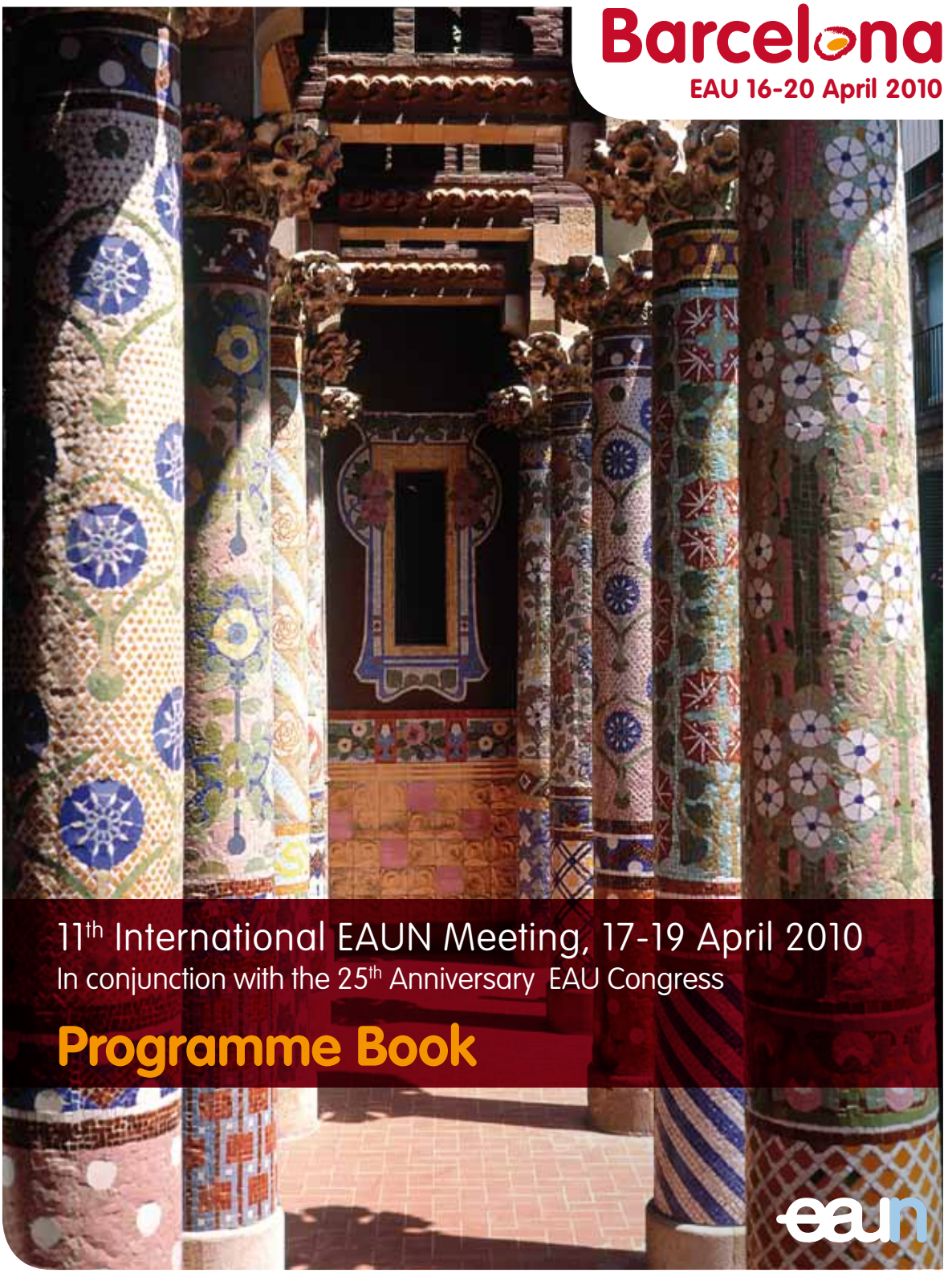


Barcelona

EAU 16-20 April 2010

11th International EAUN Meeting, 17-19 April 2010

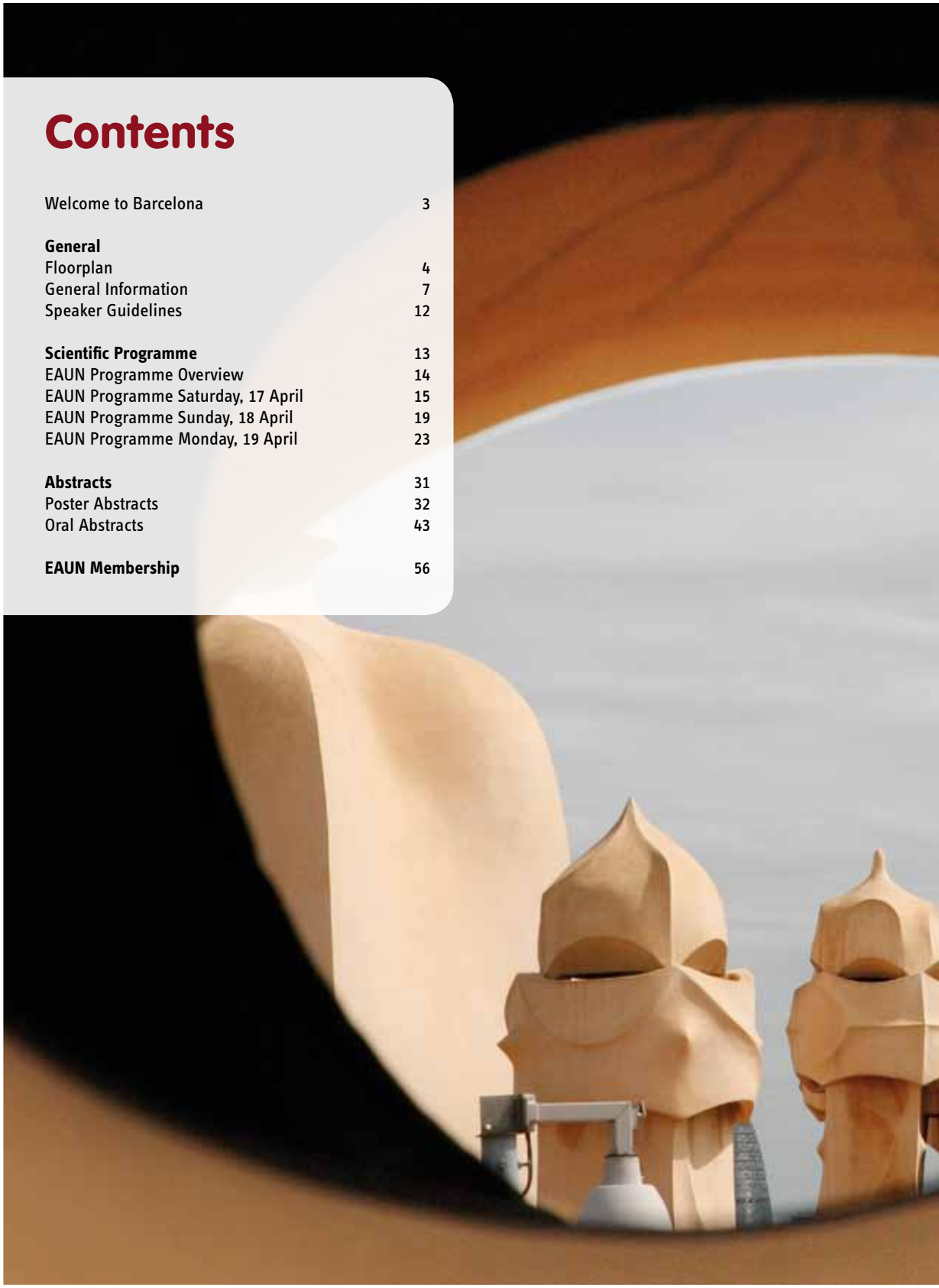
In conjunction with the 25th Anniversary EAU Congress

Programme Book

eaun

European
Association
of Urology
Nurses

Contents



EAUN meets in Barcelona

Broaden your views in a dynamic and fascinating city

Dear Colleagues,

It is a great pleasure to welcome you to Barcelona for the 11th International Meeting of the European Association of Urology Nurses (EAUN) organised with the support of the Spanish Association of Urology Nurses (Enfuro).

During the past year, the EAUN has been fortunate to have Mr. J.C. De La Torre Montero from Madrid on the board. He has not only gently guided us through "Spanish challenges," but also ensured a very fine collaboration with our colleagues in Spain.

For this year's programme in Barcelona significant emphasis is placed on improving rehabilitation in cancer care, an area which is attracting more attention. For the first time, the EAUN will present a multi-professional workshop which will gather representatives from various uro-oncology societies including patient advocates, a format that will ensure a broader perspective. The workshop *Nursing tools for patient instruction on PCa--*, made possible thanks to a unique cooperation with various supporting companies who also supplied resource packs--promises to be a dynamic, interactive session. And do not miss the opportunity to join the final debate on optimising rehabilitation in cancer care.

There are several hot topics on the agenda and expert speakers and participants will discuss what's "in" in urology nursing. To name a few: Mr. H.A.M. Van Muilekom from the Netherlands will lecture on *New developments in urological cancer care including the nursing aspects.* As in previous EAUN meetings, we have an outstanding course from the European School of Urology (ESU) which will focus on *Erectile dysfunction*. Chaired by Dr. P.J. Nyirády from Hungary, the lectures will take up pathophysiology followed by an overview of medical treatment and the nursing aspects.

The ESU course will be complemented by a lecture on another important aspect of ED, the patient's quality of life. Lecturer Mr. J. Albaugh, Chicago (US) is the former president of the Society of Urologic Nurses and Associates (SUNA) and initiator of the Global Alliance of Urology Nurses (GAUN). If, by chance, your society is not updated on GAUN's activities, do not miss the chance to meet Jeff. Further information can be found at www.thegaun.org.

A state-of-the-art lecture, *The importance of patient positioning and safety on a urology OR*, by Mrs. K. Fitzpatrick, Vice-Chair of the EAUN, will end the meeting. And stay for the award session to support your colleagues and cheer the awardees.

We also invite you to the welcome reception which will be held with authentic Spanish ambience and style after the Saturday programme ...and do not forget to join the new events in our programme such as the great Barcelona Urowalk and the EAUN Urology Nursing Quiz.

The board looks forward to an excellent meeting. Enjoy Barcelona!

Bente Thoft Jensen
EAUN Chair

Floorplan

Hall 8 Level 0

- Session Rooms
- Speaker Service Centre
- Presentation Training Centre
- Laptop plug-in Area
- Offices and Other Areas
- Registration Area
- Press Area

- A Yesterday's Best Posters
- B Sponsored Session Area
- C EAU Congress History Wall
- D Regional Meetings Poster
- E EAUN Award Winning Posters

EAUN Session Room Birmingham

Hall 8 Level 1

- Future Meetings Area
- Prayer Room
- Hospitality Suites
- Exhibition Area
- Press Area

Hall 4 Meeting Rooms SM1 - SM10
Hall 6 Company Buses
Hall 8 First Aid ✚ On walkway, 1st level

More choices. More solutions. More from the heart of Hollister.

Because life has more to offer your patients, Hollister offers more ways to provide quality continence care, including Advance and Advance Plus sterile catheters.

Both feature 15 mm no-touch introducer tips to help reduce the risk of urinary tract infection (UTI), and a patented gel reservoir allowing lubricant on the catheter to be individually regulated for your patient's added comfort.

Hollister offers an entire portfolio of products to meet your patients' needs including straight intermittent catheters, male external catheters, and leg bags. Hollister is dedicated to helping healthcare professionals deliver better products and services and to make life more rewarding and dignified for those who use our products. And that is why...
There's more to Hollister than ever before.

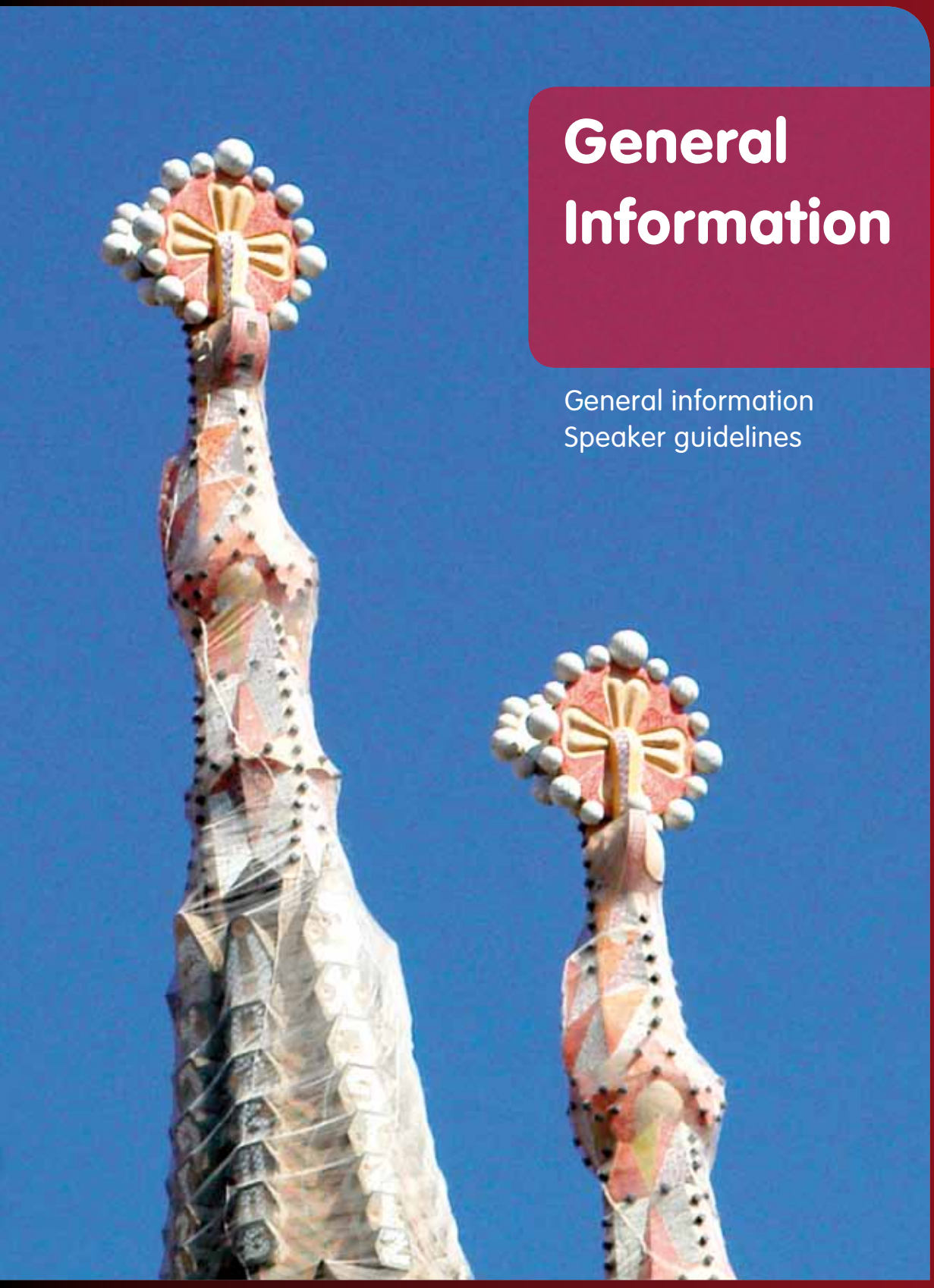
For more information **contact your local sales representative.**

