Reflections

When I immigrated to Australia I experienced many new challenges both personally and professionally. I had worked in Neuroscience Nursing during my career in Canada so becoming a member of ANNA was a logical step. What I found when I joined were colleagues who shared similar experiences to me and understood the challenges involved in the speciality. I learned much from those early ANNA conferences I attended and it also gave me the opportunity to make connections that I maintained throughout my career. ANNA also provided me with leadership opportunities first at the State Level and then as ANNA President. That involved someone giving me a bit of a push to go for the position! But it was a great opportunity that I am grateful for even though it was a lot of work at the time. ANNA has maintained a strong international presence through involvement in the WFNN thanks to some members who had the foresight to understand the importance of establishing those relationships. Being able to interact with nurses from Europe, Japan, North America was such a privilege. So if I was to sum up my relationship with ANNA in one word it would be that it was a privilege.
Jeanne Barr

This was my Neurosurgical Life

I retired from nursing in November, 2005, having worked at the Royal Children's Hospital, Brisbane for 35 years. During this time I was in Charge of a 35 bed ward which housed neurosurgical, orthopaedics and ophthalmology patients. The title “Charge Nurse”, changed to “Nurse Practice Co-ordinator”, and then to “Nurse Unit Manager”. My prime interest was orthopaedics, my knowledge of neurosurgery was very limited, I felt very inadequate. The Neurosurgeons were wonderful people to work with, they took me and taught me, never once did they put me down. The more I learned the more I wanted to know. Royal Brisbane Hospital had a unique neurosurgical unit; a specialist neurosurgical theatre was attached to a specialist neurosurgical intensive care. All paediatric neurosurgery was undertaken in this unit. Patti Cay was in Charge of the theatre, she was a wealth of knowledge, what the doctors didn't teach me Patti did. After approximately 14 years the number of beds in the ward was reduced to 24. Seat belt legislation had significantly reduced the number of children admitted with head injuries and multiple trauma. Rubella immunisation had reduced the number of ophthalmic patients admitted with cataracts. I first learned of the Australasian Neurosurgical Association in 1977, when the Matron of Royal Brisbane Hospital asked Patti Cay to prepare for a meeting as members from ANNA were going to hold their annual meeting at the hospital, after having attended the Neurosurgical Scientific Meeting. It was at this meeting I was asked to form a state branch and accept the role of State Delegate. Neurosurgeons from Royal Brisbane Hospital and Princess Alexandra Hospitals were invited to speak at our meetings which were held

approximately twice a year. In 1984, I was asked to accept the role as President of ANNA. The members who formed the executive were, Patti Cay, Secretary, Wendy Clarke, Vice President and Elizabeth Davies, Treasurer. We joined the neurosurgeons each year at their annual scientific meeting and set aside an afternoon to hold our annual general meeting, one nursing paper was presented at this meeting. The meetings were usually held in a nurses‟ lecture room, attached to a hospital... During my time as President the American Nurses invited me to their meeting in Honolulu, what better venue for a meeting. In 1984 we handed the executive over to Jenny Blundell and Gaye Reeves in Western Australia. I continued as State Delegate until 1999 when Tim O‟Malley accepted the position. Neurosurgical scientific meetings and ANNA meetings provided wonderful learning experiences. Neurosurgical nursing has evolved over my 35 year career. The diagnostic tools of CAT scans and MRI scans have made a huge difference in the treatment of neurosurgical patients. The development of neuroradiology has also improved diagnosis for neurosurgical patients. Prior to CAT scans, invasive procedures were used to make a diagnosis. Hydrocephalus was diagnosed by air ventriculogram, a needle was introduced into the ventricles and air injected which acted as a contrast. The needle was inserted through the fontanelle of babies, while older children required a burr hole. The children complained of bubbles in their head for some days

