

Health illiteracy in urological patients

Helping illiterate patients achieve optimal healthcare





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In health care, having a patient optimally informed is of the utmost importance. Well-informed patients take better care of themselves, tend to have fewer complications, have better treatment outcomes and feel more in charge of their own health.

Today, however, when there is an increasing amount of our information presented to our patients such as printed brochures and websites, problems arise: the health standard of millions of people in Europe who are unable to read and write at a proper level will further fall behind.

Illiteracy is the inability to read or write and in the Netherlands alone, 250,000 men and women out of a population of 17 million are identified as illiterates. Even more people – 2.5 million over the age of 18 – are considered to have low literacy skills: they have trouble fulfilling tasks most of us think are easy such as reading a menu, writing an email or finding out a train schedule. Most of these people lack other abilities as well, such as digital skills and mathematical calculation. Almost all of them should be regarded as being ‘health illiterate’, meaning they lack knowledge, motivation and competencies to access, understand, appraise, and apply health information to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion, or to maintain or improve quality of life.

If these figures surprised you they are worse for most of the other European countries. In the “Comparative Report on Health Literacy in Eight EU Member States” (2012), health illiteracy was investigated in Austria, Bulgaria, Germany (North Rhine-Westphalia), Greece, Ireland, Netherlands, Poland, and Spain, showing inadequate to problematic health literacy in 28.7% of the study participants in the Netherlands and up to 62.1% in Bulgaria (mean 47.6%). Unfortunately, these numbers are unlikely to change within a short time.

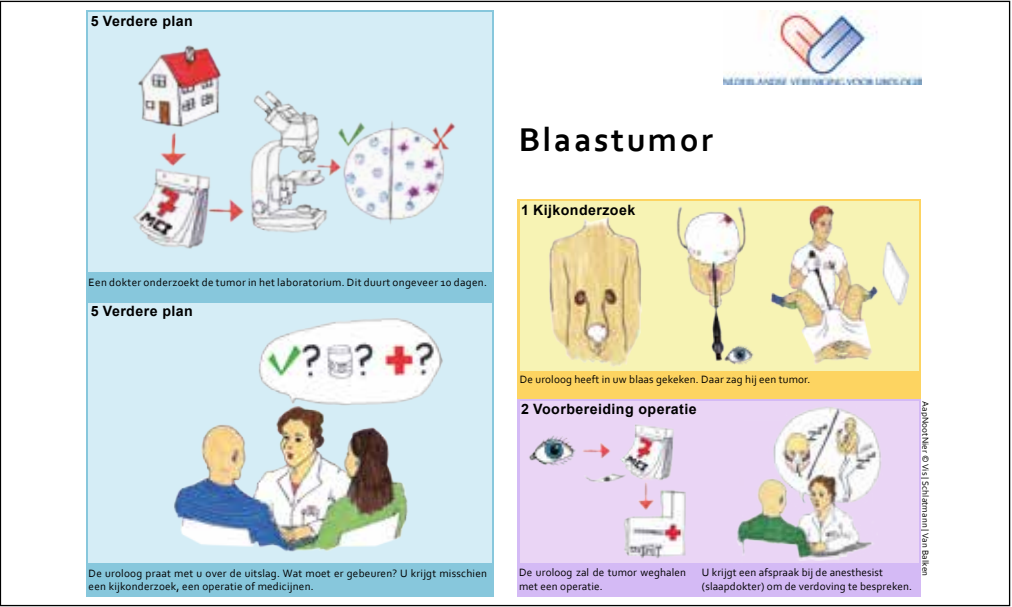
European Association of Urology Nurses

Obviously this has consequences on issues regarding health promotion and disease prevention. In case people are unable to access, understand, interpret and judge the relevance of information on risk factors or health issues, undoubtedly this will affect their health. For urological patients: will they act on alarm symptoms appropriately? Know the effects of smoking on the risk of bladder cancer? Or erectile dysfunction? Will they be able to outweigh the pros and cons of PSA testing? To use decision aids once urological disease is diagnosed? Will they really be able to participate in shared decision-making?

Patients with low health literacy skills often miss their appointments. Or show up on the wrong date or location. They visit the hospital more often than literate people do, as they don’t understand the given information very well, or follow instructions wrongly. Please note that words that seem so clear to us, like ‘impotence’ or ‘incontinence’ are only understood by a minority of people. But illiteracy also results to, for example, not stopping anticoagulants before an operation or having eaten while not allowed to, leading to the cancelation of procedures. In the Netherlands, it is estimated that these issues result in extra costs of 127 million euros every year.

