The chance to participate in developing the EAUN intravesical instillation in non-muscle invasive bladder cancer guidelines has inspired me since being part of an international group of expert colleagues is a once in a lifetime opportunity! The EAUN, among its many important roles, is active in the development, implementation, and revision of the guidelines used by nurses who work in urology. A lot of work has been done in recent years to assist colleagues with guidelines distribution and implementation. Among the published guidelines, of particular interest are those about intermittent self-catheterization, continent urinary diversion and transcutaneous ultrasound guide biopsy of the prostate. The majority of these guidelines has also been translated to other languages and is periodically subjected to a rigorous process of revision and update. The guidelines are also available free of charge via the EAUN’s website.

Holistic nursing care

The most recent EAUN guidelines tackled intravesical instillation with mitomycin C and bacillus Calmette-Guérin (BCG) in non-muscle invasive bladder cancer, a topic of debate among nurses, particularly with regards to safety during treatment and patient education. The skills a nurse must possess to manage this procedure extend beyond the clinical setting but also touch on education and social skills since the treatment pathway also includes the guidance of patients during a treatment course that often takes several weeks (with possible repeat procedures).

In the European Union, the age-standardised incidence rate for bladder cancer is 27 per 100,000 for men and six per 100,000 for women (Ferlay et al., 2008b). Bladder cancer incidence has dropped in some registries, possibly reflecting the decreased impact of causal agents, mainly smoking and occupational exposure (Bozzetti et al., 2001). Mortality from bladder cancer has also decreased, possibly reflecting an increased standard of care (Ferlay et al., 2008b). This problem requires more research.

Non-muscle invasive bladder cancer (NMIBC) has a high prevalence due to low progression rates and long-term survival in many cases (Burger et al., 2013). From the prostatic viewpoint, NMIBC falls into one of three categories: low-risk, intermediate-risk and high-risk for progression and recurrence according to the European Organisation for Research and Treatment of Cancer criteria (Babjuk et al., 2009). Based on tumour risk category, the EAU Guidelines recommended specific intravesical treatment (Babjuk et al., 2009).

The EAUN guidelines aim to provide information on the potential advantages, evidence-based and shared by experts for an optimal treatment regimen. These recommendations must support the clinical decisions of the professional based on his experience, enabling him to evaluate and personalise the assistance given to the patient, while considering clinical settings and conditions, patient preferences and available resources.

Guidelines development

The process of guidelines development began in September 2013, with the creation of the team, coordinated by Susanne Vahr (DK), an expert colleague who has worked on guidelines development, and composed of five other nurses, namely, W. De Blik (NL), B. Thoft Jensen (DK), N. Love-Retinger (US), B. Turner (UK), G. Villa (IT) and urologist Jan Hrbalék (CZ). Each panel member developed a part of the guidelines, which was then shared and discussed with the other members. The final version was then subjected to external blinded review.

The written guidelines are made up of three parts. The first part is methodological and explicitly described the process used for writing guidelines and the definition of terms. The second and principal part included chapters regarding indications and contraindications to intravesical instillation, and the third part was dedicated to the use of bacillus Calmette-Guérin and mitomycin C. These are followed by chapters on care pathway and safety.

In these chapters, the European Safety Regulation, risk factors and exposure are presented, which are very important for the safety of nurses, healthcare workers, and patients. The subsequent chapter focused on education prior to instillation, followed by the management principles on nursing interventions, including insightful recommendations for treatment management (patient assessment, preparation of intravesical medication, administration, and patient education). The next chapter explained the recommendations regarding complications and side effects of BCG and mitomycin C, how to reduce risk of side effects and manage side effects. The final chapter summarised the literature on patient quality of life.

The third part of the guidelines consists of documents, which help the nurse understand what has to be documented. Aside from examples there is a glossary section with abbreviations and an appendix, including many useful recommendations presented in summary tables and lists, such as a checklist of patient information, management options for side effects (associated with intravesical BCG), examples of training documents, and detailed step-by-step documentation of the procedures for BCG and mitomycin C instillation.

Digital copies of the new guideline are available at the EAUN website: http://nurses.uroweb.org/nurses/guidelines/ and paper copies can be ordered at eau@uroweb.org.

Due to space constraints the reference list has been omitted. Interested readers can send a request for the complete list at EUT@uroweb.org.
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• The subject of the paper must be urological or urology related.
• The deadline for submission is 1 November 2015.

For more information please contact the EAUN at eaun@uroweb.org.
In April I had the privilege of attending a full and varied urological conference programme in Adelaide, Australia. The 6th Annual Scientific Meeting was collaboratively organised by the Urological Society of Australia and New Zealand (USANZ) and the Australian and New Zealand Urological Nurses Society (ANZUNS) and held at the Adelaide Convention Centre from April 12-15, 2015.