Hollister

Attention to Detail. Attention to Life.

www.**hollister**.com

I**nformation for Use:** Intermittent Catheters are flexible tubular devices inserted through the urethra for the purpose of bladder drainage. Self-catheterization should only be carried out under medical advice and only in accordance with the instructions provided with the product. Should a patient experience any sign of trauma or discomfort, they should immediately discontinue use and consult their clinician.
Caution: Federal (USA) law restricts this device to sale by or on the order of a physician or other licensed healthcare professional. **Date of Issuance:** July 2007.



General Information

General information
Speaker guidelines

General information

Abstracts

More than 1,000 EAU abstracts have been accepted for presentation during poster, oral and video sessions at the 25th Anniversary EAU Congress in Barcelona. All congress delegates can obtain a free copy of the EAU abstract book at the special Abstract Book Desk in the main registration area on a first-come, first-served basis. The Abstract CD will be distributed to all congress delegates from the Ferring booth (booth E14).
Abstract CDs are supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

Access to the Session Rooms

Seating is regulated on a first-come, first-served basis. We recommend that you go to the session room well in advance of the session. Due to safety regulations, the organisers will close the access to the session room when all seats are taken. It is not allowed for delegates to stand in the aisles of the rooms.

Address and Accessibility Congress Venue

The Fira Barcelona is easily accessible by public transport. The public transport system is easy to use and a very efficient way to get around the city. All congress delegates will receive a complimentary transportation pass valid for 10 rides on all public transport within the City of Barcelona during the congress.

Address:
Fira Barcelona (Fira Gran Via)
Access North (Entrada Norte) / Hall 8
c/ Foc 47
08038 Barcelona, Spain
T +34 93 233 20 00
F +34 93 233 20 16
E info@firabcn.es
W www.firabcn.es

Metro / buses / car parking:
The nearest metro station (FGC) is Europa–Fira. EAU will provide shuttle buses between this metro station and Access North (Entrada Norte). The buses will depart from the square in front of the Access North. There will be buses every ten minutes.
Car parking is available under the hall and open from 07.00-20.00 hrs.
Please inform taxi drivers to go to the "Entrada Norte", since Fira's main entrance is the one on the south side and taxi drivers tend to drop off on that side!

Badges

The badge classification is as follows:

Blue ID Card	:	Congress delegate EAU member
Grey ID Card	:	Congress delegate non-EAU member
Orange ID Card	:	Nurse EAUN member
Brown badge holder	:	Nurse non-EAUN member
Green badge holder	:	Exhibitor
Red badge holder	:	Press
Purple badge holder	:	Accompanying person
Pink badge holder	:	Special registration
Yellow badge holder	:	Organising staff

Bank, Exchange and Credit Cards

The national currency in Spain is the Euro (EUR). An ATM machine is available in the main entrance hall.
The nearest bank to the congress venue is:
Banco Santander
Centro Comercial Gran Via (in the shopping centre located behind the EAU congress halls)
Vestibulo, 75

Banks are normally open Monday to Friday from 08.30-14.15 hrs. and closed on Saturdays and Sundays.

Certificate of Attendance

A Certificate of Attendance for the 11th International EAUN Meeting is handed out at EAUN session room Birmingham.

Cloakroom / Luggage

The cloakroom is located in the foyer on the first floor and open during congress hours. Please be sure to collect all personal belongings at the end of the day.

Congress Bag

In the registration area each delegate can collect a congress bag which includes an EAU programme book. EAUN programme books are handed out at EAUN session room Birmingham.
The congress bags are sponsored by ASTELLAS

Congress Hours

	Main entrance	Registration
Wednesday, 14 April	09.00–18.15	
Thursday, 15 April	07.45–20.15	
Friday, 16 April	07.00-21.30	08.00-21.00
Saturday, 17 April	06.45-20.15	07.00-20.00
Sunday, 18 April	06.45-20.00	07.00-19.00
Monday, 19 April	06.45-20.00	07.30-19.00
Tuesday, 20 April	07.00-16.00	07.30-13.30

Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters are available on Saturday 17, Sunday 18 and Monday 19 April. The newsletters will also be available online at www.eaubarcelona2010.org after the congress.

Delegate Tracking System

EAUN members will receive an EAUN ID Card which will act as an electronic business card, enabling visitors to leave their contact details with exhibitors in a quick and easy way. Paper badges do not have this function and should be exchanged for an EAUN ID Card by Saturday, 17 April.

EAU Congress History Wall

As homage to the Anniversary Congress, the EAU has created the Congress History Wall, an audio-visual collage of photographs, texts and film footage that trace the early years of the annual congress and some highlights in the EAU Congress history.

EAU Congress Office

Managing Directors
Jacqueline Roelofswaard
j.roelofswaard@uroweb.org

Maurice Schlief
m.schlief@uroweb.org

Congress Manager
Patricia de Bont
p.debont@congressconsultants.com

Exhibition Manager
Henriet Wieringa
h.wieringa@congressconsultants.com

EAUN Coordinators
Hanneke Lurvink
eaun@uroweb.org
Hannieta Beuving
h.beuving@congressconsultants.com

Congress Consultants B.V.
E info@congressconsultants.com
W www.eaubarcelona2010.org

EAU Digital Video Library

The EAU Digital Video Library (booth H30) will be operational during exhibition hours in the exhibition area. A wide choice of EAU videos, including all videos presented in Barcelona and at previous EAU Congresses, can be viewed on request on individual monitors. All videos can be copied to DVD, a service that is provided free of charge to all congress delegates.

Supported by an unrestricted educational grant from ASTELLAS

EAU Education Office (European School of Urology)

The European School of Urology (ESU), working with European faculties, aims to provide high quality international educational courses in urology. The ESU has a special booth in the session room hall with extensive information on its activities. Registration for the courses can be made at the ESU Registration Desks in the registration area. All congress delegates can collect an ESU Courses CD at the sanofi-aventis booth (booth J07).

The ESU Courses CD 2010 is supported by an unrestricted educational grant from SANOFI-AVENTIS

Fees ESU Courses, ESUT Hands-on Training Courses, Interactive Virtual Training Courses (for congress registered delegates only)

	2 hrs.	3 hrs.
Residents and Nurses (members/non-members)	€ 21,40	€ 21,40

Prices are incl 7% VAT

EAU Historical Exhibition

The members of the EAU History Office have, once again, set up an historical exhibit located at the EAU Square (booth B20). The exhibit will present "Milestones and Controversies in European Urology".

General information

EAUN ID Card

During the 11th International EAUN Meeting the EAUN ID Card will function as an entrance badge for EAUN members. Non-EAUN members will receive a paper congress badge. If you already have an EAUN ID Card please do not forget to bring it to the congress! Attendees are expected to have their EAUN ID Card visible at all times. A fixed price of € 15 will be charged for the replacement of a lost EAUN ID Card.

EAU Internet Corners

The EAU Internet Corners are at your disposal at different locations (booths A06 & J26) in the exhibition area.
Supported by an unrestricted educational grant from ASTELLAS

EAU Square

The EAU Square (booth B20) in the exhibition area consists of the EAU/EAUN Membership Booth, EBU Corner, ESRU Corner, EAU Vienna 2011 Promotion Counter, Clinical Research Office, Uroweb work station and the EAU Historical Exhibition.
There is also information on European Urology and other EAU publications. The EAU/EAUN Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Square for further information and to apply for EAUN membership.

Electricity

The electricity in Spain runs on 230 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

Emergency Phone Numbers

In case of emergency call 112 for police, fire brigade and ambulance service. In case of an emergency in the congress venue contact a security guard immediately.

European Urology

European Urology, the official journal of the EAU, has been a respected urological forum for over 20 years and is currently read by more than 10,000 urologists across the globe. Come see European Urology for yourself - visit either the European Urology (booth K02) or theEAU Square (booth B20) in the exhibition area.

Excursions and Barcelona Information

Information on Barcelona and excursions will be available at the Excursion and Barcelona Information Desk in the registration area.

Exhibition

An extensive technical exhibition will be held jointly with the congress. The exhibition is open to technical equipment manufacturers, pharmaceutical companies and scientific publishers. The official opening will take place on Saturday, 17 April at 09.00 hrs.

Exhibition Hours: Saturday, 17 April, Sunday, 18 April, Monday, 19 April, 09.00-18.00 hrs

First Aid

There is a medical unit present for first aid in the foyer of level 1. In case of emergency contact a security guard immediately.

Future Meetings Promotion

Posters and other information on future meetings can be displayed in the "Future Meetings Area" located in the foyer on level 1. It is strictly forbidden to put up promotional material at any other location in the building.

Hospitality Suites Companies

ASTELLAS	Level 1, exhibition hall; rooms HS-H and HS-J
ASTRAZENECA	Level 1, exhibition hall; room HS-A
COOK MEDICAL	Level 1, exhibition hall; room HS-G
EAURF	Level 1, exhibition hall; room HS-C
FERRING	Level 1, exhibition hall; room HS-I

Insurance

The organisers do not accept responsibility for any personal damage. Participants are strongly recommended to arrange their own personal insurance.

Language

All presentations during the congress will be conducted in English, the official language of the EAU. There will be no translation provided.

Lost and Found
Found items should be returned to the Information Desk in the main entrance hall. If you lose something, please report to this desk for assistance.

Mobile Phones
Mobile phones must be switched off during all sessions.

Media Policy
Photography, filming and interviews during the congress (with the exception of the EAU Press Centre and EAU Press Conference Room) are prohibited without written permission from the EAU Communication Officer Ms. Lindy Brouwer (l.brouwer@uroweb.org).

Message & SMS Service
A Message and SMS Service is available at the congress website: **www.eaubarcelona2010.org**.
You can use the congress website to retrieve your messages and to send messages to other congress delegates.

Poster Builder Service
Poster presenters who created their posters for the 11th International EAUN Meeting through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre in the main entrance hall.

Prayer Room
A special room dedicated to prayer is located on level 1 next to the Press Centre.

Restaurants
Turisme de Barcelona is pleased to provide a restaurant booking service for individuals and groups.
To place your restaurant booking visit:
www.barcelonaturisme.com/restaurants or go to the Barcelona Information Desk in the registration area.

Safety
All bags may be subject to inspection. Security is present for your safety. Please take all personal effects with you when leaving a session room.

Shuttle Buses
Shuttle buses will run from the nearest Metro station: Europa-Fira to the main congress entrance during congress hours, 15 to 20 April.

Smoking Policy
Smoking is prohibited inside the congress centre and in the exhibition area.

Taxi Service
Please inform taxi drivers to go to the "Entrada Norte", since Fira's main entrance is the one on the south side and taxi drivers tend to drop off on that side!
Taxis will be available in the taxi rank in front of Hall 8, North Access (Entrada Norte).
Ask for fixed rates to Fira Barcelona (mention: Fira Gran Via). Rates from the airport to Fira are around 20 Euro. Rates from the Fira to downtown are around 10-15 Euro.

The following companies have reasonable and fixed rates:
Taxi Class: +34 93 307 07 07
Taxi Radio: +34 93 303 30 33
Taxi Barna: +34 93 357 77 55

Transportation Pass
Congress delegates may collect a transportation pass in the registration area, which is valid on all public transport within the City of Barcelona during the congress days.
Delegates are kindly requested to return unused passes to the special boxes which are located in the registration area. They will be donated to a local charity.

Webcasts
Many sessions will be webcasted via **www.eaubarcelona2010.org**. The webcasted sessions are indicated with the special logo in the synopsis.
The webcasts have not been edited and are exactly as presented. The statements and the opinions featured in the webcasts are solely those of the individual presenters and not of the EAU(N).

Wifi
Free wireless internet will be available within the indicated areas the Fira Barcelona during the congress.

Speaker guidelines

Speaker Service Centre

Only digital presentations will be accepted during the congress and all presentations should be handed in at the Speaker Service Centre at least three hours prior to the start of the session. Failure to do so could result in presentations not being available for projection when required.