More importantly, besides logistic and financial consequences, health illiteracy results in worse health outcome parameters, partly because of the fact patients only seek help in a more advanced stage of their disease, and partly because of the impact of not understanding instructions on treatment outcome. Especially the proper use of medication can be a real challenge. Vaginal ovules don’t do very well when swallowed. Injection therapy practiced on an orange, should not be continued on oranges at home. Medication intended for chronic use should not be stopped because the pharmacist only gave pills for two weeks to start with, to make sure there are no side effects. These examples may sound funny, but they do happen.

Mortality rates among illiterates
Sadly, all things combined even lead to higher (complication and) mortality rates in health illiterate patients. In a large Swedish study (S.K. Hussain, 2007) positive association was found with the mortality rates in 13 different cancer types, four of them urological: kidney, bladder, prostate and testicular cancers. Adjusted for all kinds of other socioeconomic factors, compared with women and men completing <9 years of education, university graduates were associated with a significant 40% improved survival for all cancer sites combined. As health illiteracy is



Part of a bladder cancer patient information leaflet for illiterate patients of the Dutch Urological Association (NVU)

more often seen in people with lower education, results like this are of big concern.

What makes it difficult to act on the problem of low health literacy skills is the lack of awareness amongst those who deliver care (“I hardly ever see a patient that can’t read”), but also the tendency amongst patients not to come forward as someone with reading problems. Many of these patients feel ashamed, not in the least because of a society that equals illiteracy with stupidity. They’ve become masters in coming up with excuses like “I forgot my glasses”, “I’ll fill out the form later” or “Oh dear, I forgot to bring the form”. More awareness of the problem and especially a non-condemning attitude amongst care-givers may ease patients to come forward, so extra help can be offered.

Another big step is to adjust the way we hand out – or seek for – information. Instead of forms, leaflets and websites full of text, images, speech and animations should be used. It has been shown that the International Prostate Symptom Score can easily be replaced by one consisting of only a few images, with comparable results. The same goes for voiding diaries with pictograms. Websites full of text could be provided with a “read out aloud”-button (also convenient for the visibly impaired). In the Netherlands, the Dutch Urological Association embraced the ‘Aap-Noot-Nier’-project (a urological, humorous reference to the first three words Dutch people used to learn reading), a project turning

leaflets full of text into leaflets with hardly any text at all, but consisting of easy to understand images. The leaflets are made by urologists and low literate people together, as are the corresponding animations.

As all of us who can read perfectly are already shifting from text to images and video’s on our smartphones, tablets and desktops, and the use of spoken animations will not only benefit those who have low health literacy skills. It is known that those who can’t read obtain the same level of information after watching spoken animations as literate people do.

The European Association of Urology is well on its way to invest in new ways of patient education. Challenges include how to make sure these animations reach people that not only have low literacy, but also low digital skills, as well as how to make the animations less fancy and ‘professional’. The more simple the text and the visuals the better the understanding will be. Collaboration with experts in the field and patients therefore is of the utmost importance.

Learn more about this important topic at the dedicated session at the 18th International EAUN Meeting, London. The session will take place: Monday, 27 March, 9.45 – 10.15 hrs., Room 3/4 (Level 3). State-of-the-art 6: Illiteracy and health literacy in patients Dr. M.R. Van Balken, Arnhem (NL)

Book review

SUNA Core Curriculum for Urologic Nursing





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The Society of Urology Nurses and Associates (SUNA), based in the USA, has just released the first edition of its Core Curriculum for Urologic Nursing.

Edited by Diane K. Newman, Jean F. Wyman, and Valre W. Welch, this book gives an outstanding contribution to education in urological nursing. The book is divided into 51 chapters, grouped into nine sections for a total of around 750 pages, and covering various aspects of the subject.

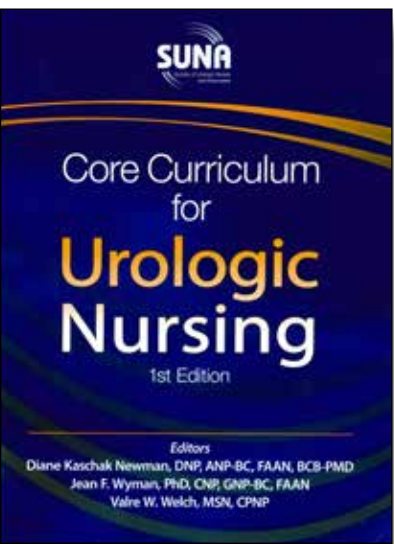
After an overview of urologic nursing and health promotion, care of infants and children is discussed in-depth, from embryology and development of the urinary tract, to assessment, malformations, disorders of the genitalia, and common problems such as stones, voiding dysfunctions, infections, and cancer. Urologic care of adults is divided into several sections,

with each section examining specific issues. Assessment of male and female patients is covered, as well as laboratory tests, imaging, endoscopy, interventional radiology, and urodynamics.