Lesions of the spinal cord were diagnosed by myelogram with a contrast dye.The Glasgow Coma Scale has made a huge difference to nursing observation and early diagnosis of patients with neurological deficit. Prior to the introduction of the Glasgow Coma Scale, the Children‟s Hospital used a chart which had date, time, level of consciousness, TPR and pupil size and reaction. One tired night nurse wrote, under level of consciousness, “Orientated in time and space!” Everyone has a different perception of size when drawing, which made it hard to determine how large the pupils were. One of the many interesting patients I nursed, I will call Jane. Jane was approximately 9 years old, she was a pedestrian who was hit by a car; Jane's mother was a single parent and a Registered Nurse. Jane was unconscious when admitted and remained so until discharged. She was dystonic and/or opisthotonos, to the extreme that there were occasions when she arched herself over the bed rail and fell out of bed. There were no CAT scans and the Glasgow Coma Scale had not been introduced. Did she have a brainstem injury or a severe axonal injury, what was her diagnosis? There were no Rehabilitation facilities in Queensland for head injured children, so the mother took her home after approximately 6 months. The mother said to me, ”Sister Savill it is easier to look a dead bones than to look at this” Jane's condition had shown very little improvement since her admission; she was still dystonic and responded only to painful stimuli. The mother enlisted the help of the Damon Delacato technique, which involved repetitive patterning of the limbs. The technique was not approved medically, what more could the mother do; there was no other help available. Approximately 6 months later the mother returned to visit the ward with Jane. Jane had a normal gait, she said, “Hello Mr. Butler, Hello Sister Savill and Hello Sister Tan”. While hospitalised she did not make any response when we talked to her, I asked her mother did she tell her who she was coming to see. Her mother‟s reply was, “No, she remembers

you from when you talked to her as a patient". Last I heard of Jane she had grown up and had a university degree. I feel privileged to have been a member of ANNA, to have witnessed the association's development and to have been given the status as "Life Member".
Kind regards,

Lenore Savill

Mary Lomas

Life Member Statement

My introduction to Neuroscience Nursing came in 1978 at Prince Henry's Hospital, 5 South, under the guidance of Ellie Newman-Morris.
A real eye opener to a green New Zealander. I was hooked from the start. I worked there for a year before leaving to travel overseas for 3 months.
I managed to fit in 6 weeks work at The National Hospital for Nervous Diseases in London's Queen Square, in their respiratory unit which dealt with GBS.

I joined ANNA in 1985 following my appointment as Nurse Unit Manager of Neurosurgery/Neurology (5 South) at Prince Henry's Hospital Melbourne.
In that year I had the good fortune to meet my now close friends Jane Henry (Epworth N/S) and Joan Johnson (Epworth Neurol.) at my first conference in Canberra. They informed me that Victoria was going to be taking over the executive that year and that along with Marita Pigden, I was to be part of the line up. Talk about jumping in at the deep end. No computer programs or internet then.

Since then, I have held all offices in the Association apart from treasurer, even doing a stint as Victorian delegate.

I was again part of the Federal executive following the Gold Coast conference. My fabulous colleagues included Barbara Lester, Lynette Wallace, Eithne Mallon and Naomi Winter.
In that era, we managed several annual conferences and a WWFN meeting in Sydney

which was complicated by the Ansett airline collapse.

I have only managed to get to one other WWFN conference which was the 2017 Croatia meeting.

I resigned my position as NUM in 1998 to complete a Diploma of Remedial Therapy. My neuroscience background was of great benefit in my new pursuit and seemed to give my clients a little more confidence in my ability to treat them.

I maintained my neuroscience experience by working part time in the stroke unit at Western Health in Footscray and Sunshine over the following 20 years until my retirement and move back to NZ in 2019.

I am proud and grateful for the recognition of my service to ANNA. Being a member has deepened my Neuroscience knowledge and experience and given me an appreciation for the dedication and commitment of my colleagues. I also got to see an enormous amount of Australia with my intrepid colleague and friend Lynette Wallace.

