ASPSNEWS

AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC. DECEMBER 2009

2
Editorial
3
Scientific Sessions Update
3
Newsletter Update
4
Liposuction May be an Alternative to Implants
4
Treasurer's Update
6
I Came Away with *Pearls*
6
2009 *Plastic Surgical Nursing* Writing Award Recipients
7
Save the Date
7
Membership Plan Changes
8
Aesthetic Lines
9
Wound Consult Follow-up
9
What is Your Niche?
10
Looking for a Chapter?

The ASPSN National Office sends out frequent e-mail communications with information relevant to your practice needs. Do we have your current e-mail address? If we do, you will have received this newsletter by e-mail from the national office. If you did not receive the newsletter through e-mail, please log onto the ASPSN website and update your profile.

From the Boardroom

Well, I am finally rested from the awesome convention in Seattle, which provided wonderful speakers and great networking opportunities. For every meeting I attended, I came back with renewed enthusiasm for ASPSN. I tell anyone who will listen that because of ASPSN, I have the best of friends from all over the country (and a few outside the country). My favorite thing about a convention is that I always make new friends. Now, I certainly missed my friends who weren't able to attend, and I am thankful to keep in touch with them through email and cell phones.

Never before have I experienced a more cohesive relationship with ASPS as I did in Seattle. Dr. Canady, 2009 ASPS President, took time to attend our Board of Directors meeting to ask what ASPS can do for the nurses. We gladly shared our ideas with him, and clearly he sent the message to his staff to include ASPSN attendees in many of their functions. I felt very privileged to have a few moments at their opening ceremonies sharing information about our organization. I have been asked to share my comments in the newsletter for those who could not attend.

"On behalf of the American Society of Plastic Surgical Nurses, I thank you for the opportunity to be a part of your opening ceremonies. Here in Seattle, ASPSN is celebrating its 35th year of offering educational opportunities for the plastic surgical nurse. I chose the theme of our symposium this year: Plastic, Reconstructive and Aesthetic Nursing: Collaborating through ASPSN. Collaboration has become my new favorite word. The leaders of ASPS and ASPSN have committed to collaborating on many issues, now and for the future. In addition to sharing exhibits, we look to further integration of our meeting space and educational programs. In case you haven't noticed, we have been in the same city at the same time for the last 35 years! Only recently has there been a bond between us, as it should be.

At the ASPS summer board meeting in Chicago, we worked together in strategic planning sessions identifying issues that we all face in the workplace, no matter what state the economy is in. Similar to physicians, nurses strive for certification that signifies a higher skill level in their chosen nursing specialty. ASPSN proudly recognizes the 20th anniversary of the Certified Plastic Surgical Nurse (CPSN) examination. Our organization advocates the board certified plastic surgeon, and in return we ask that beside every board certified plastic surgeon there should be a certified plastic surgical nurse. I ask you to support your nurses, provide them ASPSN membership and encourage certification. A true collaboration has begun!"

As I enter the second year of my term as ASPSN President, I invite you to explore this remarkable organization and make some of the best friends you will ever have!

LuAnn Buchholz, RN, CPSN
ASPSN President, 2009-2010

Editorial

Haley Wood, MSN, WHNP

As I flew home from Seattle, I felt honored to be a part of a community of nurses, who collectively touch the lives of their patients in so many ways. Each day, we work in our own specific areas of plastic surgery and forget, at least I do, of the vastness of our specialty. Not only do we increase self esteem in patients undergoing cosmetic procedures, but we also maintain airways in those small pediatric patients who suffer from craniofacial anomalies. We are truly blessed to be a part of medicine that creates beauty in more ways than one!

I challenge you to find just one plastic surgery nurse in your area who isn't a member of ASPSN. They are out there, and we must reach out to them. Send a handwritten note to a fellow practice and introduce yourself. Within your note, print off this newsletter or print off the homepage of our organization, and tell them that there are resources for plastic surgery nurses, if they ever need support. Within this newsletter, I have written a short letter that I am sending to a nurse in another practice in my town. I don't know her, but hopefully, she will know that we are a community of nurses who are passionate about our career choice, plastic surgery!