Two separate parts of the book are dedicated to caring for women and men, respectively, and cover incontinence, sexual dysfunction, chronic pelvic pain, and infertility. Genitourinary cancers are treated in a dedicated section, with single chapters covering renal, bladder, urethral, prostate, penile, and testicular cancer. Other urologic conditions such as polycystic kidney disease, stones, obstructions, infections, neurogenic lower urinary tract dysfunction, stomas, and trauma are covered by other specific chapters, one for each topic. Perioperative and post-operative care are thoroughly discussed; specific considerations are made for older urologic patients.

All topics are presented through a consistent scheme in all chapters, which cover the full pathway of patients and provides information on definitions, epidemiology, aetiology and pathophysiology, clinical manifestations, screening and assessment, management, and follow-up. The chapters are rich in figures and tables; all essential points are presented as bullet lists, so that the reader can easily find the most relevant information. This makes the book valuable not only for studying, but also as a reference manual for clinical nursing.

Practical information is provided, both as suggestion regarding procedures, and relevant clinical data such



as pressure levels, dosage of drugs, and expected duration of conditions and treatments. Comparative tables allow deeper understanding of the many characteristics of the medical devices used in urology (e.g. stents, tubes, and catheters), which are described and depicted in detail, to help the reader take note of important features or caveats. Urologic tools, such as endoscopes, are depicted and described as well; so are urodynamics diagrams, with the clinical significance described in detail. Manual procedures such as dressings are presented as checklists, and best practice recommendations are

provided to ensure the best possible patient outcomes. Considerations on advanced nursing practice are presented in tables and schemes.

All references are reported at the end of each chapter, thus allowing further readings; all relevant guidelines, including those published by the EAU and EAUN, are present. Thousands of other important and recent papers are cited; overall, the bibliography is up-to-date to 2016, and most articles have been published in the last five years.

This book is very complete and concise at the same time; evidence-based and best practice recommendations are highlighted. The typesetting allows quick retrieval of relevant information, thus making the Core Curriculum valuable for both education and clinical practice in all settings. Overall, the goal of providing the readers with the means to build competence as advanced practice nurses, as stated in the foreword by the editors, is fully achieved.

Editors : D. K. Newman, J.F. Wyman, V.W. Welch
ISBN : 978-1-940325-28-6
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Published : Nov. 2016
Publisher : SUNA
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Binding : soft
Price : 199\$ (SUNA members 149\$)
Pages : 700+
Website : www.suna.org/core
Sponsors : 180 Medical, Hollister, Sagent Urology

EAUN Nursing Workshop in Dubai

EAUN joins 5th Emirates International Urological Conference

5th Emirates International
UROLOGICAL
Conference



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The 5th Emirates International Urological Conference (EIUC) held from 15 to 17 December last year in Dubai was a true testament of the Emirates Urological Society's (EUS) mission to strengthen and promote the practice of urology medicine, disseminate knowledge and promote innovation.

With over 70 expert speakers in this field, disseminating excellent work in a multitude of workshops and symposia, the 5th EIUC could be truly described as a gem in the urological conferences calendar. The European Association of Urology Nursing (EAUN) is proud and grateful to participate in this event by organising the full-day nursing workshop presentation on December 16, thanks to Dr. Yasser Farahat and the EUS for inviting us for the second time. The nursing workshop was attended by 68 nurses.

We started the day with my introduction to the EAUN. In this short opening speech, I addressed the EAUN's core objectives and function, with an overview of our organisation's history, growth and international educational partnerships. This was also an opportunity to mention the benefits of an EAUN membership and I ended the talk with an invitation to join us in our upcoming EAUN Annual conference in London.

I was followed by an excellent presentation by EAUN Chair Elect Susanne Vahr, on "How to Read Guideline-The evidence base for developing guidelines." Our various EAUN Guidelines are actually our "tour de force" and there isn't a more versed expert in this field

than Susanne Vahr because of her salient contribution to this topic. She expertly guided the participants on the importance and applicability of such guidelines and the importance of an evidence-based practice and guideline development. It was very encouraging to hear that many participants, who informed us later in the day, are well acquainted with our guidelines and use it as reference in their practice.

Former EAUN Chair Bente Thoft Jensen discussed "Anatomy and Neurological Control of the Bladder – Assessments and Anamnesis." Bente Thoft Jensen's expertise on this subject and her unique immersive yet friendly presentation skills, held the delegates attention to this extensive topic. Her presentation was very detailed yet easy to follow with practical explanations on a topic that is not always well understood by the nursing community. The nurses took very well to her presentation, as was very evident further on in the day during the practical sessions.