Opening hours
Thursday, 15 April 14.00-19.00 hrs
Friday, 16 April 07.00-19.00 hrs
Saturday, 17 April 07.00-19.00 hrs
Sunday, 18 April 07.00-19.00 hrs
Monday, 19 April 07.00-19.00 hrs
Tuesday, 20 April 07.00-13.00 hrs
Supported by an unrestricted educational grant from ELI LILLY AND COMPANY

If you are a chair person

Locate your session room in time. Please be in your session room at least 15 minutes prior to the start of the session. We remind you that: Speakers should strictly observe timing. Discussants should not speak without permission and must first clearly state their name, institution and country of origin.

If you are a speaker in an oral session

Locate your session room in time. Facilities are provided for PowerPoint presentations only. Please be in your session room no later than 15 minutes prior to the start of the session. Do remember that time allotted to speakers in oral sessions is 10 minutes (including 2 minutes for discussion). A maximum of 10 PowerPoint slides is allowed. Follow the chairs' instructions, in particular those regarding the timing of your presentation.

If you are presenting a poster

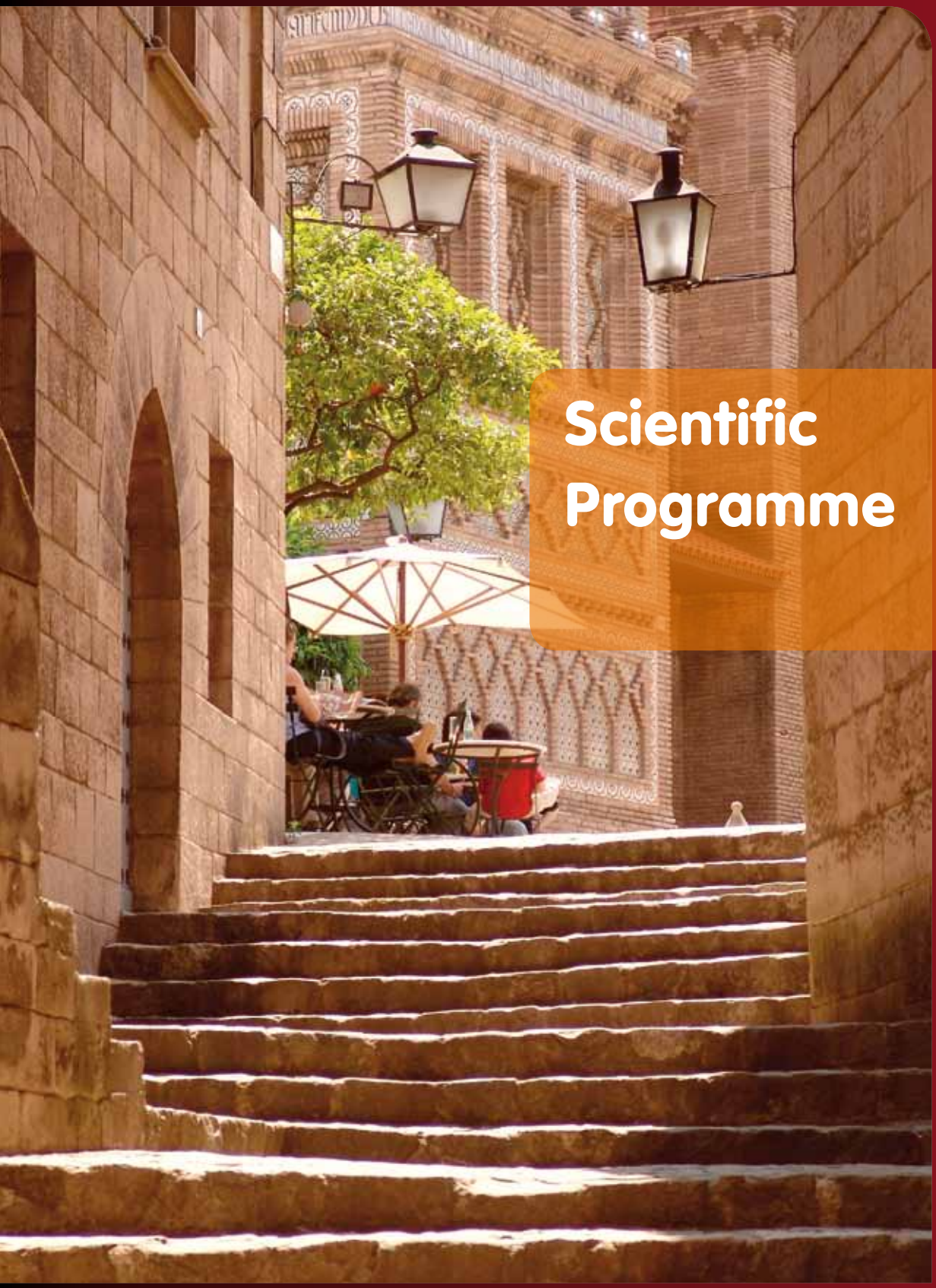
Posters must be put up in the room 15 minutes prior to the start of the session. The poster boards are numbered and your poster should be mounted on the board which corresponds with your abstract number. Pushpins are available in the session room. Please remove your poster immediately at the end of the session. Do remember that time allotted to speakers in poster sessions is 8 minutes (including 2 minutes for discussion). A maximum of three PowerPoint slides is allowed during your poster presentation.

Disclose links to the industry

The EAUN requests that you disclose to the audience any links you may have with the industry related to the topic of your lecture at the beginning of your session. A link can be: Being a member of an advisory board or having a consultancy agreement with a specific company.

Presentation Training Centre

Mr. Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Please go to the Speaker Service Centre to make an appointment for this very popular training session.
Supported by an unrestricted educational grant from ASTRAZENECA



Scientific Programme

	17 April Saturday		18 April Sunday		19 April Monday
Room	Birmingham Room	Prague Room	Birmingham Room		Birmingham Room
07:45					**Breakfast Symposium** Optimising patient benefits in bladder cancer management GE HEALTHCARE & PHOTOCURE ASA
08:00 08:15 08:30			**EAUN-ESU Course** Erectile Dysfunction EAU EUROPEAN SCHOOL OF UROLOGY		
08:45					
09:00 09:15	**EAUN Workshop** Cryoablation for prostate and kidney cancer; an overview on background, procedure and nurses' responsibilities	**EAUN Workshop** Quality of life in urology stoma patients			**EAUN** **Nursing Research Competition** **Learning session**
09:30 09:45				*09:30* *Departure* *Hospital visit*	
10:00 10:15					
10:30 10:45			**State-of-the-art lecture** New developments in urological cancer care including the nursing aspects		**Symposium** Urological management of Spina bifida during childhood and adolescence – what happens when entering adulthood? ASTRATECH AB
11:00					
11:15 11:30 11:45	**Symposium** Building on the vital framework to improve outcomes with bisphosphonates NOVARTIS ONCOLOGY		**EAUN Urology Nursing Quiz**		
12:00			**EAUN Workshop** Nursing tools for patient instruction on prostate cancer		**State-of-the-art lecture** QoL after cystectomy
12:15 12:30 12:45				**Hospital visit to the Vall d'Hebron Hospital**	**Lunch Symposium** Vantas: A nurse's perspective on the first once-yearly LH-RH agonist ORION PHARMA
13:00 13:15 13:30 13:45			Supported by unrestricted educational grants from AMGEN, FERRING PHARMACEUTICALS and NOVARTIS ONCOLOGY		
14:00	**Special Session of the Spanish Association of Urology Nurses**				**EAUN General Assembly**
14:15	Enfuro, 30 years of urological nursing in Spain: From assistant to practitioner				**State-of-the-art lecture** Managing erectile dysfunction and quality of life
14:30 14:45			**Poster Abstract Session**	*14:30* *Departure* *Hospital visit*	
15:00					**Oral Abstract Session**
15:15	**EAUN Opening**				
15:30	**Guideline introduction**				
15:45					
16:00 16:15 16:30 16:45	**Symposium** "Ins and outs" of intermittent catheterisation HOLLISTER INCORPORATED		**EAUN Workshop** Ensuring continence in difficult cases	**Hospital visit to the Fundació Puigvert Hospital**	**State-of-the-art lecture** The importance of patient positioning and safety on a urology OR
17:00 17:15 17:30 17:45	**Bienvenida Espanola - Welcome Reception** Location: Outside the Birmingham Room COLOPLAST and EAUN				**Award Session**
18:00 20:00			**Urowalk**		

EAUN Workshop

Prague Room

09.00 - 11.00 Quality of life in urology stoma patients

S.P. Fillingham, Kent (GB)
B. Kiesbye, Risskov (DK)

09.00 - 09.10 **Indications for urostomy and different types of urostomy**

09.10 - 09.15 **Surgery types: Laparoscopic versus open surgery**

09.15 - 09.30 **Pre-operative and post-operative care**

09.30 - 10.00 **Training session on stoma siting**

10.00 - 10.30 **Quiz- test your knowledge**

10.30 - 11.00 **Body image and Sexuality**

Aims and objectives
The aim of the workshop is to look at various management options and ways of care with an emphasis on aspects that can increase confidence and ultimately improve the quality of life of people with a urinary stoma. The workshop comprises a theoretical and a practical part.

EAUN Workshop

Birmingham Room

09.00 - 11.00 Cryoablation for prostate and kidney cancer; an overview on background, procedure and nurses' responsibilities

S. Hieronymi, Frankfurt am Main (DE)
U. Witzsch, Frankfurt am Main (DE)

09.00 - 09.35 **Introduction**
U. Witzsch, Frankfurt am Main (DE)

09.35 - 10.05 **Cryotherapy of the prostate**

10.05 - 10.30 **Cryotherapy of the kidney**

10.30 - 11.00 **How to start cryotherapy**

Aims and objectives
Improvements in cryotechnology have made cryoablation a true alternative or standard of care in patients with specific indications or in case of contraindications for other therapeutic modalities. A thorough understanding of the technology, procedure and cryothermal effects is challenging to both medical and nursing teams. A commitment to initial training and ongoing education is important to ensure continued optimal outcomes for the patients.
This workshop aims to present an overview of both the practical and theoretical procedures that are currently in vogue in cryotherapy to improve the understanding of the nurse.

Sponsored Session

Birmingham Room

11.15 - 12.15 **Building on the vital framework to improve outcomes with bisphosphonates**

Symposium

Chair:

B.T. Jensen, Århus (DK)

11.15 - 11.20 **Welcome and introduction**
B.T. Jensen, Århus (DK)

11.20 - 11.30 **Breaking down the scaffold: Cancer effects on bone**
B.T. Jensen, Århus (DK)

11.30 - 11.45 **Helping to strengthen the foundation: Bisphosphonates to prevent skeletal complications**
A. Tubaro, Rome (IT)

11.45 - 11.55 **Beyond the surface: Nursing strategies for patient adherence, safety, and communication during treatment**
L. Drudge-Coates, London (GB)

11.55 - 12.05 **Question and answer session**

12.05 - 12.15 **Helping patients sculpt their futures**

Aims and objectives

The Novartis-sponsored satellite titled, "Building on the Vital Framework to Improve Outcomes With Bisphosphonates" will provide insights for nurses on how they can support patients receiving bisphosphonate treatment. The symposium will educate the attendees on the importance of maintaining bone health throughout the treatment continuum in patients with GU malignancies through the administration of bone-targeted therapies. In addition, nursing strategies will be discussed that can contribute to improved treatment outcomes in patients with advanced GU malignancies receiving bone-targeted therapies (ie, pain control, improved quality of life, efficacy).

Sponsored by NOVARTIS ONCOLOGY

EAUN Sessions

Birmingham Room

14.00 - 15.00 **Enfuro, 30 years of urological nursing in Spain: From assistant to practitioner**

Special Session of the Spanish Association of Urology Nurses

A. Quintanilla Sanz, Lleida (ES)
M. Gea-Sánches, Lleida (ES)

Aims and objectives
- Introduction of The Spanish Association of Urology Nurses (Enfuro).
- Legal changes and the evolution of the clinical nurses role.
- Nursing specialities in Spain.
- Evidence-based movement and barriers for clinical nurses in applying research outcomes.

15.15 - 15.30 **EAUN Opening**

P-A. Abrahamsson, Malmö (SE), EAU Secretary General
B.T. Jensen, Århus (DK), EAUN Chair

15.30 - 15.45 **Good Practice in Health Care - Continent Urinary Diversion – introduction of the new guideline**

S.V. Lauridsen, Copenhagen (DK)

The new evidence-based guideline will be introduced and the process explained. This publication focuses on continent urinary diversion to complement the previous publication in this series on incontinent urostomy. These guidelines are intended to complement, or provide support to, established clinical practice and should be used within the context of local policies and existing protocols.
A free copy is available in the session room for all delegates of the 11th International EAUN meeting.

Publication of this booklet was made possible by an unrestricted educational grant from ASTRA TECH AB

Social Event

17.00 - 18.00 **Bienvenida Espanola – Welcome Reception**

Location: Outside the Birmingham Room
The welcome reception is offered to the nurse delegates by COLOPLAST and the EAUN.

Sponsored Session

Birmingham Room

16.00 - 17.00 **"Ins and outs" of intermittent catheterisation**

Symposium

Chair: R. Pieters, Ghent (BE)

D. Newman, Pennsylvania, PA (US)

Aims and objectives

This workshop will provide an overview of the use of intermittent catheterization in clinical practice by focusing on the types of intermittent catheterization: no touch (or sterile) and clean technique. Historically, no touch intermittent self catheterization was the recommended procedure of choice. However, recently released intermittent catheterization guidelines have recommended changes to this practice by incorporating the use of "clean" intermittent catheterization, especially in the home environment. In light of these guidelines, nurses still base intermittent catheterization procedures on other factors as well: differential costs and medical insurance coverage; clinical judgment; and patient preference. All of these aspects will be reviewed and discussed.