Sample Introduction Letter

Dear Michele,

As a fellow plastic surgery nurse in Franklin, Tennessee, I wanted to reach out to you and introduce myself. I currently work for Dr. John Moore at Cool Springs Plastic Surgery.

Recently, I attended a convention for plastic surgery nurses in Seattle, given by the American Society of Plastic Surgery Nurses, ASPSN. There were continuing educational credits available and great opportunities to network with other nurses in our region and nationally. The professional and personal relationships I have gained through this organization are invaluable.

Nashville is lucky to have a journal club! I will let you know when our next meeting will take place. It is usually held at a local restaurant and sponsored by one of the reps! It's a fabulous way to unwind at the end of a busy clinic day, meet other plastic surgery nurses and discuss an article that has significance to our practices!

My email is haleyjohnstonwood@gmail.com and my office number is 771-7718. Please feel free to contact me at anytime!

Warmest regards,
Haley Wood, MSN, WHNP

American Society of Plastic Surgical Nurses

Board of Directors 2009-2010

President
LuAnn Buchholz, RN, CPSN
Manager
Vanderbilt University Medical Center • Nashville, TN
luannrncpsn@comcast.net

President-Elect
Sharon Fritzsche, MSN, RN, FNP-BC, CPSN
Plastic and Reconstructive Surgery
Family Nurse Practitioner
LLUMC • Loma Linda, CA
sfritzsche@roadrunner.com; sfritzsche@llu.edu

Treasurer
Debby Booth, RN, CPSN
Case Manager
Vanderbilt Medical Center • Nashville, TN
debby.booth@vanderbilt.edu

Director
Robert Dybec, MS, RN, CPSN, CNOR
Nurse Manager
Winthrop University Hospital • Mineola, NY
RobRNCPSN@aol.com

Director
Georgia Elmassian, M.A., RN, CPSN, CFLE
Plastic Surgery Nurse Consultant
and Educator
East Lansing, MI 48823
missgme@comcast.net

Director
Sue Kunz, BS, RN, CPSN
Roger C. Mixter, MD • Milwaukee, WI 53217
skunzcpsn@aol.com

Director
Marcia Spear, APRN-BC, CPSN, CWS
Nurse Practitioner
Department of Plastic Surgery
Vanderbilt University Medical Center • Nashville, TN
marcia.spear@vanderbilt.edu

Executive Director
Jon Dancy
ASPSN National Office • Pensacola, FL
Work (850) 473-2443 • Toll Free (800) 272-0136
Fax (850) 484-8762
jon.dancy@dancyamc.com

Mailing Address
ASPSN National Office
7794 Grow Drive
Pensacola, FL 32514

Scientific Sessions Update

Georgia Elmassian, M.A.,RN, CPSN,CFLE
2009 SSPC Chair

The 35th Annual ASPSN National Convention held in Seattle, WA was a wonderful success! The three track system was widely accepted, and I am happy to report well received. Thanks to the professional acumen of Jill Jones, RN, CPSN and Dawn Sagrillo, BSN, CPSN, the full spectrum of the *Aesthetic Track* was a huge draw for our convention attendees. Kudos to Jill and Dawn for the amazing job they did in implementing such an outstanding educational track.

The meeting's didactic opportunities this year were wide-ranging and plentiful. We learned about the value of canine therapy to the efficacy of hypnosis and relaxation techniques in reducing preoperative anxiety. We were given the essential tools for successful networking and positive thinking. We came to understand the importance of environmental and contextual factors, and how they influence the whole family as well as the individual patient during surgery and treatment of care.