Enthusiastic discussions

EAUN Board member Corinne Tillier presented on "Rationale and indications for pelvic floor muscle training – How to teach pelvic floor exercises effectively to patients." Tillier's extensive and well-prepared presentation was a credit to her expertise and competence. It appeared that for many of the nursing delegates the topic was somewhat new, and they found her presentation of great interest and easy to follow. Their eagerness to know more was very tangible during the practical session that followed the presentation.

During the practical session the delegates were divided into groups with Bente and Corinne expertly going through the practical side of their respective presentations. This was well-received, with enthusiastic participation and eagerness to know more and try on, "hands-on," the exercises illustrated in the previous two presentations.

After a sumptuous lunch break, Susanne Vahr discussed "Recommendations for insertion and care of



Workshop presenters (from left): Simon Borg, Bente Thoft Jensen, Corinne Tillier and Susanne Vahr

an indwelling catheter". This presentation followed very closely the EAUN's Indwelling Catheter Care Guidelines which Susanne Vahr has extensively worked on. In a sense, it was a follow-up update of last year's excellent guideline presentation, this time focussing on the specific criteria for insertion and care of indwelling catheters.

After Susanne Vahr's second presentation, I presented "Management of Endoscopes: Fundamental principles for Nurses". This, like all the preceding presented topics, was very broad and difficult to compress in the allocated time. I discussed the different stages that our expensive endoscopes go through with an emphasis on cost management applications and practical examples as reference. The emphasis of this presentation was to give the delegates a window on the science that goes into our endoscopic work with attention to health and safety aspects.

There was a sponsored presentation on laser use and the science behind it from a surgeon's perspective that, in many ways, concurred with a part of my presentation.

The EAUN workshop was also held in a larger hall than last year due to the bigger attendance and we had five "hands-on" tables as opposed to just one

during last year for our practical sessions. A pleasant surprise was the availability of local product specialist representatives who conducted most of the individual practical sessions themselves. This gave us the opportunity to answer the many questions during our talks. It was also noted that there is a need to elaborate more on the nursing role in Urodynamics Studies, which is a recurrent issue.

Another topic that led to a surprisingly many interesting queries was on laser safety application during endoscopic lithotripsy, a topic that was mentioned briefly due to time constraints. Just as with the urodynamic studies, these laser safety issues are of concern to the participants and may warrant further dedicated workshops in the future.

At the end of the day, we conducted a test with a selection of questions dedicated to each presentation. We were pleased that the average mark was very high and that was a great reward and a positive way to end this all-day Nursing Workshop.

At the end of the conference we were all treated to a delightful Conference Dinner at Al Qasr, a fitting and lasting testament to the EUS's excellent hospitality and organisational credentials that are second to none.

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Revisiting the Asia-Pacific Prostate Cancer Conference

Four-day multidisciplinary conference gives insights on PCa nursing care



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In the December edition of this newsletter, I reported on my attendance at the Asia – Pacific Prostate Cancer Conference which ran from 31 August to 3 September 2016 at the Melbourne Convention and Exhibition Centre in Australia. My column focused on some of the sessions of particular interest to me, from the medical stream of the multidisciplinary programme.

This column revisits the same conference, this time reporting on some of my key learning’s from the excellent nursing and allied health programme.

‘Let’s talk about Gay Sex’ was a very informative and thought-provoking session, exploring gay and bisexual (GB) men’s experience of prostate cancer. The session was delivered by Ms. Janette Perz on behalf of University of Western Sydney Professor Jane Ussher, who was unable to attend the conference at the last minute. The content focused on the findings of an Australian mixed method research project funded by the Prostate Cancer Foundation of Australia. This charitable organisation is a leader in funding research into the impacts of prostate cancer on GB men and in publishing information specifically for this group. The research findings indicate that GB men have significantly higher psychological distress and prostate cancer anxiety compared to heterosexual men. GB men also reported being less satisfied with the prostate cancer-related psychological and medical care they received than heterosexual men (70% GB men were happy with their care, compared to 85% heterosexual men).