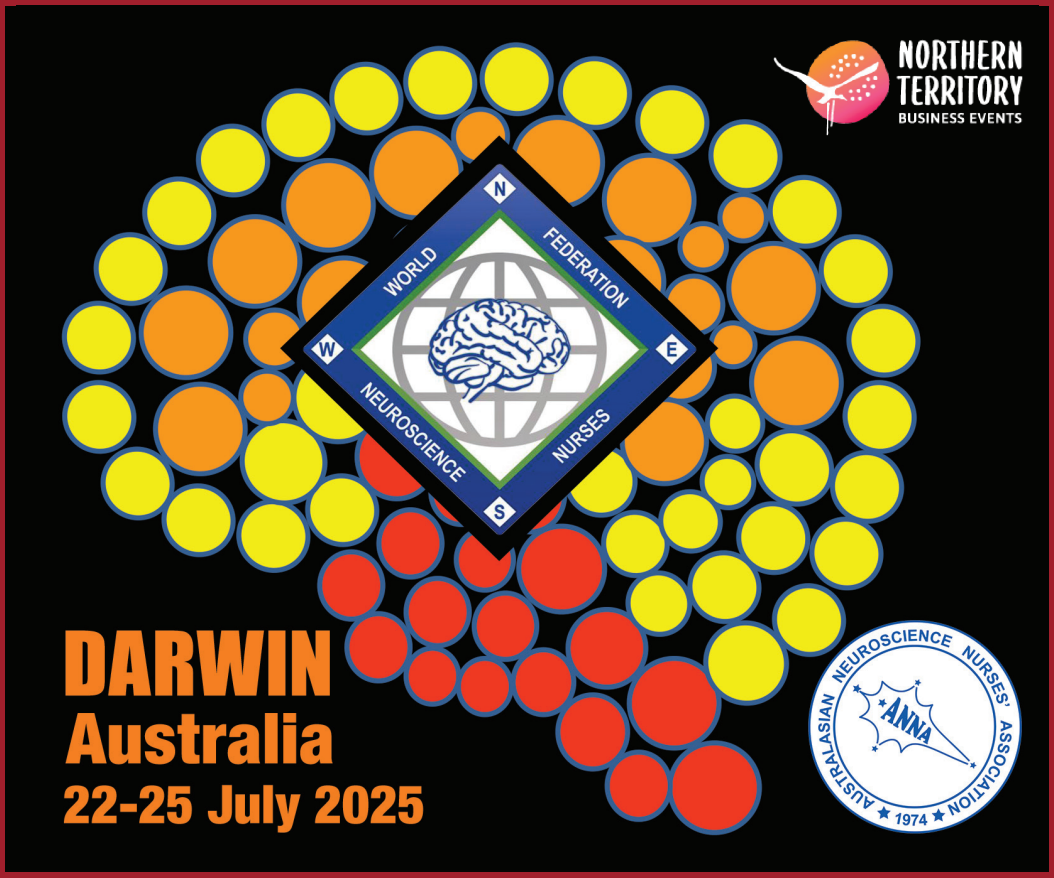
World Federation of Neuroscience Nurses Quadrennial Congress

WFNN 13th Quadrennial Congress

Create – Imagine – Inspire – Discover

Darwin Convention Centre

Darwin, Northern Territory. AUSTRALIA.



Register via link at www.wfnn.org

Abstracts Open: 1st April, 2024
Abstracts Close: 18th January, 2025
Registrations Open: December, 2024

WFNN 13th Quadrennial Congress

Create – Imagine – Inspire – Discover

NORTHERN TERRITORY: The NT is the land equivalent of France, Italy and Spain combined. It's capital city - **DARWIN,** provides the gateway to the region known as the Top End, which includes some of Australia's largest and most significant national parks, including the Heritage-listed Kakadu National Park.

The NT is rich with indigenous culture. The Larrakia people are the traditional owners of the greater Darwin region and lived in the area long before European settlement.
Darwin city is named after the British evolutionist Charles Darwin, after surveying Australia in 1839.

CONGRESS VENUE: Darwin Convention Centre is situated in Darwin's Waterfront Precinct, which is also home to many hotels, cafes, restaurants, bars, wave pool, Stokes Wharf and the Royal Flying Doctor Service Visitor Centre. Ride the swell at the Wave Pool or float in the free saltwater Recreation Lagoon with a manmade beach and shady lawn. Book a relaxing beauty or hair treatment, find the perfect souvenir or just meander around the lush parklands and walkways dotted with public art and enjoy the tranquil ocean views.

Register at www.wfnn.org

CLIMATE: Darwin enjoys a tropical climate with warm weather all year round. The temperature averages 32°C (90°F) throughout the year. May to September is usually warm, sunny days with crisp nights and misty mornings. October to April is the Territory's wet season.
PACK: Casual attire. No high heels! Throw in a sweater for indoors or evening if needed. Swimmers & hat!

Royal Flying Doctor Service

PROGRAM: There will be 4 plenary sessions , 31 concurrent sessions & poster display. Tours of the Royal Flying Doctor Service & simulator, generously offered by the RFDS. The National Critical Care &Trauma Response Centre , Crocosaurus Cove, Gala Dinner and Mindil Beach Markets will be highlights!

The Territory is… *"A Place Like No Other".* Start planning your trip now!