USANZ is the professional body for urological nurses in Australia and New Zealand, administering the Surgical Education and Training Program in urology through the Royal Australasian College of Surgeons. ANZUNS is a special interest nursing society which aims to promote excellence in urology nursing through research, education, mentoring and the identification of standards of nursing care. The shared annual conference provides a diverse scientific programme and offers updates on urological topics.

Adelaide, capital of South Australia, is the continent’s most productive wine state with wine-producing regions such as the Barossa, Adelaide Hills and McLaren Vale. The winemaking tradition stretches back to the arrival of British and German settlers and has the longest lineage of winemaking. I managed to sight-see, allowing me to sample the Barossa’s fine wine products away from the conference schedule. It would have been a shame to merely be a passive spectator!

The ANZUNS programme ran over two days while my full registration entitled me to attend concurrent medical sessions and additional content through the medical programme. The content was so robust that it led me to dilemma at times when I ended up in two sessions almost at the same time!

My conference began prior to the official opening of the meeting when I attended the Advanced Urological Nursing Professional Development (ANZUNS) workshop. This focused on providing a greater understanding of the selection of different investigations, and interpretation of findings. Vettee Sullivan, nurse practitioner from Queensland, provided a comprehensive description of urological investigations, both pathological and radiological. There was a selection of three workshops for nursing delegates, others being Uro-Oncology (which this year focused on renal cancer) and General Urology. This workshop aimed to educate on identifying high risk / frail / co-morbid patients prior to urological surgery.

The keynote speaker for the ANZUNS opening session was Elizabeth English, Senior Credentialled Stomal Therapy Nurse at the Royal Adelaide Hospital. In 2013 she led a team of stomal therapy nurses to Kenya to establish the first Stoma, Wound and Continence Program in Eastern Africa. She returns annually to teach in ongoing programs and to ensure sustainability of this project. Her presentation showed the disparities in care between private and public hospitals, the latter with poor hygiene, hand washing and two patients sharing a single bed – including sharing with a dying patient. Schistosomiasis (bilharzia), claudia and extrophy are common conditions in Kenya. Elizabeth is obviously passionate about her work and keen to continue (despite funding issues) offering her knowledge and skills in developing nations.

There were 12 podium presentations for the ANZUNS awards. These are ten-minute presentations and all were of a very high standard. There was a wide range of innovative practice and audit outcomes presented, ensuring a good quality of transferable knowledge for delegates to take back to their workplace. I was delighted that the winner of both the most innovative paper and best new presenter awards was Jacinta Townsened, from Counties Manukau District Health Board in Auckland, New Zealand. Her paper titled “A little thing called a bladder diary” was about creating a new diary and format for her organisation which has now been published for wider use in her District Health Board area.

The best poster prize was for the study titled Development of a pathway of care for men undergoing Radical Retropubic Prostatectomy in a private healthcare setting,” won by Kerry Santoro of the Calvary Hospital, North Adelaide.

Over the past six years, I have increased both my interest and involvement in the assessment of urinary incontinence as clinical nurse specialist in urology. I was particularly interested in attending the various ‘Female Urology’ sessions in the USANZ part of the conference. Prof. Philip Van Kerrebroeck (NL) presented on investigation and management of nocturia. Among the key points were:

• Each void is preceded and followed by sleep;
• Accurate bladder diary is important – 60% may improve with lifestyle advice;
• No evidence of benefit from the use of diuretics;
• 85% of elderly population will have nocturnal polyuria;
• Desmopressin gives >50% reduction in output but requires close monitoring of sodium levels; and
• Sleep apnoea is a major cause of nocturia.

He also discussed the role of neuromodulation - in functional pelvic problems - to ‘rebalance’ the problem area; sites for stimulation include ana- genital, transcutaneous (TENS), percutaneous nerve and sacral nerve. He mentioned a 50% success rate at five years for sacral nerve stimulation.

Other sessions provided learning on Chronic Pelvic Pain (or Persistent Pelvic Pain), vulval condition/disease, stress urinary incontinence and sling. The Female Urology Forum closed with a panel discussion which consisted of case presentations, followed by panel and delegate discussion on stress incontinence, underactive bladder, overactive bladder, pelvic pain and urinary retention.

I have had a long association with our society and it was a real pleasure to meet so many familiar faces - ‘networking’ is such a key part of these meetings. The Industry Exhibition area displayed the 170 USANZ posters with topics including endourology/stones, LUTS/BPH, oncology, uro- oncology and reconstructive urology. There were also three ANZUNS posters. The trade strongly supported the conference with 56 excellent exhibition stands displaying a wide range of urological medication and products.

Overall it was a great meeting in a city new to me. It was an excellent opportunity for my husband and me to tick Adelaide off our ‘bucket lists’, while updating my urological knowledge. The next meeting is planned for April 16 to 19 next year at the Gold Coast in Queensland, Australia.

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