Sponsored by HOLLISTER INCORPORATED

ESU Course

Birmingham Room

08.00 - 10.15 Erectile dysfunction

Chair: P.J. Nyirády, Budapest (HU)

08.00 - 08.20 **Pathophysiology of E.D.**
P.J. Nyirády, Budapest (HU)

08.20 - 08.30 **Discussion**

08.30 - 08.50 **Overview of medical treatment of E.D.**
S. Minhas, London (GB)

08.50 - 09.00 **Discussion**

09.00 - 09.15 **Break**

09.15 - 09.35 **Surgical therapy of E.D.**
S. Minhas, London (GB)

09.35 - 09.45 **Discussion**

09.45 - 10.05 **Nursing aspects of patients with E.D.**
I. Van Neyghen, Antwerp (BE)

10.05 - 10.15 **Discussion**

EAUN Lecture

Birmingham Room

10.30 - 11.10 New developments in urological cancer care including the nursing aspects

State-of-the-art lecture

H.A.M. Van Muilekom, Amsterdam (NL)

Aims and objectives
Urological tumours are quite common solid tumours among all human malignancies. Prostate cancer is the most common cancer in the male population. But also the incidence of bladder and renal cell cancer is increasing. New developments in diagnosis and treatment, like specific tumour markers, robot assisted surgery, (neo) adjuvant chemo- or immunotherapy do have a positive effect on treatment outcome but they also cause a change in nursing care and support. Quality of life is becoming more important and symptom management or management of late effects in, for example testicular and penile cancer patients, needs our full attention. In this lecture the nursing implications of new treatments will be covered, together with most important nursing care strategies in quality of life aspects in urological tumours.

EAUN Session

Birmingham Room

11.10 - 11.25 **EAUN Urology Nursing Quiz**

Chair: *T. Christiansen, Lund (SE)*

Test your urology nursing knowledge. The winner recives a free registration for the 12th International EAUN Meeting in Vienna, Austria.

EAUN Workshop

Birmingham Room

12.30 - 14.30 **Nursing tools for patient instruction on prostate cancer**

Chair: *W.M. De Blok, Amsterdam (NL)*
Moderator: *K. Redmond, Milan (IT)*

12.30 - 12.35 **Introduction**
W.M. De Blok, Amsterdam (NL)

12.35 - 12.55 **Nurse aspects and side effects**
S. Faithfull, Guildford (GB)

12.55 - 13.15 **Hormone treatment and possible nursing interventions**
M. Borre, Århus C (DK)

13.15 - 13.35 **Role of the nurse in diagnostics and bone health**
L. Drudge-Coates, London (GB)

13.35 - 14.15 **Patient perspective and patient education**
L. Denis, Antwerpen (BE)

14.15 - 14.30 **Discussion**
K. Redmond, Milan (IT)

Aims and objectives
Nurses often experience difficulty in explaining different aspects of prostate cancer. In this session the speakers will each give a presentation on a subject concering prostate cancer. In conclusion there is time for a discussion and questions. After the session we hope that the audience will find themselves more equiped to speak with patients about prostate cancer.

Supported by unrestricted educational grants from AMGEN, FERRING PHARMACEUTICALS, NOVARTIS ONCOLOGY

Abstract Session

Birmingham Room

14.30 - 16.15 Poster Session

Chairs: T. Christiansen, Lund (SE)
K. Fitzpatrick, Dublin (IE)

P1-s **Is there a role for a nurse specialist within a tertiary referral stone unit?**
N. Dickens, N.P. Buchholz, J. Masood (London, United Kingdom)

P2-s/p **Patient evaluation of intermittent self catheterisaion (ISC) focus group meeting**
M.E. Lester, E. Robinson, I. Pearce (Manchester, United Kingdom)

P3-s **Withdrawn**

P4-p **How to instil post-operative Mitomycin (MMC) in the bladder**
R. Terkelsen, I.M. Thiele, L. Lieberkind (Copenhagen, Denmark)

P5-s **Outpatient work-up for LUTS, an assignment for Specially Trained Nurses (STN)?**
V. Elf, A.K. Eleholt, I. Erlandsson, B. Larsson, P. Ströberg (Jönköping, Sweden)

P6-s **Preoperative teaching and informaton by urologic nurses to patients scheduled for robot-assisted radical prostatectomy**
A. Fredriksen (Oslo, Norway)

P7-s **Developing a novel approach to follow up for patients with prostate cancer**
J.E. Kinsella, L. Fleure, A. Ashfield, P. Acher, D. Cahill, K. Chatterton (London, United Kingdom)

P8-s **Educating health professionals about sexual dysfunction improves the experience of men on hormone treatment for prostate cancer**
J. Kinsella, L. Fleure, K. Chatterton, P. Acher, D. Cahill (London, United Kingdom)

P9-s **The demonstration of erectile management techniques to men scheduled for radical prostatectomy reduces long-term regret: a comparative cohort study**
J.E. Kinsella, P. Acher, K. Chatterton, D. Cahill, P. Dasgupta, R. Popert, T. O'brien (London, United Kingdom)

P10-s **Parameters important for patient recovery undergoing radical retropubic prostatectomy**
L. Gruschy, S.T. Nielsen, M.B. Andersen (Copenhagen, Denmark)

Abstract code explanation

P : Poster abstract

p : Daily practice

s : Scientific research

EAUN Workshop

Birmingham Room

16.15 - 17.15 Ensuring continence in difficult cases - solutions by nurses

Chair: *W.M. De Blok, Amsterdam (NL), U.L.M. Haase, Nieuwegein (NL)*

Jury: *O. Gimse Storrø, Trondheim (NO)*
B. Holwe, Unterföhring (DE)
R. Pieters, Ghent (BE)
E. Wallace, Dublin (IE)
S. Walter, Odense (DK)

16.15 - 16.20 **Introduction by the Chair**

16.20 - 16.30 **Management of chronic papillomatous dermatitis in a patient with a urostomy**
CC10-01 E. Robinson, Manchester (GB)

16.30 – 16.35 **Discussion**

16.35 - 16.45 **Nursing care of post ileal neobladder incontinence**
CC10-02 N. Love-Retinger, New York, NY (US)

16.45 – 16.50 **Discussion**

16.50- 17.00 **Lluís 1- Cancer 0**
CC10-03 M. Gea-Sánchez, A. Quintanilla-Sanz, Lleida (ES)

17.00 – 17.05 **Discussion**

17.05 – 17.15 **Closing**

The cases have been evaluated by the expert jury. Those who submitted the best cases (as decided by the jury) were granted a free registration for the 11th International EAUN Meeting and were invited to present their case in this workshop.

Aims and objectives
The aim of this session is to cater the sharing of practical knowledge between urology nurses in the field of ensuring continence, in particular in cases where standard protocols do not suffice.

Social Event

18.00 - 20.00 Urowalk

The EAUN has organised guided walks in the centre of Barcelona: Picasso walk and Gótic walk. The Picasso walk starts from the Tourist Office in the centre of Barcelona, Plaça Catalunya 17-s (Metro stop: Catalunya). The Gótic walk starts from the Tourist Office in the centre of Barcelona, Plaça de Sant Jaume, Ciutat 2 (next to the Barcelona City Hall) (Metro stop: Jaume I)
Please make sure to be at the starting point at least 10 minutes beforehand.
Registration was on a first-come, first-served basis after invitation to register by email.
Only participants with a confirmation for this event will be allowed.

Sponsored Session

Birmingham Room

07.45 - 08.45 **Optimising patient benefits in bladder cancer management**

Breakfast Symposium

Chair: K. Chatterton, Lodon (GB)

07.30 – 07.45 **Continental breakfast will be served**

07.45 – 07.50 **Welcome and introductions**
K. Chatterton, London (GB)

07.50 – 08.00 **Data review: The latest European recommendations**
A. Sommerhuber, Linz (AT)

08.00 – 08.10 **Technique and equipment: Key considerations**
J. Hendrickx, Leuven (BE)

08.10 – 08.20 **Patient throughput: A nurse perspective**
K. Egge, Oslo (NO)

08.20 – 08.30 **Making a difference: Fluorescence cystoscopy in day-to-day practice**
D. Amsellem-Ouazana, Paris (FR)

08.30 – 08.40 **Patient perspective**
D. Amsellem-Ouazana, Paris (FR)

08.40 – 08.45 **Questions, Chair's summary and close**
K. Chatterton, London (GB)

Aims and objectives
The symposium aims to review current European findings and recommendations in the diagnosis and follow-up of patients with non-muscle invasive bladder cancer. Hexaminolevulinate-guided fluorescence cystoscopy will be discussed, including the key considerations surrounding the necessary equipment and surgical technique, the logistics of the patient journey and experiences and the pivotal role of the nurse.

Sponsored by GE HEALTHCARE and PHOTOCURE ASA

Hospital Visits

09.30 - 14.00 Vall d'Hebron Hospital

09.30 - 11.00 **Transfer**
Meeting point: In front of the main entrance of Fira Gran Via (Entrada Norte).

11.00 - 13.30 **Hospital visit**

13.30 - 14.00 **Lunch**
The Vall d'Hebron Hospital has organised a lunch for the Hospital Visit participants.

14.30 - 18.00 Fundació Puigvert Hospital

14.30 - 15.30 **Transfer**
Meeting point: In front of the main entrance of Fira Gran Via (Entrada Norte).

15.30 - 17.30 **Hospital visit**

17.30 - 18.00 **Cocktail**
The Fundació Puigvert Hospital has organised a drink for the Hospital Visit participants.

Registration for the limited places was possible via the online registration system on a first-come, first-served basis. The hospital visit registration is listed on the entitlement list.

EAUN Session

Birmingham Room

09.00 - 10.30 EAUN Nursing Research Competition - learning session

Chair: *R. Pieters, Ghent (BE)*

Jury: *T.E. Bjerklund Johansen, Århus (DK)*
V. Geng, Lobbach (DE)
T. Holm-Larsen, Copenhagen (DK)
G. Karazanashvili, Tbilisi (GE)
J.T. Marley, Portadown (GB)

09.00 - 09.05 **Introduction**
R. Pieters, Ghent (BE)

09.05 - 09.15 **How do we instruct patients on the use of a vacuum device for the management of their erectile dysfunction - preliminary results**
D. Smit - Van Den Hof, Arnhem (NL)

09.15 - 09.25 **Discussion**

09.25 - 09.30 **How to increase patient comfort during treatment with intravesical chemotherapy – a randomized controlled trial**
RP10-01 B. Bonfils-Rasmussen, Herlev (DK)

09.30 - 09.40 **Discussion**

09.40 - 09.45 **Quality of life issues after treatment of penile cancer**
RP10-02 H.A.M. Van Muilekom, Leiden (NL)

09.45 - 09.55 **Discussion**

09.55 - 10.00 **Urinary incontinence among dependent women and men over 85 years in relation to staff attitudes and knowledge**
RP10-03 K. Stenzelius, Lund (SE)

10.00 - 10.10 **Discussion**

10.10 - 10.15 **Adherence to fast-track programmes within urology nursing care 2008-2010**
RP10-04 E. Grainger, Århus N (DK)
B.T. Jensen, Århus (DK)
W.A.K. Sahl, Hinnerup (DK)

10.15 - 10.25 **Discussion**

10.25 - 10.30 **Closing**

Aims and objectives
The aim of the research competition is to encourage nurses to carry out their own research. Since the EAUN believes that by encouraging research we are in effect boosting the knowledge sharing between our members, we do not only consider big projects but also value those research plans with modest goals.

Additionally, through the presentation and discussion of the research plan, the main research investigator can share significant lessons on how to execute research projects. Authors of research plans get feedback on their submissions from specialists during this learning session. The requirements of a research plan can be found on the congress website, www.eaubarcelona.org/11th-eaun-meeting, page Research Plan Submission. The full text of the Research plans discussed in this session can be found on our website, www.eaun.uroweb.org, under the heading Useful Resources for Nurses.

The following prize will be awarded in the Award Session, Friday, 19 April at 17.15 hours.
• Prize for the Best EAUN Nursing Research Project € 2,500

Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

Sponsored Session

Birmingham Room

10.45 - 11.45 **Urological management of Spina bifida during childhood and adolescence – what happens when entering adulthood?**

Symposium

Chair: E. Jaureguizar Monereo, Madrid (ES)

10.45 - 11.05 **Introduction; Spina bifida– urologic management from childhood to adolescence**
E. Jaureguizar Monereo, Madrid (ES)

11.05 - 11.20 **Working with children and adolescents with myelomeningocele - what is the role of a pediatric urotherapist?**
M. Vu Minh Arnell, Gothenburg (SE)

11.20 - 11.35 **Adults with myelomeningocele - what happened urologically after leaving childhood?**
M. Vu Minh Arnell, Gothenburg (SE)

11.35 - 11.45 **Discussion**

Aim
To convey the importance of good urological management, clean intermittant catheterisation (CIC) training and education. To discuss that CIC changed the survival of Spina bifida – patients reach adulthood. Discuss the importance of follow-up on bladder management, independently of age.

Objective
To discuss the urological management of Spina bifida during childhood and adolescence, and raise the issue concerning what happens when entering adulthood?

Sponsored by ASTRATECH AB

EAUN Lecture

Birmingham Room

12.00 - 12.30 **Quality of life after cystectomy**

State-of-the-art lecture

H. Thulin, Stockholm (SE)

Aims and objectives
How can a cystectomy affect the individual quality of life? The aim of this presentation is to better understand the daily-life situation in individuals who have undergone a cystectomy. The objectives are to pay attention to a wide range of symptoms that may occur after a cystectomy and to how we can improve the care in order to support the affected individuals.