From pediatric to adult patients, learned experts reinforced how reconstruction can vastly improve not only the physical nature of patients, but their psyche as well. We even had a couple of physics lessons during lecture! We also witnessed actual facial rejuvenation, and came to recognize protocol and treatment options for neurotoxin complications. In addition, the poster exhibits were diverse in subject matter and pertinent to our specialty.

While attending the Seattle convention, our society members dug deep into their pockets. At a time when the national unemployment rate is at an all time high, and some of us even wonder if we will have a job tomorrow, the amount of monetary contributions to *New Beginnings* Shelter was heart warming. Again, we express our thanks to the ASPSN Western Washington Chapter for seeking out this safe haven for women and children of domestic violence. We are very grateful to the participating convention attendees for their generosity in providing extra resources for this shelter.

No convention would be complete without a Marena soiree. This year the Marena group rocked and danced our bobby sox off! What fun we all had! We are deeply thankful for Marena's continuous kindness and good will to the ASPSN.

I know many of you may think it to be too early to initiate your plans for the 2010 ASPSN National Convention. However, next year the convention will take place in Toronto, Canada; therefore, international travel is involved and that means *passports*. Please begin to think about making application for your passport. It does take significant time to process requests, and there is a fee involved at the time of submission. It usually is a 4-6 week turn around time for you to receive your official passport. Most U.S. Post Offices have the necessary paper work. First time applicants must apply in person. Remember to make your plans now. You will save time and money.

Newsletter Update

Starting January 2010, the newsletter will be going to a bi-monthly edition. In order that the newsletters be rich with valuable content, we are making a few changes to enhance your reading pleasure! Each bimonthly edition will continue to have articles submitted by board members; however, a special feature section will be added. The special feature section will highlight an important field in plastic surgery nursing. For example, the January/February edition will highlight craniofacial anomalies. Within the special topic, we will include clinical pearls, new research articles, articles to discuss within journal club, and possibly a great success story. WE NEED YOUR EXPERT HELP to make this endeavor a success. Below, you will see the agenda of special topics. I, personally, ask that if you have anything to contribute, please contact me at Haleyjohnstonwood@gmail.com. A small clinical pearl you have learned throughout the years, a pertinent rule of thumb guideline, or a great success story you have to share are all wonderful ways to enhance our newsletter!

In addition, we are adding a great new column featuring board members and other members who contribute to our society! The member will answer a few interview questions and submit a friendly photo. It's nice to tag a face with a name!

2010 Newsletter Special Feature Agenda:

Jan/Feb: Craniofacial anomalies

March/April: Noninvasive rejuvenation techniques incl. neurotoxins, fillers, lasers, chemical peels

May/June: Hands, Wounds/Burns

July/Aug: Breast augmentation and reconstruction

Sept/Oct: Pediatric issues

Nov/Dec: Body contouring

Study Shows Liposuctioned Fat May Be Alternative to Breast Implants

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

One of the "hot topics" that came out of the recent ASPS meeting in Seattle was the issue over the safety and effectiveness of using autologus fat injections as a means of breast augmentation.

Insufficient research in this area had previously led to much speculation that fat grafts to the breast could possibly calcify, be mistaken for cancerous growths, obscure mammograms, or even be reabsorbed. But a study, just released by Dr. Roger Khouri and presented at the ASPS meeting in Seattle, describes how this procedure may indeed be a viable option for women.

Using modern breast imaging technology including MRI scans and mammography, Dr. Khouri and his team studied 50 women from the ages of 17-63, who had a total of 55 fat grafting procedures to their breasts. The patients were required to wear an external tissue expansion device, similar to a bra, ten hours per day for four weeks prior to the surgery and again after surgery. This device would initially help in making space for the grafts and then help to increase the survival rate of the grafts post-operatively.

Long term follow up averaged 3 years (9 months - 5 years) and there was an average graft survival of 85%. The patients were pleased with both the natural feel of their breasts as well as the improved appearance of the liposuctioned areas. The fat grafting did not obscure mammography and showed no suspicious breast masses, nodules or other lesions that might interfere with cancer detection. The radiologist reported that there was no difficulty in interpreting any of the studies.

