

Society of Otorhinolaryngology  
and Head-Neck Nurses, Inc.



## PRESIDENT'S MESSAGE

The 31<sup>st</sup> Annual SOHN Congress and Nursing Symposium was a huge success. 425 nurses registered for the conference that spanned 5 days. The presentations were informative, professional and confirming of why I chose ORL as a specialty. I received positive comments about the hospitality packets that our chapter provided to each of the attendees. Each packet contained a sample of Old Bay seasoning and 2 recipe cards. I want to thank my children Nicholas and Alex who helped stuff, seal and label the 450 packets. I couldn't have done it without them. I also want to thank McCormick for providing the recipes and Old Bay samples. Although we did not win the chapter excellence award, some of our members were acknowledged for their contributions to SOHN. Linda Clark is the most published author with 27 articles being published in the 25 year history of the SOHN journal. Sue Rudy had the most cited article (30 times). Karen Ulmer and Joyce McAdoo received their Amethyst pins for the amount of their monetary contributions to SOHN. And we even picked up a few new members along the way!

Carol Maragos, MSN, CRNP, CNOR  
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## Welcome New Members

Elizabeth J Hand, RN  
Potomac, MD  
Betsy Czek

## WELCOME NEW MEMBERS

We are now 47 members strong, up 9 members from last count!  
Please join us in welcoming:

*Elizabeth C. Alpano, BSN, RN, Greenbelt, MD*  
*Nancy L. Burgett, MSN, CRNP, Fairfax, VA*  
*Betty A Cek, LPN, Lebanon, PA*  
*Barbara B. Gottschalk, MSN, CRNP, Phoenix, MD*  
*Mandi Hickman, RN, Pocahontas, IL*

## **FUTURE MEETING DATES 2008**

**January 9 – Johns  
Hopkins Hospital  
With CEU's**

**March 12 – GBMC  
with CEU's**

**April 8 -  
Business/Dinner  
meeting – TBA**

**June 11 – DC – TBA  
with CEU's**

**October 8 – Johns  
Hopkins Hospital  
with CEU's**

**November 12  
GBMC  
With CEU's**

Editor  
Carol Maragos

## **32<sup>ND</sup> ANNUAL CONGRESS AND NURSING SYMPOSIUM**

Start planning now for the next National SOHN meeting, to be held September 19-23, 2008 in Chicago, Illinois. Please visit the SOHN website for more details, [sohnnurse.com](http://sohnnurse.com).

### **CONGRESS TALK HIGHLIGHTS**

In this and the next newsletter, the members who attended congress with monetary help from SOHN will each contribute an article about one of the lectures they attended at Congress.

#### **Radiology Update: What's new for ORL Nurses - presented by Laurie A. Loevner MD and Nicole C. Holland, MSN, CRNP**

This was a great talk that started with the NP giving a brief overview, and then Dr. Loevner discussing the various radiology applications for head and neck disease. Thyroid glands are best viewed with ultrasound that can be performed in the hospital and/or office. Nodules can appear as cystic, solid, or the combination of the two. Evaluation of the nodule entails looking at the size, shape, nodal border and presence of calcification. A normal sized nodule is less than 1 cm. A malignant nodule is round while a normal nodule is oval and flat. Metastatic nodules are well defined. Fatty hilum is normal, but usually absent in the presence of metastasis. Concerning echogenicity, metastatic nodules are hypoechoic while papillary thyroid cancer (PTC) appears as hyperechoic. Necrosis may appear in metastatic nodules, and calcification is seen in > 50% of metastatic papillary thyroid cancer (PTC). Complications of fine needle aspiration (FNA) include: bleeding/hematomas, pain, nerve damage, vasovagal response, and penetration of large vessels. When assisting with FNA, you should document the following: size of the probe, positioning of the patient, needle size and # of passes made. The role of the radiologist is to determine presence of tumor, determine the extent (imaging changes staging in >50% of T2-T4 cancers), and assess distance metastasis. Referrals to radiologists should be for CT guided FNA, incidental mass, inconclusive cytology, deep masses and radiated necks to determine if its cancer vs scar. She then went on to discuss how she performs CT guided FNAs.

Carol Maragos

## CONGRESS TALK HIGHLIGHTS CONTINUED

### **The Spin on Vertigo**

**presented at SOHN 9/17/07 by Dr. Richard Chole, Md, PhD**

I found this talk very useful. I will give a brief synopsis of what I learned. There are many types of dizziness. Only a few come from problems with the inner ear. Vertigo, an illusion of motion, is a sensation characteristic of inner ear disease. Benign paroxysmal positional vertigo (BPPV) is a sensation of spinning associated with position changes and lasting only seconds to minutes after getting up or lying in bed or turning over. This is caused by small crystals (otoconia) which get dislodged and enter the semicircular canals. Vertigo lasting 30 minutes to 24 hours is often caused by Meniere's disease. This is part of the triad of tinnitus in the affected ear, fluctuating hearing loss (often low frequency), and vertigo. In 5% of patients both ears are affected, though more commonly one ear is affected..

In 70% of patients, treatment of Meniere's disease can be achieved by following a low sodium diet( 1500 mg a day), eliminating caffeine, alcohol and cigarettes and with a diuretic such as Dyazide (avoid in those with Sulfa drug allergy). Intratympanic Dexamethasone injection may be useful in controlling symptoms. A more drastic treatment is intratympanic Gentamicin therapy. Gentamicin therapy will effect complete control in 90% of patients. It is important to differentiate between Meniere's disease and other causes of vertigo such as viral labyrinthitis(vertigo lasting 24 hrs to 1 week without hearing loss) and the vertigo associated with central causes such as a CNS dysfunction or tumor. CNS linked vertigo usually lasts more than a week.

Barbara Gottschalk