Sponsored Session

Birmingham Room

12.45 - 13.45 **Vantas: A nurse's perspective on the first once-yearly LH-RH agonist**

Lunch Symposium

Chair: *N. Shore, Myrtle Beach (US)*

12.30 - 12.45 **Lunch boxes will be handed out.**

12.45 - 13.05 **Vantas: A new era for prostate cancer management**
N. Shore, Myrtle Beach (US)

13.05 - 13.25 **From theory to practice: A nurse's experience**
A. McCormack, Taunton, Somerset (GB)

13.25 - 13.40 **Once-yearly therapy: A patient's perspective**
Guest European patient and consultant

13.40 - 13.45 **Concluding remarks**
N. Shore, Myrtle Beach (US)

Aims and objectives
During this symposium we will introduce the first once-yearly LH-RH agonist subcutaneous implant containing histrelin acetate and will discuss its practical use within the nursing community. LH-RH agonists have become the standard of care for hormonal therapy in the palliative treatment of advanced and metastatic prostate cancer. However, to date, they have only been available as 1-, 2-, 3- and 6-monthly preparations. With real-world presentations from the nurse and patient perspective, this will be one of the first opportunities to learn more about how this new treatment option could benefit both groups as it becomes available in Europe.

Sponsored by ORION PHARMA

EAUN Session

Birmingham Room

13.45 - 14.15 EAUN General Assembly

Chair: B.T. Jensen, Århus (DK)

Agenda

- Welcome by the chair
- Formal installation of new members and chair
- Voting on change of rules Fellowship (dd June 2009)
- Minutes AGM 2009
- The report of the chair with presentation of the achievements of 2009/2010
- Masterplan, growth targets and budget
- Cooperation with other organisations
- Report on the Barcelona meeting with national societies
- Subjects for the next Congress in 2011 in Vienna
- Proposals from the members
- Other business

EAUN Lecture

Birmingham Room

14.15 - 15.00 Managing erectile dysfunction and quality of life

State-of-the-art lecture

J. Albaugh, Chicago (US)

Aim

This presentation will explore the underlying causes of erectile dysfunction, in particular neuropraxia and cavernosal changes after radical prostatectomy. In addition, the various treatment options for erectile dysfunction and for penile rehabilitation after prostatectomy will be reviewed. The impact of erectile dysfunction on quality of life will also be discussed.

Objectives

- Identify some underlying diseases that may contribute to erectile dysfunction
- Describe the treatment options for erectile dysfunction after radical prostatectomy
- Discuss the impact of erectile dysfunction after radical prostatectomy on quality of life

Abstract Session

Birmingham Room

15.15 - 16.30 Oral Session

Chairs: *W.M. De Blok, Amsterdam (NL)*
U.L.M. Haase, Nieuwegein (NL)

O1-s **Enuresis in children; prevalence and quality of life**
S.S. Savaser, N.K.B. Kizilkaya Beji, E.A. Aslan, D.G. Gozen (Istanbul, Turkey)

O2-s **Realization of a pediatric pathway in an adult urological division: a bet for nurse**
C.F. Ferrero, D.D.C.D. Da Costa Duarte, E.C. Cecchelli, M.T. Trabucatto, C.V. Villanova, Z. Trajkov, P.D. Denarier, P.P. Pierini, E.B. Baldassarre (Aosta, Italy)

O3-s **Withdrawn**

O4-s **Fears, pain and anxiety during bilateral vasectomy under local anaesthesia**
M. Marin, N. Juarez, R. Alarcon, A. Paez, R. Valiente, B. Sandin, R. Ruiz, S. Nuñez (Fuenlabrada, Madrid, Madrid, Spain)

O5-s **Nursing trainee ward for urology patients**
W.C. Jansen (Amsterdam, The Netherlands)

O6-s **Efficacy of tele-nursing consultations after radical prostatectomy**
B.T. Jensen, S. Kristensen (Århus, Denmark)

O7-s **Living with incurable prostate cancer - The wifes perspective**
P. Bruun, B.D. Pedersen, P.J. Osther, L. Wagner (Odense, Fredericia, Denmark)

O8-p **Does clamping of the hematuria catheter before removal decrease the feeling of unpleasantness and increase satisfactory voiding in patients who have undergone transurethral resection of the prostate?**
A. Hjuler, S. Christiansen (Randers Nø, Denmark)

O9-p **Assessment of nurses' support program for self-removal of ureteral stents with external strings by patients at their home guided by telephonic assistance**
A. Shafir, N. Yarsko, T. Bar-Adon (Tel-Aviv, Israel)

O10-s **Profile of urology nurses in Turkey**
A.O. Ozbas, E.A. Aslan, N.K. Kanan (Istanbul, Turkey)

Abstract code explanation

O : Oral abstract

p : Daily practice

s : Scientific research

EAUN Lecture

Birmingham Room

16.45 - 17.15 **The importance of patient positioning and safety on a urology OR**

State-of-the-art lecture

K. Fitzpatrick, Dublin (IE)

Aims and objectives
Perioperative personnel become advocates for the anaesthetised patients. Much is written about the psychological aspects and pain management of patients undergoing surgery. However the physical stress imposed on the body during surgery is often underestimated. I hope through this talk to demonstrate the importance of positioning safely the patient undergoing the urological surgical intervention.

EAUN Session

Birmingham Room

17.15 - 17.30 **Award Session**

Chair: *B.T. Jensen, Århus (DK)*

- **Prize for the Best EAUN Poster Presentation (Daily Practice)**
- **Prize for the Best EAUN Poster Presentation (Scientific Research)**
- **Prize for the Best EAUN Oral Presentation (Daily Practice)**
- **Prize for the Best EAUN Oral Presentation (Scientific Research)**
- **Prize for the Best EAUN Nursing Research Project**

The Prizes for the Best EAUN Poster and Oral Presentations are supported by an unrestricted educational grant from AMGEN

The Prize for the Best EAUN Nursing Research Project is supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

Abstracts

P1-s Birmingham Room

IS THERE A ROLE FOR A NURSE SPECIALIST WITHIN A TERTIARY REFERRAL STONE UNIT?

Dickens N.[1], Buchholz N.P.[2], Masood J.[2]

[1]Barts and The London NHS Trust, Department of Urology, London, United Kingdom, [2]Barts and The London Nhs Trust, Dept. of Urology, London, United Kingdom

Introduction & Objectives
As a result of expanding workload, the stone unit at our tertiary referral centre has recently looked at ways of improving the service for our often complex patients. To meet these needs we have looked at introducing the role of an experienced nurse specialist (CNS) working to protocol. The literature identifies patients find contact with the CNS very rewarding. Patients are given ample time to discuss their issues and the information provided is easy to understand. The CNS also forms a readily available port of call for patients to discuss their issues.
Two patient groups were initially identified to be managed by the CNS. These were recurrent stone formers and patients undergoing extracorporeal lithotripsy (ESWL).
According to EAU guidelines, recurrent stone formers have a 70% risk of developing another stone in their lifetime. Those, in whom metabolic workup does not show any abnormality, should have an annual clinical review and an x-ray.
Patients undergoing ESWL normally have two treatments before re-evaluation. In between the treatments an x-ray is done to see if the stone is still present so that appropriate action can be taken. These two groups form ideal patients to be followed up and managed by the CNS.

Material & Methods
Data was collected retrospectively from May 2008-April 2009 to identify how many recurrent stone formers had been seen by a doctor in clinic that would have been suitable to be seen by a CNS.
Data was also collected for those patients who had undergone ESWL treatment in the same time period and had been booked for further treatment but had been declared stone free at the time of their appointment.

Results
Of 1001 follow-up patients seen in clinic from May 2008-April 2009, 256 (26%) were identified as recurrent stone formers suitable to be seen by the CNS. These patients are given a 10 minute consultation equating to an average of 42.6 hours of clinic time per year spent on seeing recurrent stone formers by doctors.
595 patients attended for ESWL in the same time period. Of these, 77 patients (13%) were booked for further ESWL but were declared stone free at their next appointment therefore the procedure was cancelled. This equates to almost eighty treatment slots of ESWL not being utilised and a loss of around £43,000 net income to the hospital.

Conclusions
This data suggests that there is an important role for the CNS in managing recurrent stone formers and patients undergoing ESWL.
As a result of the CNS seeing recurrent stone formers in clinic, it frees up slots allowing doctors to see more complex patients. On average this will allow the doctors to see a further 6-8 new patients each clinic generating extra annual revenue for our trust of around £56,000.
By implementing an ESWL follow-up clinic there will be a reduction in patients attending for further treatment that is not required, ensuring that all slots are utilised effectively and patients' treatment planned according to need.

P2-s/p Birmingham Room

PATIENT EVALUATION OF INTERMITTENT SELF CATHETERISATION (ISC) FOCUS GROUP MEETING

Lester M.E., Robinson E., Pearce I.

Central Manchester University Hospitals Nhs Foundation Trust, Dept. of Urology, Manchester, United Kingdom

Introduction & Objectives
For the past 6 years the Urology Specialist Nurses have held annual focus group meetings for patients performing ISC and their partners/carers. Each meeting encompasses an educational element, patients' personal experiences of ISC, an opportunity to view available ISC products and a chance to foster peer group support facilitated by familiar health professionals.

We aimed to evaluate the most recent of these meetings held in October 2009

Material & Methods
All patients attending the annual ISC focus group meeting were asked to evaluate the content of the meeting and the service offered by the department by completing a standard anonymous questionnaire.

Results
24 patients and partners attended the meeting and 18 completed questionnaires were returned.
11 patients (61%) had not previously attended a similar meeting with 6 (33%) having attended two or more.
On a Visual Analogue Score of 0-5, 5 being the most helpful, 14 patients (78%) gave a score of 4 or more when asked about the usefulness of having access to representatives of catheter companies.
All the patients gave a score of 4 or above when asked how informative they found the educational content.
14 patients (78%) found the patient experience presentation informative.
4 patients (22%) offered suggestions for future meeting content.
All respondents found the meeting useful and all agreed that they would recommend such a meeting to other ISC users.
No suggestions were offered on how to improve the service, however there were 8 positive comments on the service currently offered.

Conclusions
Self help groups form an integral part of modern health services and are increasingly common amongst sufferers of chronic disease offering support and advice both for patients and carers.
This survey illustrates the high regard in which patients hold such focus group meetings and the benefit to patients and carers of being able to communicate with other patients in a similar position with the support network provided by the Urology Specialist Nurses.
This survey highlighted the great success of this yearly meeting and provided suggestions for future focus group meetings.

P4-p Birmingham Room

HOW TO INSTIL POST-OPERATIVE MITOMYCIN (MMC) IN THE BLADDER

Terkelsen R., Thiele I.M., Lieberkind L.

Frederiksberg University Hospital, Dept. of Urology, Copenhagen, Denmark

Introduction & Objectives
Background. Most Transitional Cell Bladder Carcinomas are non-muscular invasive. 60-90% of the patients will have recurrence after surgery. Reimplantation of tumour cells to the tumour bed after TUR-B may cause recurrence of tumours. Thus, a single installation of a chemotherapeutic agent after TUR, may prevent further development of non-muscular invasive bladder tumours. It is essential to make a thorough & safe plan for the Nursing staff to instil the treatment.

Material & Methods
- Development of Clinical Guidelines of how to handle MMC, according to the guidelines implemented by to Laws of Environmental Security and Chemotherapies.
- Control sufficient amounts of equipment: i.e. tools/kits for eye injuries, fluid to rinse/clean eyes after contamination, secure ways of disposing Clinical Risk Waste, etc.
- Order all accessories needed: i.e. gloves, (neoprene), overall coats, protection glasses, operation mask and waste bags for hazardous waste.
- Take the necessary precautions: Nurses who are pregnant or lactating, may not come in contact with MMC.
- Create education materials & instructions, teach/ guide the staff on how to handle MMC: incl. both theoretical teachings on how the treatment works (desired effects & side effects) and demonstrate how to instil the medicine in practice, etc.
- "What to do info": Make short notes, for the staff billboard, containing information about what to do, if the eyes or the skin are contaminated with MMC.
- Make & implement an information brochure for patients leaving the ward shortly after instillation of MMC. The information contains suggestions on self-care, precautions after the instillation: 'How to prevent spill on the skin and what to do, if MMC is spilled'; 'The effect & side effects of MMC; how to get in contact with the nursing staff in case of a leakage.
- Re-entering patients: Information about how to take care of patients, who are re-entering the ward after having left the hospital.
- Create Clinical guidelines for the Surgeons on whether the patient is to receive MMC, & how and when to ordinate MMC in the Postoperative Period.
- Make MMC part of the standard assortment in EPM
- The Electronic Patient Medication System. After the prescription in EPM by the Surgeons, the nurses order the medicine from the Pharmacy the day before the operation, and administrate the medicine after the operation.

Results
The strategy is to start out slowly: a few patients & a few nursing staff learning the skills. Practical Peer Learning follows the theoretical learning sessions. Subsequently every basic nurse in a normal Urological ward should be able to administrate MMC in a meticulous and confident manner though out the 24 hours.

Conclusions
This implementation plan is unique because the whole basic nursing staff member can administrate the medicine through out the 24 hours. A small patient enquiry showed patient satisfaction with: information, care & treatment.

P5-s Birmingham Room

OUTPATIENT WORK-UP FOR LUTS, AN ASSIGNM ENT FOR SPECIALLY TRAINED NURSES (STN)?

Elf V., Eleholt A.K., Erlandsson I., Larsson B., Ströberg P.

Länsjukhuset Ryhov, Dept. of Urology and Surgery, Jönköping, Sweden

Introduction & Objectives
In daily clinical practice, a consequence of the increasing number of patients presenting with elevated PSA levels that need urological evaluation, is that other patients with benign LUTS will have to wait longer from time of referral to specialist evaluation for their problems. The aim of this study was to evaluate if outpatient LUTS work-up could be done by STNs and if this would optimize the management for this particular group of patients with regards especially to cost/effectiveness and time between referral/evaluation.