Changes in breast volume correlated with BMI fluctuations, and poor compliance with the expander device did impact on outcomes regarding breast volume, which showed an average increase of 210ml at 6 - 12 months. Fat necrosis was reported in 18% of the study group, but the one year mammogram identified them all.

The authors feel that with the high success rate, the natural feel and aesthetic appearance, and the ability to perform the procedure in 1.5 hours, this can be an alternative to implants for breast augmentation.

Reference:

Khouri, R., "Autologus Breast Augmentation with Liposuctioned Fat: A Fifty Patients Prospective Study Over Five Years". Presented at the ASPS Convention, October 24, 2009, Seattle, WA.

Treasurer's Corner Update

As you are aware, we have just returned from another successful conference in Seattle. The budget last year was planned with a decrease in attendance due to the difficult economic times. Our conference is a big percentage of our revenue for the fiscal year, along with our membership. I will be able to give you the financial numbers in our next newsletter as they have not been finalized.

This is the time of year that I will be working closely with our management firm to project and approve a conference budget to be incorporated in our operating budget. As treasurer, I have learned our hotel contracts are negotiated several years in advance by our management firm, along with the Board's approval. It is necessary for us to project the number of blocked rooms. The amount of rooms we block impacts the number of rooms the hotel allows for board meetings, general session, and concurrent sessions. We pay attrition for the rooms we do not fill as projected in the block. If you are paying your own expenses for the convention, it is understandable that you want to stay at the most economical hotel for your budget. As members of the ASPSN, we want to support our organization when possible, and there is no greater way to do so than by booking your room at the convention hotel.

As the economy is slowly recovering, we are optimistic that we will have good attendance at the 2010 meeting in Toronto. So, get those passports ready and start making plans to attend the convention next year. Your Scientific Planning Committee is already at work putting together another fantastic educational program.

It is always so gratifying at convention to network with your colleagues, make new friends, and welcome the new members to our society. We can keep our organization strong by renewing memberships and focus on recruiting new members. Our growth and security is deeply rooted in the commitment of our members and the development of new talent. I wish you a safe, happy and blessed holiday season.

She'll Start on the Web. Get Her Kit. And Look For You.

Includes $170 in Rebates!

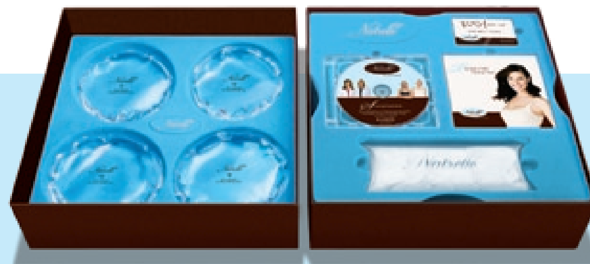
The *Natrelle*® Pre-Consultation Kit is offered right where women research their breast augmentation options – on the web. It delivers the answers they look for, all in one place. All with the Surgeon in mind.

Valuable and complete, her purchase of the *Natrelle*® Pre-Consultation Kit motivates her for a consultation. Now she can explore her procedure goals through an elegant at-home approach, featuring a beautiful set of trial implants and sizing bra. And valuable incentives offset her cost. Each kit comes with a $50 patient rebate for her *Natrelle*® gels and more than a $100 in savings for her on BOTOX® Cosmetic (Botulinum Toxin Type A), JUVÉDERM® and LATISSE™ (bimatoprost ophthalmic solution) 0.03% treatments.

Join Allergan for this extensive consumer program to bring new patients into *Natrelle*® implant practices.

Are you on Natrelle.com?

The *Natrelle*® Pre-Consultation Kit. Bringing motivated patients to Surgeons listed on Natrelle.com.