Prof. Jane Ussher alerted health professionals as to how the differences in the relationship contexts of GB men affect the care and support they may require, following a prostate cancer diagnosis. Key messages from this session included:

- GB men are more likely to be in newer relationships, of less than 10 years duration, than heterosexual men. They are also more likely to have had more than two partners in the previous six months.
- GB men value youth. The speaker advised that it takes confidence to age in the gay community and

- that GB men often felt their prostate cancer treatments had ‘aged them’ before their time. For some GB men, loss of sexual functioning meant loss of functioning in their community.
- Prostate cancer treatments like radical prostatectomy challenged gay identity as well as masculine identity because of ejaculate loss. Ejaculation is an important measure of pleasure from sexual activity for GB men.
- Urinary incontinence is more worrying for GB men. It appeared to create more situations of embarrassment particularly in the context of casual relationships.
- Both GB and heterosexual men felt that the loss of penile length associated with radical prostatectomy was not really known in advance. GB men appeared to find this treatment complication especially worrying.
- GB men commonly redefined sex after prostate cancer treatments. They identified sex was not solely defined by ‘penetration’, and reported more use of sexual aids and experimentation to reclaim their sexuality. GB men also demonstrated an ability to redefine intimacy. An observation was made that heterosexual men may benefit from widely adopting similar strategies.
- Both GB and heterosexual men reported a loss of desire associated with a prostate cancer diagnosis. Both experience changes in erectile function and strength of orgasm plus sexual pain related to orgasm. GB and heterosexual men reported a threat to their masculinity with emotional consequences, including depression, observed in both groups. Heterosexual men tend towards being more resigned to the changes in their sexuality, rationalising that they ‘were getting old anyway’ or that ‘their sex life was good, but now it’s over’. These sentiments are not similarly expressed by GB men, with this group more commonly tending to resist and renegotiate the changes.

As I left this session, I found myself reflecting on the care the urology team at my workplace deliver to men who identify as GB. Another session that had a similar effect on me was the breakfast workshop presentation on Motivational Interviewing, delivered by health and well-being training consultant, Genevieve Muir-Smith. She challenged us to consider how we engage and communicate with our patients in a manner that will motivate them for change, rather than against it.

An example of a prostate cancer-related scenario where motivational interviewing techniques could prove useful would be a therapeutic interaction with an overweight man on androgen deprivation therapy who is resistant to engaging in any form of exercise. Muir-Smith outlined how the use of a decisional balance tool can help a patient evaluate their situation in a supportive, non-threatening way.



The tool encourages the patient to examine their view on the pros and cons of their current behaviour (e.g. sedentary lifestyle) and a preferred behaviour (e.g. 15 minutes daily aerobic exercise). Thought-provoking questions include ‘What makes change difficult for you?’, ‘What would be difficult about undertaking the preferred behaviour (daily exercise)?’, ‘What would be good about making this change (daily exercise)?’ and ‘How would it feel to achieve this goal?’ The communication techniques suggested to deal with a patient’s resistance are well familiar to nursing: the use of open ended questions, reflective listening, summarising what has been said and affirming the positive change. The audience was reminded to ask questions that seek an emotional response not a factual one as people are more likely to change behaviours based on emotions.

This sense of reflection was a common experience for me at the end of many of the multidisciplinary presentations over the four-day conference, invigorating me in a way that only education and networking with like-minded experts can. With the EAU/EAUN Congress fast approaching I know many of you will be looking forward once again to the

opportunity to explore your units urological practice in light of new evidence and the shared experiences of experts.



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EAUN Fellowship Programme on robotic surgery

Practical lessons for nurses at OLV Hospital in Aalst, Belgium



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We work at the Urology Surgery Department at Karolinska University Hospital in Stockholm as operating room nurses specialised in urology surgery and robotic-assisted surgery, and our department mainly treats prostate and bladder cancer patients.

These surgeries are almost exclusively performed robotically today. We do around 600 robotic-assisted cases every year. In 2018 we will move to the new Karolinska University Hospital which will mainly focus on providing healthcare to patients that need highly specialised surgery and hospital care. It will comprise a larger robotic centre and due to organisational matters and centralised care more advanced robotic-assisted urology surgery will be performed. Not only will we move to a new building, the patients that will be treated here will have different needs.

To meet the future needs of urology surgery that most likely will be performed at the new hospital, we applied for the EAUN Fellowship Program to gain clinical competence in treating patients suffering from kidney cancer since we felt we lack this competence as operating room nurses. We already know that performing robotic-assisted partial nephrectomies requires a well-prepared operating team with experience and knowledge.

The risk of serious complications such as bleeding and converting to open surgery is always high. The renal artery is clamped prior to the actual partial nephrectomy and the surgeon must operate under ischemia time. Clamping the renal artery and the removal of the clamp is associated with the high risks mentioned above. Also, the positioning of these patients must be performed with great anatomical knowledge to avoid pressure wounds and nerve damage. The fellowship program would allow us the opportunity to get in-depth knowledge regarding



Me on the OR



OLV hospital in Aalst, front view

nursing care for these patients, pre, peri and post-operatively.