Material & Methods
After 2 months of training (theory and practical management) on LUTS and how to do LUTS work-up (History, Timed micturation, IPSS, micturation charts, Flow, PVR, TRUS-volume, DRE) two RNs were assigned to perform the outpatient work-up on patients with benign LUTS. All referrals for LUTS were evaluated by a board certified Urologist. If there were no indications of malignancy in the referral, the work-up was done by the STN. Prior to the work-up, lab test (Hb, creatinine, PSA, U-stix and culture), timed micturation, IPSS, and micturation charts had to be completed. At the time of visit; history, Flow, PVR, TRUS and DRE was done. After the visit all above data were registered on a specially designed chart, together with calculated total 24 hour urine volume, min/max & medium voided volumes, frequency and % of volume at day and night time.
The completed charts were evaluated by a certified specialist in urology, who based on the results gave 3 options:
1) No further treatment or evaluation needed
2) Recommendation for treatment
3) Further exam or evaluation needed
Finally cost and effectiveness was calculated and compared with standard LUTS management at the outpatient facility

Results
Between apr -08 and mar -09, a total of 135 men, age 39-88y (mean 67) were seen by the STNs.
At the initiation of the study there were 104 patients waiting for a LUTS evaluation and the time from referral to visit was 44 weeks with 7 doctors working at the clinic.
At the end of the study 40 patients were waiting and the time from referral to visit was down to 4 weeks, with only 5 doctors working.
Twenty-nine patients needed no further evaluation or treatment, 41 were recommended pharmacological LUTS treatment, 15 TURP, 4 TUMT, 1 Foley, 2 Clean intermittent self cath and 44 needed further examination. (The most common additional exam was cystoscopy n=30).
Only 2 patients were offended because they did not meet a doctor at the work-up visitNo malignant diseases were diagnosed.

The average net cost for LUTS work-up with doctors doing the procedures was estimated to 48 EUROs, with a STN doing the work up the average net cost was estimated to 25 EUROs.

Conclusions
Outpatient LUTS work-up with specially trained nurses is a feasible option and will significantly improve the management in this particular group of patients, with regards to cost per work-up and time between referral and evaluation.

P6-s Birmingham Room

PREOPERATIVE TEACHING AND INFORMATION BY UROLOGIC NURSES TO PATIENTS SCHEDULED FOR ROBOT-ASSISTED RADICAL PROSTATECTOMY

Fredriksen A.

Oslo University Hospital, Aker, Oslo Urological University Clinic, Oslo, Norway

Introduction & Objectives
Each year more than 4000 men are diagnosed with prostate cancer in Norway. At Oslo Urological University clinic (OUU) about 220 patients are treated per year with robot-assisted radical prostatectomy. One year after the operation 4-5 % of the patients have urinary incontinence (UI). About 50 % of the patients who have had a nervesparing procedure suffer from erectile dysfunction (ED) (Eri et al 2007). In Norway hospitals are obliged by law to provide information and guidance to patients and their close relatives. As of 2001 the OUU in collaboration with patient organizations have offered courses for patients suffering from prostate cancer. Surveys showed that the participants found the courses very helpful, but many expressed that they would have wished to receive more information before their operation. This feedback inspired the OUU staff to establish patient teaching and information by a urologic nurse as part of the preoperative routine, in addition to the information given by the urologist.

Aims of preoperative teaching and information by urologic nurses
Information as to what to expect after the operation. Information can contribute to reduction of anxiety and worry about problems which can occur. Postoperatively, the patient will be referred to the same nurse when or if he needs additional follow up due to UI and ED. The preoperative teaching and information lasts for about one hour.
The focus is on:
- Continence mechanism (function and dysfunction);
- Pelvic floor muscle exercises, verbal and written instructions ;
- The operation (oral information and use of an anatomic illustration) ;
- Indwelling catheter, function, catheter care, written information;
- Different types of diapers;
- Orgasm and ejaculation (function and dysfunction);
- Erectile function, dysfunction, possible postoperative treatment;
- Information about postoperative activity, follow-up, courses and patient organizations.

Material & Methods
From October 2004 until the end of 2008 we asked the patients (n=619) to grade the usefulness of the preoperative teaching and information by the urologic nurses.

Results

Very useful	Useful	Somewhat useful	Not useful
485	133	1	0

Conclusions

The patients are very satisfied with the preoperative teaching and information by the urologic nurses. They say that this is both important and necessary in addition to the information given by the urologist. Several patients express "This was very useful! Now I understand better what the treatment implies".

Future

The teaching and information by urologic nurses are established as part of the preoperative routine. 805 patients have from late 2004 until october 2009 received this preoperative teaching. We plan to study how well our total teaching and information correlates with the patients experiences postoperatively. The patients will receive questionnaires 14 days and 6 months postoperatively. This study is supported by the Norwegian Cancer Society.

P7-s Birmingham Room

DEVELOPING A NOVEL APPROACH TO FOLLOW UP FOR PATIENTS WITH PROSTATE CANCER

Kinsella J.E.[1], Fleure L.[1], Ashfield A.[1], Acher P.[1], Cahill D.1[1], Chatterton K.[2]

[1]Guy's and St Thomas Nhs Foundation Trust, Dept. of Urology, London, United Kingdom, [2]Guy's Hospital London, Dept. of Urology , London, United Kingdom

Introduction & Objectives
Cancer survivors now account for approximately 22.4 million people globally. Debate around the need, effectiveness and efficiency of traditionnal models of follow-up care is ongoing. The objectives of this programme were to establish a novel shared care model of follow up involving primary and secondary care practitionners: to address quality of life; adequate monitoring for cancer recurrence; and reinforcment of the primary care teams roles.

Material & Methods
The prostate cancer service at Guy's and St Thomas' Foundation Trust along with stakeholders in Primary Care and patient representatives devised a Survivorship Programme as an alternative to traditional follow up. This was to delivered through a treatment specific survivorship patient day consisting of a number of presentations to a group of patients who had undergone a specific tretament for prostate cancer. Topics included dietry advice, incontinence and erectile dysfunction Evaluation of the programme was carried out through pre and post programme surveys.

Results
Pre programme surveys suggested 46 (78%) patients were confident they knew what to expect from the day before attending, 11 (19%) came merely out of curiosity about the new programme and 26 (44%) attended because they liked the idea of addressing more than one problem at a single visit.

Analysis of the post programme survey revealed little difference in responses across the three groups. When questioned whether the programme was better, worse or no different to a traditional follow up appointment, 18 (82%), 15 (83%) and 18 (95%) of the RRRP, Page 55 EBRT and HT groups respectively agreed the day was better.

Conclusions
An integrated primary and secondary care follow up programme delivering a patient focussed survivorship programme has the potential to dramatically improve the patients' experience and may prove to be an innovative and cost effective way of delivering safe and high quality care

P8-s Birmingham Room

EDUCATING HEALTH PROFESSIONALS ABOUT SEXUAL DYSFUNCTION IMPROVES THE EXPERIENCE OF MEN ON HORMONE TREATMENT FOR PROSTATE CANCER

Kinsella J., Fleure L., Chatterton K., Acher P., Cahill D.

Guy's and St Thomas Nhs Foundation Trust, Dept. of Urology, London, United Kingdom

Introduction & Objectives
Advances in prostate cancer management over the last 10 years have meant men with advanced disease are living longer with the consequences of treatment. This project sought to develop and evaluate a short educational course to improve the knowledge and comfort levels of professionals working in both primary and secondary care when addressing sexual dysfunction in men on hormone treatment for prostate cancer.

Material & Methods
The current practice of 50 GP's, 50 Oncologists and 50 Nurse Specialists was initially evaluated defining educational backgrounds, attitudes, challenges, perceptions and confidence in respect to managing sexual dysfunction in hormone patients. 10 professionals from each group were subsequently invited to attend a short educational workshop, consisting of knowledge to support assessment andmanagement and an opportunity for role play. Participants then completed questionnaires immmediatley following the course and again one year later.

Results
Immediately following the workshop two-thirds 22 (73%) of the participants thought the workshop would help them in their future communication regarding sexual dysfunction, with 21 (70%) reporting the workshop had helped them 'a great deal' in feeling more comfortable in addressing sexual dysfunction management. This was confirmed at one year with 20 (67%) respondents feeling comfortable in dealing with sexual dysfunction and 22 (73%) recognising they 'more often' or 'consistently' included sexual dysfunction assessment during follow up of men on hormone treatment.

Conclusions
It is feasible to develop a short workshop directed at enhancing knowledge and skills of healthcare professionals in both primary and secondary care with respect to sexual function training

P9-s Birmingham Room

THE DEMONSTRATION OF ERECTILE MANAGEMENT TECHNIQUES TO MEN SCHEDULED FOR RADICAL PROSTATECTOMY REDUCES LONG-TERM REGRET: A COMPARATIVE COHORT STUDY

Kinsella J.E.[1], Acher P.[1], Chatterton K.[2], Cahill D.[1], Dasgupta P.[1], Popert R.[1], O'brien T.[1]

[1]Guys and St Thomas Nhs Foundation Trust, Dept. of Urology, London, United Kingdom, [2]St. Thomas Hospital, Dept. of Urology, London, United Kingdom

Introduction & Objectives
Introduction: Previous studies have suggested approximately 20% of men undergoing radical prostatectomy (RP) express regret at their treatment choice, citing erectile dysfunction (ED) as a major cause.

Objective
To determine whether preoperative demonstrations of intracavernosal and vacuum therapies for ED influences the decision of treatment choice, reducing long-term regret.
Material & Methods: Design, Setting and Participants: 82 consecutive men with localised prostate cancer, scheduled for RP reporting an International Index of Erectile Function % (IIEF-5) score of >21 were prospectively enrolled at a single cancer centre.

Intervention(s)
Following standard preoperative counselling, half of the men were invited to attend a further consultation for intra-cavernosal and vacuum therapy demonstrations.

Measurements
All patients were evaluated pre treatment, then 3 monthly using the IIEF-5 score and the 14-item Hospital Anxiety and Depression scale. At twelve months treatment choice changes were recorded and patients were assessed for treatment choice regret using Clarks' validated two-item regret questionnaire. Statistical analysis was performed using the Mann Whitney and Fishers' exact tests. Results were compared to a control population of 41 men who did not undergo additional ED counselling.

Results
Results and limitations: 8/41 (19%) men changed their treatment choice, opting for brachytherapy rather than RP. Only 1/41 in the control population changed their decision prior to surgery. At one year, one patient (2%) in the intervention group expressed regret at his treatment choice (RP) compared to eight (20%) in the control group (p=0.03, two-sided Fisher's exact test); ED was identified as the major cause of this regret. Although sample size is a limitation of this study statistical significance was achieved, practice has changed at our institution with all patients now receiving ED counselling as local standard of care.

Conclusions
Pre-operative demonstrations of ED therapies can optimize decision making in prostate cancer and help reduce long term regret.

P10-s Birmingham Room

PARAMETERS IMPORTANT FOR PATIENT RECOVERY UNDERGOING RADICAL RETROPUBIC PROSTATECTOMY

Gruschy L., Nielsen S.T., Andersen M.B.

Rigshospitalet, Dept. of Urology, 2112, Copenhagen, Denmark

Introduction & Objectives:
Background: Patients undergoing radical retro pubic prostatectomy often experience temporary as well as longer lasting urinary incontinence following surgery. This has implications for Quality of life. Urinary incontinence may be assessed by questionnaires and by pad testing. Aim: The aim of this study was to evaluate the time to regain continence following surgery and compare the results of questionnaires and pad testing, respectively, in the assessment of urinary incontinence. Furthermore we want to identify parameters important for patient recovery.

Material & Methods
50 patients who underwent radical retropubic prostatectomy in the period Oct. 2008 to June 2009 were invited to participate in the study. Preoperatively patients recorded their physical activity and lifestyle related factors, i.e. smoking and drinking habits. Patients filled in questionnaires recording the time to regain normal physical, social capabilities and urinary continence at 4, 6, 8, 10 and 12 weeks following surgery. Further 35 consecutive patients from the initial cohort, who had more than 6 months follow-up, were asked to fill in the same questionnaire once more and underwent a 24 hours pad test.

Results
Mean age at surgery was 64 years, 12 patients had either uni- or bilateral nerve sparing procedures. 30 patients had lymphadenectomy performed. No correlation between either pre- or per operative parameters and the time to recovery could be demonstrated. Only the degree of patient reported urinary incontinence correlated to time to recovery. Following 12 weeks 70% of the patients reported that they were as continent as preoperatively. Following 6 months pad test demonstrated that 29 of 35 (83%) patients had urinary leakage < 12 g. Continence 6 months following surgery were strongly correlated to pad test.

Conclusions
Urinary continence following radical prostatectomy seems to be the cornerstone in the process of regaining preoperative social and functional capacity. Patient reported continence 6 months following surgery strongly correlates to the results from pad tests. Pad tests can be omitted in patients stating continence.

We hope to welcome you at our Satellite Symposium at EAUN 2010

ORION

Monday
19 April 2010
12:45–13:45

Venue:
Fira Barcelona
Recinto Gran Via
Barcelona, Spain

Room:
Birmingham

Vantas: a nurse's perspective on the first once-yearly LH-RH agonist

During this symposium we will introduce the first once-yearly LH-RH agonist subcutaneous implant containing histrelin acetate and will discuss its practical use within the nursing community.

LH-RH agonists have become the standard of care for hormonal therapy in the palliative treatment of advanced and metastatic prostate cancer. However, to date, they have only been available as 1-, 2-, 3- and 6-monthly preparations.

With real-world presentations from the nurse and patient perspective, this will be one of the first opportunities to learn more about how this new treatment option could benefit both groups as it becomes available in Europe.