GO CREATE

©2009 Allergan, Inc. ® and TM marks owned by Allergan, Inc
JUVÉDERM ® mark owned by Allergan Industrie, SAS
MDOC-03372-01

I Came Away with *Pearls*

Sue Kunz, BS, RN, CPSN

WOW! What a great convention! There was so much good information. It was wonderful to see old friends and meet new ones. Let's keep the energy flowing. Now is the time to start thinking about presenting next year in Toronto.

I would like to follow up with a few "pearls" from the meeting. In a few sessions, the problem of smoking came up; in our office, if we suspect that a patient has been non-compliant with the no smoking instructions, we do a urine test with a Cotinine Test Device. Cotinine is the first stage metabolite of nicotine. The window of detection for cotinine in urine at a cutoff level of 200ng/ml is expected to be up to 2-3 days after nicotine use. There are numerous companies that provide the tests, Google "Cotinine" for further information. We also utilize the following "smoking consent" form:

Smoking is a very serious concern when one is undergoing surgery. Nicotine causes poor wound healing because less oxygen is getting to the blood and less blood gets to the tissue.

I have been informed of the risks of smoking.
_____ **I have not smoked in the past three weeks.**
_____ **I have been smoking during the past three weeks.**
Amount:___________________________________

By signing below, I,___________________________, certify that the above information is true and complete. Furthermore, I acknowledge that any omission of information can have an adverse affect on me, and I accept full responsibility for all consequences.

Signature____

Date____

Witness____

Date____

Physician____

I attended some other sessions, and the following are the other "pearls" of information that I picked up.

- FOSAMAX can cause osteonecrosis of the mandible.
- METFORMIN has a "Black Box" warning: can cause lactic acidosis and should be discontinued prior to surgery.
- The FDA requires "MEDICATION GUIDELINES" for BOTOX and BOTOX Cosmetic to be given to any patient receiving these medications. Ask your Allergan representative for a tablet of Medication Guidelines.

What "pearls" did you learn? Please send your "pearls" to Barbara Callan at barbara.callan@dancyamc.com

2009 *Plastic Surgical Nursing* Writing Award Recipients

Candise Flippin, RN, MS, CNOR
Editor-in-Chief, *Plastic Surgical Nursing* Journal

What the Patients and Parents Do Not Tell You - Recollections From Families Following External LeFort III Midface Distraction

Hopper, Richard A.; Aspinall, Cassandra; Heike, Carrie; Andrews, Monica; Sittler, Bay; Saltzman, Babette; Ose, Marsha

Plastic Surgical Nursing. *29*(2):78-85, April/June 2009.

Motivating Factors for Seeking Cosmetic Surgery: A Synthesis of the Literature

Haas, Cynthia Figueroa; Champion, Angela BSN; Secor, Danielle BSN

Plastic Surgical Nursing. *28*(4):177-182, October/December 2008.

Breast Augmentation Motivations and Satisfaction: A Prospective Study of More Than 3,000 Silicone Implantations

Gladfelter, Joanne; Murphy, Diane

Plastic Surgical Nursing. *28*(4):170-174, October/December 2008

The Journal recognizes the following members for their commitment and contributions during 2008-09:

Marcia Spear, ACNP_BC, CPSN, CWS – Editorial Board member, Wound Care Management Department contributor and solicitation of manuscripts

Rachelle Springer, MS, ARNP, CS, CPSN, LHCRM– Editorial Board member, Taking the OR to the Office Department contributor and solicitation of manuscripts

Kathleen Catalano, RN, JD, FHIMSS – Legal Department contributor

Save The Date

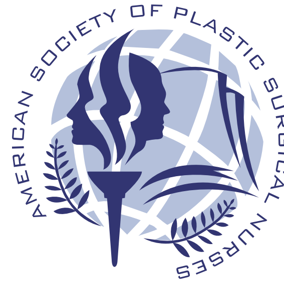
7th Annual Aesthetic Symposium of the American Society of Plastic Surgical Nurses

The annual aesthetic symposium of the American Society of Plastic Surgical Nurses will be held in conjunction with the American Society of Aesthetic Plastic Surgeons annual meeting on Saturday, April 24h and Sunday, April 25th at the Gaylord National Hotel and Convention Center, National Harbor, MD, outside of Washington DC.

