeticsurgery.com](mailto:maryann@dyacosmeticsurgery.com) for more information. **SAVE THE DATE!!**



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