Scientific Programme

- **Vantas: a new era for prostate cancer management**
  Dr Neal Shore
  South Carolina, USA
- **From theory to practice: a nurse's experience**
  Mr Angus McCormack
- **Once-yearly therapy: how patients perceive it**
  Speaker to be announced
- **Concluding remarks**
  Dr Neal Shore

Find out more at the Orion booth
or visit www.vantas.eu

Stand no. F23

01-s Birmingham Room

ENURESIS IN CHILDREN; PREVALENCE AND QUALITY OF LIFE

Savaser S.S.[1], Kizilkaya Beji N.K.B.[2], Aslan E.A.[2], Gozen D.G.[1]

[1]Istanbul University Florence Nightingale School of Nursing, Dept. of Pediatric Nursing, Istanbul, Turkey, [2]Istanbul University Florence Nightingale School of Nursing, Dept. of Obstetric and Gynecologic Nursing, Istanbul, Turkey

Introduction & Objectives
Enuresis, which is one of the most common problems in childhood, is defined as involuntary voiding in children over the age of five. Prevalence of enuresis is between 3,1% and 24,4%. There are multiple factors in the etiology of enuresis. Enuresis can cause the loss of self esteem in children, change relations with family and friends and decrease the success in school. It is reported that whole understanding of the effects of enuresis on children is possible by gathering direct data from the children. There have been some studies on the prevalence of enuresis in Turkey. However, no study was found about the emotional and social impacts of enuresis that evaluates the effects by gathering data directly from children. The study aimed to establish the prevalence of urinary incontinence in children aged 11-14, and evaluate the emotional and Social impacts of enuresis using in depth interviews on a group of students who reported urinary incontinence.

Material & Methods
The data of this descriptive and cross sectional research were gathered from 2750 primary school students between 11-14 ages in Istanbul. The data of the study were analyzed using frequency, chi square and regression analyses.

Results
The overall prevalence of urinary incontinence was 8,6% and decreased with age. Urinary incontinence was significantly more common in male children and those who had frequent urinary infections, whose first degree relatives had urinary incontinence problem in childhood and who reported low socioeconomic level in the family.

Conclusions
The results of studies on this theme are similar and consequently we can conclude that enuresis is a problem of school age children. Emotional and social impacts were evaluated using in depth interviews on a group of students who reported urinary incontinence. It is usually stated that qualitative researches are needed on this problem. School screening programs should be conducted with children and their families, and counseling must be provided about the treatment of children with urinary incontinence.

Note. This study was supported by The Support Programme for Scientific and Technological Research Projects of TUBITAK (Programme Cod: 1001 Project No: 107S062)

Keywords: Enuresis, quality of life, early adolescent, risk factors

O2-s

Birmingham Room

REALIZATION OF A PEDIATRIC PATHWAY IN AN ADULT UROLOGICAL DIVISION: A BET FOR NURSE

Ferrero C.F.[1], Da Costa Duarte D.D.C.D.[1], Cecchelli E.C.[1], Trabucatto M.T.[1], Villanova C.V.[1], Trajkov Z.[2], Denarier P.D.[1], Pierini P.P.[1], Baldassarre E.B.[1]

[1]Umberto Parini Hospital, Dept. of Urology, Aosta, Italy, [2]Ospedali Regionale, Dept. of Urology, Aosta, Italy

Introduction & Objectives
Until 2008, in Aosta (I), the commonest paediatric urological pathology was managed by different professional figures: adult urologists, andrologists, general surgeons, while all main pathology was transferred to far main paediatric Centres. In late 2008 we betted over a paediatric urological pathway into our Urological Division, thanks to the presence of a paediatric urologist and a dedicated team of anaesthetists. Four nurses already employed in Urology were involved: a paediatric nurse, a midwife and two urological nurses. Herein we present the results after one year.

Material & Methods
The initial goals: SKILLS: paediatric approach, "no pain" venipuncture, bladder catheterism, methods of distractions (toys, candies, balloons, bubbles, etc...) OUTPATIENT: a nurse for each ambulatory; separate children and adults; file-rouge paediatrician/urologist/nurse/family; minimal bureaucracy DAY HOSPITAL: nurse involvement in diagnostic pathway (Nuclear Medicine, Radiology) OPERATORY ROOM: familiarise with methods of premedication and with the "preoperatory" stress; pediatric operatory lists avoiding the mix between children and adults TERRITORY: human relation with the paediatricians, presting to the paediatricians the pathway and a team with nurses and doctors. UPDATE: stages, Courses, Congresses, Scientifical activity

Results
After one year: SKILLS: complete autonomy of all 4 nurses in venipuncture in children > 3 years. Two nurses always present during venipuncture. (7-8 / month) OUTPATIENT: 5 ambulatory/month (60-70 children), separated by the Urological ward with a nurse present. Project "Ambulatory of fantasy" DAY HOSPITAL: active participation during the diagnostic exams (blockage of child, catheter management, etc...) and during interdisciplinary clinical meetings. (4 children/month) OPERATORY ROOM: a nurse present during the perioperative phase. Two scopes: tranquillise the parents (a "friendly known face") and continue the training in venous accesses. Two lists/month dedicated for children (1 for children < 3 years) with hospitalisation in Paediatric ward. TERRITORY: contacts between nurses and family and between nurses and paediatricians before the urological visit. UPDATE: 1 stage in Strasbourg; 2 congresses in Aosta; three impacted international publications; attendance to three Paediatric Urological courses in Turin; attendance to two international Congresses (EAU Barcelona 2010, SFCP Paris 2010).

Conclusions
A Pediatric Urological activity is feasible in a peripheral Hospital, becoming great opportunity for the population, with minimal costs. Advantages for urological nurses: widening of skills; overcoming of the fear to approach the child; great human and professional satisfaction approaching the "complex child-parents" with; pediatric mentality; integration of the technical skills of an Adult Urological Division (Endoscopy, Laser, Robot, Urological experience) with a pathway "children-sized".

04-s Birmingham Room

FEARS, PAIN AND ANXIETY DURING BILATERAL VASECTOMY UNDER LOCAL ANAESTHESIA

Marin M.[1], Juarez N.[1], Alarcon R.[1], Paez A.[1], Valiente R.[2], Sandin B.[2], Ruiz R.[3], Nuñez S.[3]

[1]Hospital Universitario De Fuenlabrada, Dept. of Urology, Fuenlabrada, Madrid, Spain, [2]Universidad Nacional De Educacion A Distancia, Catedra De Psicopatologia, Madrid, Spain, [3]Hospital Universitario De Fuenlabrada, Dept. of Postsurgical Unit, Fuenlabrada, Madrid, Spain

Introduction & Objectives
Bilateral vasectomy under local anaesthesia is a very popular intervention for male sterilization. Nevertheless, anxiety and fears can be above the expected for simple surgical procedures. In this field, nurse-delivered psychological support has been proved effective. In this study we tried to quantify pain intensity during vasectomy and to disclose whether or not psychological factors could be involved in pain tolerance. Additionally, pain increase (or decrease) after the second intervention was evaluated and related to psychological factors.

Material & Methods
In our department a nurse-managed unit checks whether patients meet the local criteria for vasectomy. Operations are conducted by seven urologists with the assistance of surgical nurses. To approach variables of personality and anxiety, self-administered PSWQ, ASI and PANAS questionnaires are used at inclusion in the surgical waiting list and immediately before the intervention. The standard procedure involves infiltrating the scrotal skin and the tissues around the vas on one side with 4.5-5 ml of local anaesthetic (1% mepivacaine) followed by the vasectomy procedure on the same side through a 1cm long incision. Pain intensity is evaluated using the VAS scale. The procedure is then repeated for the other side and pain evaluated again. On average, the procedure on each side lasts 10 minutes. Intra- and inter-individual variations in pain intensity after right and left vasectomies were tested using univariative and multivariative statistical models. VAS difference between both interventions acted as dependent factor for all analyses.

Results
Fifty-five patients were evaluable. Pain intensity after first and second interventions averaged 2.85 and 3.81(VAS), respectively. Only 12% of the variance in pain increase (or decrease) could be explained by intraindividual changes (r^2 0.12, <0.01). Conversely, 79% of the variance in pain intensity was explained by interindividual factors (r^2 0.79, $p<0.001$), that is, by differences in patients' characteristics. No clear-cut relationships could be identified between psychological factors and variations in pain increase (or decrease) after right and left vasectomy (p=ns). Only pain intensity at first intervention (it being right or left) positively correlated with pain increase at second intervention (r^2 0.69, $p<0.001$). In other words, the higher the VAS score at first intervention, the higher the pain at second operation.

Conclusions
Vasectomy is a moderately painful procedure when performed under local anaesthesia. Pain differences between first and second interventions exist but are limited, perhaps thus explaining the null effect of psychological aspects. More work on individual personality profiles is needed before implementing nurse-delivered psychological support before male sterilization.

O5-s Birmingham Room

NURSING TRAINEE WARD FOR UROLOGY PATIENTS

Jansen W.C.

Nki-Avl, Dept. of Urology, Amsterdam, The Netherlands

Introduction & Objectives
In the Netherlands the nursing education is divided in two levels the MBO-V (level 4)and the HBO-V (level 5). Until now it was not possible for students of the MBO-V level to gain work experience and for HBO-V students only a few trainee places were available in our hospital. In our view the training of nurses is a shared responsibility of the schools and of the hospitals. In the near future a shortage of nurses will occur. For reasons mentioned above, the hospital opened a nursing trainee ward in which the students are the main working force of the unit. It's not common practice that students of these levels are stationed on an oncological nursing ward.

Material & Methods
We started a unit for 12 students of both levels. Most patients admitted have an urological oncological illness. Those patients mostly have prostate-, bladder-, penile-, or kidney cancer. The treatments involved are: robot prostatectomy, TUR-T or TUR-P, cystectomy, radio frequent ablation of tumour, or voiding problems after treatment. A partnership was formed with two of the main nursing schools in the area. The nursing trainee ward is organised as a self-sufficient ward where students learn from each other and their coach. Apart from direct patient care, they are also responsible for the coordination of the unit, duty rosters and daily scheduling. The trainee ward is a qualified internship for level 4 and level 5 nurses. The students are supernumerary and are supported by a coach. The coaches are nurses of the oncology department, specially trained. The competency-based education is guaranteed by coaches and trainees employed on 1 unit. The unit is fully operational and functions as planned. Quality of care and education on the ward is measured in research programs.

Results
The trainee unit has proven to be a fully functional ward with mainly urological patients. A new challenge for experienced oncology nurses is being offered to coach students. As a result employees experience a higher job satisfaction. Basic nursing skills, such as hygiene, catheter care, patient education and other basic urological principals are taught in daily practice. At the same time, knowledge of new urological procedures can be taught at the ward such as robot prostatectomy and RFA.
After finalising the traineeship, the student will have an exemplary experience to fall back on. Research shows that students often continue to work on their final internship. By offering additional placements in a trainee ward, we expect that trainees will continue working with us after their certification. Afterwards they are offered top specialise in oncology nursing. This will save recruitment costs.

Conclusions
Patients with an urological illness prove to be a suitable group for a trainee nursing ward. In our institute we have shown that a nursing trainee ward does not impair quality of care and patient safety. It improves the quality of the nursing traineeship and increases the number of dedicated urology nurses.

06-s Birmingham Room

EFFICACY OF TELE-NURSING CONSULTATIONS AFTER RADICAL PROSTATECTOMY

Jensen B.T., Kristensen S.

Århus University Hospital - Skejby, Dept. of Urology, Århus, Denmark,

Introduction & Objectives
It is well-known that the incidence of prostate cancer has been increasing revealing higher demands for public health care regarding surgery and related urology care. To enable future demands concerning postoperative care, fast track pathways have been introduced in prostate cancer care. However fast track leaves less time for education and information of the patient. To optimize resources postoperative tele-nursing is an option to secure safe rehabilitation and patient satisfaction despite fast track.

Material & Methods
This study is a prospective randomised controlled trial. A random sample of 100 consecutive patients referred to radical prostatectomy (RP) was randomised to either tele-nursing or standard care follow up. In 70 patients a robot assisted RP was performed and 30 patients have had an open RP.

The inclusion will end in December 2009. The randomisation has been controlled by an extern data management office. Data have been collected from medical records and questionnaires 2 weeks postoperatively in all patients. In the tele-nursing group an additional telephone consultation have been performed 4 days postoperatively. The study was approved by the national ethic committee.

Results
The results will be reported as differences in variables concerning aspects related to postoperative problems. Moreover differences in handling daily activities and social implication are evaluated. Finally patient reported outcomes regarding the utility of the concept and recommendations for the future will be presented.

Conclusions
Depending on the efficacy and the interpretation of efficacy tele-nursing will be standard care in urology nursing. Due to the design results will be transferable to European hospital setting.

07-s Birmingham Room

LIVING WITH INCURABLE PROSTATE CANCER - THE WIFE'S PERSPECTIVE

Bruun P.[1], Pedersen B.D.1, Osther P.J.[2], Wagner L.[1]

[1]University of Southern Denmark, Research Unit of Nursing, Institute of Clinical Research, Faculty of Health Sciences, Odense, Denmark, [2]Hospital Littlebelt,, Department of Urology, Fredericia, Denmark

Introduction & Objectives
Prostate cancer accounted for 12% of all diag¬nosed cancers in Denmark during the period 1996-2000. The disease can be characterized as a chronic illness with a significant impact on both the patient and his family. Research in this field to date has predominantly focused on the man's experiences in coping with the disease while research concentrating on the family's experiences following the husband's/father's cancer diagnosis is lacking. The focus of this study is to analyze the daily experiences, shared through narratives, of wives with a husband suffering from prostate cancer.

Material & Methods
Five wives of men diagnosed with incurable prostate cancer and referred to The Urological department of Hospital Littlebelt for treatment. The study assumes a phenomenological-hermeneutic approach, using Ricoeur's theories on narratives and text interpretation. Informants are interviewed three months after the husband/father is informed of his cancer diagnosis, and again after ten months. The interview guide contains open-ended questions that, for example, pinpoint the wife's thoughts and actions during the husbands illness. Data analysis is done in three stages, namely a naïve analysis, followed by a more structured analysis, and concludes with critical interpretation and discussion.