Reservations can be made through the ASAPS website starting in January, 2010 at www.surgery.org/meeting2010 or by contacting the hotel directly at 301-965-4000.

For questions contact marcia.spear@vanderbilt.edu or suekunz@att.net.

We hope to see you in D.C.



ASPSN Announces Two Membership Plan Changes

1. There is no longer a student category. ASPSN currently has seven student members. When it is time for them to renew, they will need to renew as regular members.

2. There is now a retired plan. The cost of the plan is $75.00 and the duration is one year. The plan description is as follows:

   a. Retired Members are Regular Members who have reached the age of 65 or have retired from practice in plastic surgical nursing. Retired Members shall have full privileges of ASPSN membership.

Step 1:
Kick back in your favorite armchair
and prop up your feet.

Step 2:
Start up your laptop and enjoy
free CME/CE at www.**ieaesthetics**.com

World-Class Aesthetic Education

Aesthetic Lines - Bruise News

Marilyn Cassetta, RN, BSN, CPSN

Every Aesthetic Nurse Specialist cringes just a bit when administering a dermal filler or muscle relaxant, and a blood vessel is nicked. A BRUISE is born!

We all know not to treat a bride less than two weeks before her wedding, don't we? However, there will always be ensuing situations and stories when, against your better judgment, you defy the odds and proceed. There was the time I treated my sister-in-law just two days before her wedding - need I elaborate on that one?

There are many points to consider in regard to minimizing the potential for bruising prior to treating your patient, and there are some helpful hints on how to treat the bruise, after it has happened.

1. Become an expert in the anatomy of the face. Knowing where nerves and vessels are located is equally as important as knowing which muscle is where and what it does. "Avoiding major arteries, staying in the appropriate (tissue) plane, and using proper injection technique can help to avoid bruising," states Steven Williams, SF Bay Area Plastic Surgeon.

2. Become an expert! Perfect your technique. My personal mentor of excellence Dr. Arnold Klein states, "I typically take about an hour to treat an entire face, whereas many of my colleagues do this in 15-20 minutes. The faster the doctor injects, the more likely he or she will cause a bruise. I also inject very gently, making sure not to force the product into the skin. Many, if not most, doctors force it into the skin; again, there is a greater likelihood of bruising with this technique."

3. Offer ice in the form of icy poles (children's treats), ice cubes in gloves, or the like, prior to treating the area in order to vasoconstrict and after to minimize whatever bruising and/or swelling may have occurred. Take the patient to another room (if possible), to sit, relax, and ice for 15-20 minutes, before applying make-up.

4. Don't be in a rush. Take your time; by chilling the specific area of the face first and utilizing excellent lighting, you will locate vessels more easily, allowing you to hop, skip, and jump around or under them.

5. Use the smallest gauge needle possible with a particular product: 31 or 32 gauge with a muscle relaxant; perhaps a 30 gauge when using a hyaluronic acid filler to the lips; or a long 27 gauge when augmenting the cheeks, naso-labial folds, or marionette lines (to minimize the number of injections).

6. Additionally, using a numbing and vasoconstricting cream such as Emla, LMX, or a compounded tetracaine prior to treatment not only minimizes bruise potential, but it will offer your patients an almost pain-free treatment.

7. If your patient is an "easy bruiser," try blending 1% Xylocaine (plain) with 1% Xylocaine with adrenaline, that way you'll get the vasoconstricting benefit without the rapid heartbeat when applying your infraorbital or mentalis nerve blocks.

8. Make sure that your patient is comfortable and knowledgeable about the procedure you are about to perform; anxiety and fear may elevate their blood pressure resulting in greater bruise potential. Does your practice offer nitrous oxide for those needle phobic patients, or even soft, relaxing background music in the office?