With our motivational letter, application, clinical history and CV, we received approval from the EAUN Board and we spent one week from 17 to 21 of October 2016 in Aalst, Belgium to learn from Dr Alex Motttrie, one of the world leading experts in urological oncology, with a specialty in partial nephrectomies, and his operating team.

“Dr. Motttrie and his operating room staff offered us crucial knowledge regarding the standardisation of the surgical procedures for partial nephrectomies to maintain patient safety during surgery”

OLV Hospital

The surgical department at OLV Hospital in Aalst, Belgium has 17 operating rooms. Urology surgery is performed in three to four of these operating rooms every week, depending on the day. The department has three Da Vinci systems and one of these is the latest version called Xi. Approximately 570 to 600 robotic-assisted urologic cases are performed here every year covering prostatectomies, partial nephrectomies and cystectomies. The hospital performs around 100 robotic-assisted partial nephrectomies every year, or around two cases a week. The Urology Clinic and its surgical department together with ORSI, a clinical training site with dry and wet lab for robotic assisted surgery located some kilometres from Aalst, form a training centre, one of four in Europe. The other three centres are located in Paris, Strasbourg and Stockholm.

As a training centre, the urology surgery department has many visitors from all over the world. Doctors and operating teams that undergo training here are visiting both the hospital and ORSI as part of their training. We could tell that they were very used to educate and teach clinically, something we experienced during our fellowship.

Learning outcomes

Dr. Motttrie and his operating room staff offered us crucial knowledge regarding the standardisation of the surgical procedures for partial nephrectomies to maintain patient safety during surgery. The head surgeon (a urologist) and one of the assistant residents showed us how to position the patient prior to surgery and they went through all aspects. The operating room nurses showed and explained all the instruments used and what to have nearby the operating room and what to have ready on the table in case of bleeding or converting to open surgery. The technical aspects of handling the robot during these specific procedures were also explained.

The first assistant taught us port placement for the procedure and what to consider placing these, docking the arms and handling any external conflicts of the robotic arms during this type of surgery. Postoperatively, we followed the patients to recovery room and further to the urology ward. We interviewed an intensive care nurse and a urology ward nurse to find out the crucial aspects of nursing for patients that underwent a partial nephrectomy or a nephrectomy to learn what a normal and expected postoperative recovery is and what is not. The same went for preoperative examination and information to the patient.



Dr. Motttrie and us in the hospital

Meeting training goals

Based on our goals, we are satisfied with all the new knowledge and competence we gained from this experience. We have realised that spending time at a hospital outside your own country can provide much more. By learning from others, we started a process

of reflecting why we do things the way we do and how we can improve our work. Moreover, it also made us proud of what we have accomplished in our own hospital. Educating ourselves creates an awareness of how we can be the best nurses and provide the best care to our patients.



Post-op unit in the early morning. Very bright and spacious!

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Online registration deadline: 6 March 2017