Results
The results of the analysis showed one main theme; coping with life and three sub-themes:

Aspects of loneliness
- Women experience different aspects of loneliness when their husband is diagnosed with incurable prostate cancer.
- A self-inflicted loneliness which can lead to isolation and over time to a state of complete prostration that makes it difficult to cope with life.
- A self-imposed loneliness which makes sense in the light of an obligation to care, but which does not make sense if it over time leads to the suppression or disregard of one's own needs.

Informal care
- Informal care can over time be perceived as a dilemma because of an imbalance between taking care of the husband and taking care of oneself.

Relationships
- The strength to cope with life through mutual love in the family and a strong faith is over time found in the relation.

Conclusions
Wives of men diagnosed with incurable prostate cancer experience over time different ways of coping with life.

O8-p

Birmingham Room

DOES CLAMPING OF THE HEMATURIA CATHETER BEFORE REMOVAL DECREASE THE FEELING OF UNPLEASANTNESS AND INCREASE SATISFACTORY VOIDING IN PATIENTS WHO HAVE UNDERGONE TRANSURETHRAL RESECTION OF THE PROSTATE?

Hjuler A, Christiansen S.

Regionshospitalet Randers, Urologisk Sengeafdeling, Randers Nø, Denmark

Introduction & Objectives
In the urologic ward we treat patients who have undergone transurethral resection of the prostate (TUR-P). After surgery the patient has been fitted with a hematuria catheter. This catheter is thicker and stiffer than a normal catheter. In our experience patients worry a lot about the removal of this catheter. Therefore we investigated, with use of a visual analog scale (VAS), how unpleasant removal of the hematuria catheter was. Our hypothesis was, that clamping the catheter half an hour before removal could decrease the feeling of unpleasantness. Furthermore we would like to investigate if this could promote spontaneous voiding. Spontaneous voiding plays a major part in deciding when the patient can be discharged. Accelerated discharge is a benefit in terms of the economics of the ward [1], and of the national healthcare system as such. [1] Staying one night in hospital currently costs app. 400 euro.

Material & Methods
Forty consecutive patients participated in this study. All of these had undergone a TUR-P. After surgery they had been fitted with a hematuria catheter. We only included men between 40 – 90 years of age. The men were all able to speak and understand Danish. We excluded patients with mental illnesses, prostatic cancer and patients that already had a catheter prior to the operation. Twenty had the catheter removed by following the wards standard (control group) and 20 had the catheter clamped 30 minutes before removal (intervention group). In both groups VAS was used to measure the feeling of unpleasantness.

Results
The average feeling of unpleasantness in the control group was 3.55 and in the intervention group 4.15. No significant difference was therefore detected in terms of the feeling of unpleasantness. Ten patients in the control group and 11 patients in the intervention group achieved a satisfactory voiding[1] during the late morning. The rest of the patients in both groups achieved a satisfactory voiding during the afternoon. Patients who had the catheter clamped could not benefit from early discharge. [1] Satisfactory voiding is:>/=150 ml (no or only mild hematuria). The residual urine, measured by ultrasound, might not be exceed the voided volume.

Conclusions
Unfortunately we could not prove any benefit of clamping the catheter before removal after TUR-P, neither on the feeling of unpleasantness. In terms of early discharge we must also conclude that it was not beneficial for the national economics of the healthcare system. Further investigation is needed and our new hypothesis is that the hydration of the patient might have influence on voiding when the catheter is clamped before removal.

09-p Birmingham Room

ASSESSMENT OF NURSES' SUPPORT PROGRAM FOR SELF-REMOVAL OF URETHRAL STENTS WITH EXTERNAL STRINGS BY PATIENTS AT THEIR HOME GUIDED BY TELEPHONIC ASSISTANCE

Shafir A., Yarsko N., Bar-Adon T.

Tel-Aviv Sourasky Medical Center, Dept. of Urology, Tel-Aviv, Israel

Introduction & Objectives
Internal urethral stents are commonly placed following ureteroscopic procedures to avoid postoperative obstruction. Internal stents with external strings were introduced in order to diminish patient inconvenience related to cystoscopic removal. Even though their use precludes cystoscopy, stent removal is usually performed in the office. The aim of our study was to assess the feasibility and safety of stent self-removal by patients at their home with telephonic assistance and ways to improve their cooperation with this approach.

Material & Methods
The study comprised a consecutive series of 80 post-ureteroscopic patients left with internal stents with external strings. The nurses' support program included supply of written instructions regarding the stent and its care, and ways to perform basic activities and to confront possible related complications. In addition, verbal guidance and explanation have been provided until the final removal of the stent. This group was statistically compared with a matched group of 80 patients treated similarly but not participating in the nurses' support program. The comparison included demographic and clinical data, performance status, acceptance and success rate of self-removal and satisfaction as reported on questionnaires filled telephonically.

Results
The comparison groups were similar in terms of average age, stone size, operative time, complication rates and hospital stay. The self-removal rate in the study and comparison groups was 95% and 81%, respectively ($p=0.007$). Patients who refused self-removal were significantly younger (average 27 vs 56 years, $p<0.001$) and mostly males (89% vs 11%, $p<0.0001$). Patients in the study group reported significant less anxiety (75% vs 88%, $p<0.05$), reduced discomfort (75% vs 93%, $p<0.01$) and improved self esteem (81% vs 50%, $p<0.001$). Patients in the support program resumed significantly earlier sexual activity (average 10 vs 40 days, $p<0.0001$).

Conclusions
Nurses' support program for self-removal of stents by patients at their home significantly improves patients' understandings and acceptance. It promotes patients' self-care, diminishes stent related discomfort, negative influence on patient self esteem and physical limitations. It allows for early resuming of sexual activity. Considering the positive results of this study, we are in course of establishing specific nurses' support programs for other urological interventions.

O10-s Birmingham Room

PROFILE OF UROLOGY NURSES IN TURKEY

Ozbas A.O.[1], Aslan E.A.[2], Kanan N.K.[1]

[1]Istanbul University Florence Nightingale School of Nursing, Dept. of Surgical Nursing, Istanbul, Turkey, [2]Istanbul University Florence Nightingale School of Nursing, Dept. of Obstetric and Gynaecologic Nursing, Istanbul, Turkey

Introduction & Objectives
Urology Nurses Association was established in 2006 and currently has 130 members. Due to the lack of specialization in nursing in our country, the number of nurses working in the field of urology and their needs are unknown. The study was performed to determine the individual characteristics and professional needs of nurses working in the field of urology.

Material & Methods
The data of this descriptive, cross-sectional study were collected between November 2008-2009. Among the participant nurses in a National Congress of Urology Nurses and six regional training sessions from the activities of our association, nurses who were working actively in urology clinics and volunteered to participate in the study were included in the sample. A questionnaire consisting of 27 questions which was developed by our board of directors were used for data collection.

Results
Totally 123 nurses were determined to be in accordance with the inclusion criteria and analysis was performed on this sample. Almost all of the participants, including nurses from all regions of the country, were women and their mean age was 32.37±7.38. Also, 58.5% of the respondents' were married and 80% had children. Nurses had different levels education in nursing. Almost all of the nurses reported to be in middle or high economic level, 93.5% did not have any major health problem. Participant nurses were mainly working in urology services (69.1%) and in the operating room of urology (26%). The average duration of working in nursing was 11.8±8.42 years, while it was 5.57±6.08 years in the field of urology. Nurses were asked if they had received any postgraduate education and it was seen that 62.6% did not participate in any education so far. Of the nurses, 81.3% did not have in any education related to their nursing education in urology. When their membership of Urology Nurses Association was asked, it was determined that, only 13.8% of them were members, but 70.9% wanted to be members. So far, 10.3% of nurses participated in research in their field, but 78.1% reported to be willing in this regard. 91.1% of the nurses could use computer and 71% of them had e-mail addresses. When they were asked about the difficulties of being a urology nurse, they often reported difficulties in giving care to male patients, ensuring the privacy of patients, giving postoperative care and education. Nurses expectations from the association were to continue education, support specialization and maintain communication to be informed about the developments.

Conclusions
It was determined that, urology nurses had different levels education in nursing, they were not active about participating in scientific research, following current developments and organization, but they were very enthusiastic on that issues. Urology nurses have to be supported in education and research by taking their expectations from the association into consideration.

Vienna

EAU 18-22 March 2011

12th International EAUN Meeting 19-21 March 2011

Abstract submission deadline: 1 December 2010

www.eauvienna2011.org/12th-eaun-meeting

European Association of Urology Nurses

ESU Courses CD 2010 edition

All EAUN members are entitled to take home a copy of the European School of Urology (ESU) Courses CD. This CD contains summaries of the ESU courses that will be given in Barcelona. More information on the courses can be found in the EAU Programme Book.

Sanofi-aventis exhibition booth: J07

eau EUROPEAN SCHOOL OF UROLOGY

eaun Fellowship Programme

Visit a hospital abroad for 1 or 2 weeks - expenses paid!

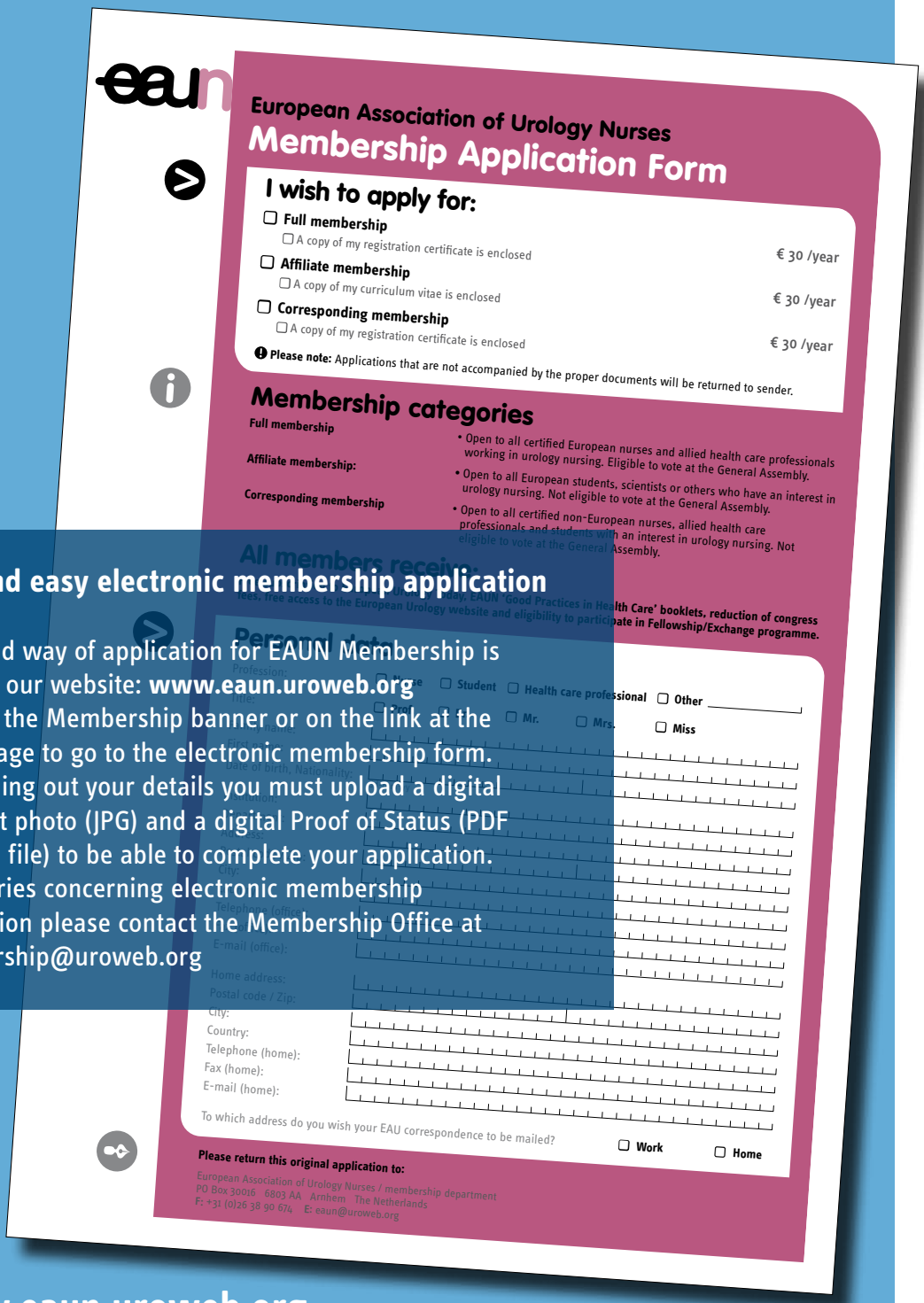
- **Only EAUN members can apply, limited places available**
- **Host hospitals in Belgium, Denmark, the Netherlands, Sweden, Switzerland and the United Kingdom**
- **A great way of widening your horizon**

For application forms, rules and regulations and information on which specialities the hosting hospitals can offer please visit the EAUN website.

T +31 (0)26 389 0680 **F** +31 (0)26 389 0674 eaun@uroweb.org www.eaun.uroweb.org

European Association of Urology Nurses

Membership Application Form



Fast and easy electronic membership application

Preferred way of application for EAUN Membership is through our website: **www.eaun.uroweb.org**
Click on the Membership banner or on the link at the EAUN page to go to the electronic membership form.
After filling out your details you must upload a digital passport photo (JPG) and a digital Proof of Status (PDF or Word file) to be able to complete your application.
For queries concerning electronic membership application please contact the Membership Office at membership@uroweb.org

www.eaun.uroweb.org