9. Advise your patients to cease at least a week prior to treatment any blood thinning medications such as aspirin and NSAIDs, healthy oil supplements like fish/omega oils, flax seed, linseed, evening primrose oil and vitamin E, as well as many herbal supplements like garlic, ginko, and ginseng, just to name a few. If they are on warfarin or coumadin, and cannot go off them, ice well before, apply pressure immediately after the treatment, and then apply ice again, after injecting.

10. If and when a bruise does strike, stop and put a bit of pressure on the spot. "An important point is when a bruise develops during injection, quick pressure to the area will limit the bruise and minimize the duration the patient has a bruise," offers Dr. Corey Maas, a San Francisco based facial plastic surgeon. It sounds so simple, but so many patients from other practices tell me that the injector mentioned the bruise, but kept on injecting!

11. Applying creams like arnica montana or a heparinoid the day after to the bruise, several times a day will also assist in the rapid uptake of the bruise.

12. Dr. Harold Kaplan, a Los Angeles based plastic surgeon also suggests using Pulsed Dye Lasers (used to treat rosacea and port-wine stains) to target the hemoglobin in the blood/bruise. He has found that by using the laser the day after an injection procedure, the bruise will generally resolve within 48 hours. Often, when left untreated, some bruises may last 7-14 days.

http://www.realself.com/question/bruising-certainly-risk-how-can-prevent-bruising-restylane-or

http://findarticles.com/p/articles/mi_m0846/is_10_23/ai_n6092055/

http://www.health911.com/remedies/rem_bruis.htm

http://www.realself.com/question/Reducing-Bruising-and-Avoiding-Hematoma-After-a-Facelift-How-to-avoid-bruising-aft

Wound Consult: It May Be More Than It Appears or Different Than What You Are Told

Marcia Spear, ACNP-BC, CWS, CPSN
Amanda Bailey, ACNP-BC, CWS

In the previous issue, we reported a wound consult that was unusual. A fifty-eight year old male presented to the Emergency Department with the chief complaint of black toes. He gave a history of hitting his right foot and noticed that all his toes turned purple. All toes returned to normal except the great and second toe of his right foot. Over the course of the next couple of weeks, both toes turned black and became very painful, but the pulses remained good in the right foot. In addition to the above complaint, he reported "boils" on his right buttock that he had failed to report to the vascular team during the first twenty-four hours of admission and had only mentioned this incidentally. He gave a history of persistence of these abscesses for several months in that they would fill up and spontaneously drain but recur. A wound consult was obtained for incision and drainage of the boils on his right buttock.

On examination by the wound team, there were multiple areas of hyper-pigmented scarred epithelium of the bilateral buttocks and perineum consistent with the patient's history. On the right buttock, there was a lesion that was a centimeter in diameter, which had an irregular wound edge with no visible sinus tract, but purulent drainage could be expressed manually. Just medial to this lesion, there was a slightly elevated pigmented area which was only slightly fluctuant. There was tenderness with palpation. No induration, erythema, or edema was associated with the lesions or adjacent tissues. Both areas were anesthetized with 1% xylocaine with epinephrine and drained. A thick foul smelling murky fluid was expressed. Both areas were packed with packing strips.

At this time on correspondence with the Vascular Service, it was discovered that on CT scan a large rectal mass with surrounding inflammatory changes and cutaneous fistulae to the right buttock concerning for locally invasive carcinoma were seen. A GI consult was obtained. On rectal exam, there was no evidence of fissures, prolapsed or external hemorrhoids. Digital exam revealed an anterior mass at the end of the palpating finger. For further work-up, he was scheduled for colonoscopy and rectal endoscopic ultrasound.