Stefano Terzoni,
Chair EAUN



Corinne Tillier,
Chair SCO

Scientific Programme at a glance

Saturday, 25 March

- 09.00 - 10.00 Plenary Session**
Specialist nursing and urology specialists. Are they the same and why should we care?
Welcome to EAUN17
S. Terzoni, Milan (IT)
09.00 - 09.05 Welcome to London
C.R. Chapple, Sheffield (GB)
09.05 - 09.10 Advancing urological practice. Challenges from the literature?
J.T. Marley, Newtownabbey (GB)
09.15 - 09.35 Nurse-led clinic for men with suspected prostate cancer - exemplar
P. Aslet, Basingstoke (GB)
- 10.15 - 11.15 Thematic Session 1**
Female urology
Introduction
09.15 - 10.20 Female urology
L.S. Mertens, Amsterdam (NL)
10.20 - 10.35 Genitourinary Syndrome of Menopause (GSM)
D. Holloway, London (GB)
10.35 - 10.50 Bladder prolapse. Symptoms and treatment
C.I. Carvalho Ferreira, Matosinhos (PT)
- 10.15 - 11.15 Thematic Session 2**
Challenges in testicular cancer
Testicular cancer. An overview and update
M.P. Laguna, Amsterdam (NL)
10.20 - 10.35 Nursing support and follow-up in testicular cancer care
L. Shephard, London (GB)
10.35 - 10.50 Exploring the treatment challenges in men with an intellectual disability and testicular cancer
N. Love-Retinger, New York (US)
- 11.30 - 12.30 Thematic Session 3**
Advanced urodynamics
Future trends in urodynamics
P.F.W.M. Rosier, Nijmegen (NL)
11.35 - 11.50 Urodynamics in women. Current issues, challenges and practice
T.A. Schwennesen, Århus (DK)
11.50 - 12.05 Urodynamics in men. Current issues, challenges and practice
T.A. Schwennesen, Århus (DK)
- 11.30 - 12.30 Special Session**
Nursing solutions in difficult cases
Deviating from the standard – Stoma care of a patient with trisomy and autistic tendencies
C. Hübsch-Aeppli, Zürich (CH)
11.30 - 12.30 Robotic surgery in kidney transplantation. Nursing role in the first European case
T. Alonso Torres, Barcelona (ES)
11.45 - 11.55 Post-operative complications post Radical Robotic Prostatectomy
T.b.c.
11.55 - 12.05 Treating 'complications' post Radical Robotic Prostatectomy
M. O'Brien, Dublin (IE)
- 12.45 - 13.45 Thematic Session 4**
Joint EAUN-ICS Session. Challenges with urine incontinence
ICS Lecture. Intervening when patients are not able to use standard CIC
S. Eustice, Truro (GB)
12.50 - 13.05 The effect of urinary incontinence on health related quality of life. Is it similar in men and women?
D.A. Bedretidnova, Paris (FR)
13.05 - 13.20 Is surgery the answer for urinary incontinence?
W. Naish, Redhill (GB)
- 14.15 - 16.00 Poster Session 1**
Chairs: B.T. Jensen, Århus (DK)
J.T. Marley, Newtownabbey (GB)
- 14.15 - 15.15 Thematic Session 5**
Acute and chronic kidney failure
Acute and chronic renal insufficiency
F.M.E. Wagenlehner, Giessen (DE)
14.20 - 14.35 Patient counselling for chronic kidney disease
G. Rütli, Berne (CH)
14.35 - 14.50 The importance of diet for patients with chronic renal insufficiency
M. Borre, Århus (DK)
- 15.30 - 16.00 State-of-the-art 1**
A summary of the intermittent catheterisation guidelines
S. Vahr Lauridsen, Copenhagen (DK)
- 16.15 - 17.15 Thematic Session 6**
High-risk non-muscle invasive bladder cancer. What's new?
Innovations in treatment for high-risk non-muscle invasive bladder cancer
K. Hendricksen, Amsterdam (NL)
16.20 - 16.40 Unmet psycho-social needs in bladder cancer
N. Mohamed, New York (US)

- 16.15 - 17.15 Thematic Session 7**
Nursing research in urology. Who's afraid of the big bad wolf?
Exploring the anatomy of a urological research paper
R. Leaver, London (GB)
16.20 - 16.40 Statistics without tears - it can be done
P. Slater, Coleraine Co. Londonderry (IE)
- 17.30 - 18.00 State-of-the-art 2**
E-health and empowerment
F. Geese, Berne (CH)
L. Shephard, London (GB)

Sunday, 26 March

- 08.30 - 09.30 Thematic Session 8**
Tomorrow is already today. Urology healthcare in the near future
e-Health in urology. What can we expect?
H.G. Van Der Poel, Amsterdam (NL)
08.35 - 08.55 Online health information seeking among patients
J. Moreland, Elgin (GB)
08.55 - 09.10 Urology nursing tomorrow. Web consultation
W.M. De Blok, Utrecht (NL)
- 08.30 - 09.30 Thematic Session 9**
Challenges and opportunities in geriatric onco-urology care
Improving care of elderly persons affected by urological cancer. The place of the advanced nurse specialist in geriatrics/oncology
A. Roveri, Rennes (FR)
08.35 - 08.50 Person-centred cancer care in the elderly
B. McCormack, Musselburgh (GB)
- 09.45 - 10.15 State-of-the-art 3**
Exploring patients' lack of engagement with structured education - Lessons from diabetes care
D. Chaney
- 09.45 - 10.15 State-of-the-art 4**
Survivorship care programme in surgical oncology
T. Juul, Århus (DK)
- 10.30 - 12.15 Poster Session 2**
Chairs: B.T. Jensen, Århus (DK)
J.T. Marley, Newtownabbey (GB)
- 10.30 - 11.30 Thematic Session 10**
The urology nurse as patient advocate. Forgotten role?
Nurse advocacy. Is it hiding in plain sight?
H.A.M. Van Muilekom, Amsterdam (NL)
10.35 - 11.00 Nurse advocacy. What does ethics tell us?
D. Watson, Amsterdam (NL)
- 11.45 - 12.15 Special Session**
Nursing research competition
Quality of life in penile cancer patients. A survey of patient reported outcomes
t.b.c.
11.45 - 11.55 Improving quality of life in patients with neurogenic bladder
V. Katsarou, Athens (GR)
11.55 - 12.05 DACOACH - Feasibility of self-tracking and data-guided health-coaching via personal, mobile and wearable devices in chronic care management
L.F. Øbro, Vejle (DK)
- 12.30 - 15.00 EAUN-ESU Course 1**
Learning curve in urological surgery
Indications and limitations of robot assisted surgery
J.W. Collins, Stockholm (SE)
12.30 - 12.50 Starting with robot assisted surgery in your OR. Wisdom, warnings and what I wish I would have known
A. Hartman
12.50 - 13.10 Patient installation and robot positioning
J.W. Collins, Stockholm (SE)
13.10 - 13.30 Learning curve for the surgeon
J.W. Collins, Stockholm (SE)
13.30 - 14.00 Learning curve for the nurse
A. Hartman
- 14.00 - 14.45 Video Session**
Chair: S.J. Borg, St. Julians (MT)
- 15.15 - 15.45 State-of-the-art 5**
Prostatitis, types and treatment
J. Shah, London (GB)
- 15.45 - 16.15 Special Session**
'Westminster House of Commons' Session. This house believes that patients do not know what treatment is best for them
Opposer.
D. Watson, Amsterdam (NL)