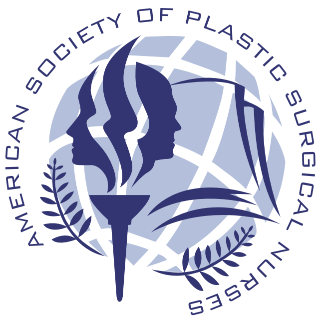
Endoscopic ultrasound was performed. Rectal examination was performed prior to initiating the ultrasound and was notable for a soft, movable mass in the left position and an abnormality in the posterior midline position concerning for fistulous opening. At this point, colonoscopy was performed. Findings with colonoscopy included internal hemorrhoids. In addition, there was a submucosal rectal lesion in the rectum near the anus. No distinct mass was visualized. A fistula was found in the rectum in the posterior midline position.

It was decided that during an exam under anesthesia, rigid proctoscopy be performed. On digital exam, he did have a posterior large fistulous tract in the posterior midline. With anoscopy, the patient was noted to have internal hemorrhoids; however, there were no masses or other abnormalities visualized in the rectum suggestive of cancer. In the posterior midline, he was noted to have a large fistulous tract, which was just superior to his anal sphincter as his internal anal sphincter was clearly visualized. It was also noted on the right side that there were two openings. It was determined that this was a posterior abscess, which had fistulized. A small opening in the posterior anal space was made allowing for connection of the posterior fistula to these other tracts. Using silver probe, a seton was placed in the posterior midline and secured with silk ties. The other two fistulae were opened approximately 5 cm to allow for drainage of these areas. Both of these pockets were packed with quarter-inch packing gauze and sterile dressing applied. A diagnosis of rectal abscess with fistula into the soft tissue of the right buttock was made. The patient was discharged to home with daily dressing changes to his external wounds.

What is Your Niche?

Newsletter topic agenda for January/February 2010: We need your input if craniofacial anomalies is your niche!

Starting in 2010, each newsletter will have an extra plastic surgery focus. New nurses in plastic surgery can learn a touch about an area of plastic surgery that they may not be exposed on a daily basis. The January/February focus will be **craniofacial anomalies**. If you have a clinical pearl, a new research article, journal club article ideas or patient stories you would like to share, please submit to haleyjohnstonwood@gmail.com or barbara.callan@dancyamc.com



AMERICAN SOCIETY OF PLASTIC
SURGICAL NURSES, INC.

7794 Grow Drive
Pensacola, FL 32514

LuAnn Buchholz, RN, CPSN
President

Jon Dancy
Executive Director

Haley Wood, MSN, WHNP
ASPSNews Editor

LOOKING FOR A CHAPTER NEAR YOU?

CALIFORNIA
Southern California Chapter
Judy Akin Palmer
San Juan Capistrano, CA
judyakin@mac.com

INDIANA
Greater Indianapolis Chapter
Diane Horner
Fishers, IN
dianekhorner@comcast.net

KANSAS/MISSOURI
KS/MO Chapter
Karen K. Harman-McGowan
Lawrence, KS
Karen1of2@sunflower.com

MASSACHUSSETTS
New England Chapter
Brenda White
Danvers, MA
bswhite@shrinenet.org

NORTH CAROLINA
Piedmont Chapter
Melba Edwards
Pfafftown, NC
cmelbae@yahoo.com

OHIO
Ohio Valley Society of Plastic
Surgical Nurses
Susan Lamp
Hillard, OH
susan.lamp@osumc.edu

PHILADELPHIA/DELAWARE
Philadelphia-Delaware Valley Chapter
Sheri Levin
Sewell, NJ
sheriblevin@comcast.net

TENNESSEE/ALABAMA
Tennessee/Alabama Chapter
LuAnn Buchholz
Franklin, TN
luannrncpsn@comcast.net

WASHINGTON
Western Washington Chapter
April Thomas
jamesthomasclan51238@msn.com

WISCONSIN
Wisconsin Chapter
Cynthia Leu
Iron Ridge, WI
Cindyl@plasticsurgerydoc.org

If you would like information on starting a local ASPSN chapter, please contact Megan Menth, Chapter Services Specialist, at megan.menth@dancyamc.com