- 15.45 - 16.15 Proposer.
B. McGowan, Newtownabbey (GB)
- 16.30 - 17.30 Thematic Session 11**
Joint EAUN-BAUN session. Current issues in urological care
Brexite - in or out?
J. Brocksom, Leeds (GB)
16.40 - 16.50 The recovery package
M. Bagnall, Wallsend (GB)
16.50 - 17.00 A novel APP approach to nurse-led renal catheter care
K. Melchiorson, Århus (DK)
17.00 - 17.10 Leadership driven care implementation. From bench to bedside
L. Aarvig, Århus Nord (DK)

Monday, 27 March

- 08.30 - 09.30 Thematic Session 12**
Lymphoedema in urological patients after pelvic lymph node dissection
Lymphoedema after pelvic lymph node dissection. Defining, preventing and treating
I. Schollemme-Noordhoff, Drachten (NL)
08.35 - 08.50 Pre- and post-operative evaluation of patients at risk of lymphoedema
M. Pinto, Naples (IT)
- 08.30 - 09.30 Thematic Session 13**
Drug-resistant microorganisms in urology. Is there an avalanche coming?
The global prevalence of infections in urology study. A long-term, worldwide surveillance study on urological infections
F.M.E. Wagenlehner, Giessen (DE)
08.30 - 08.45 Antibiotics. Has the urological time bomb exploded?
t.b.c.
08.45 - 09.05 What is the role of nurses in the prevention of CAUTI (catheter-associated urinary tract infections)?
N. Bartlome-Wyss, Aarau (CH)
- 09.45 - 10.15 State-of-the-art 6**
Illiteracy and health literacy in patients
M.R. Van Balken, Arnhem (NL)
- 09.45 - 10.15 State-of-the-art 7**
Unlocking the potential of social media in nursing
T. Chinn, Bristol (GB)
- 10.30 - 12.30 EAUN-ESU Course 2**
Urostomy/urinary diversion. Clinical pathway for the management of patients who undergo a cystectomy
Oncological and non-oncological indications for cystectomy
J.A. Nieuwenhuijzen, Amsterdam (NL)
10.30 - 10.45 Stoma or continent reservoir?
O.W. Hakenberg, Rostock (DE)
10.45 - 11.00 What, when and how to explain to a patient everything about a urostomy
S.P. Fillingham, Kent (GB)
11.00 - 11.15 Continent Urinary Diversion. A patient's view (Mitrofanoff Support UK)
K. Rogers, Bournemouth, Dorset (GB)
11.15 - 11.30 Complications after radical cystectomy
J.A. Nieuwenhuijzen, Amsterdam (NL)
11.30 - 12.00 Follow-up after cystectomy
O.W. Hakenberg, Rostock (DE)
- 10.30 - 11.30 Thematic Session 14**
Rare cases and diseases in urology
Urachus carcinoma
M.A. Behrendt, De Meern (NL)
10.30 - 10.50 Adult hypospadias
P. Hoebeke, Gent (BE)
10.50 - 11.10 Penile carcinoma. An update
N.M. Graafland, Woerden (NL)
- 11.45 - 12.45 Thematic Session 15**
Urology nurses. Demonstrating our worth to the people who matter
Valuing what we do, so that we can do what we value
A. Leary, London (GB)
11.50 - 12.20 Recognition of urology nurses in the south of Europe
T. Santos, Barreiro (PT)
- 13.00 - 13.45 Special Session**
General Assembly
- 14.00 - 14.15 Award Session**

Registration for hospital visits, urowalk and nurses' dinner through the online system or send an e-mail to eaun@uroweb.org