

Post radical cystectomy: Providing support to female patients

Elderly women are most vulnerable to psychological stress after cystectomy



Jannie Misfeldt Olsen, Rn
VIA University College
Århus (DK)

janniemisfeldt@gmail.com



Camilla Waldejer Pedersen, Rn
VIA University college
Dept. of Neurology
Århus University Hospital
Århus (DK)

camillawaldejer@yahoo.com

Our main consideration in this project was to focus on women's experiences since there is a lack of published reports in literature. Furthermore, there has been no research which specifically examined women's experiences with urostomy.

Compared to men, women are more sensitive to pressure and societal expectations regarding maintaining young and attractive bodies. Our focus on elderly women was chosen since a discussion of sexuality in this age segment, in general, is still taboo, particularly among elderly patients. Moreover, sexuality is a subject that nurses are not comfortable with to take up or initiate in conversations with patients.

The qualitative study, conducted at the VIA University College Aarhus, Denmark used semi-structured interviews with three women. Two interviews were made by telephone while another was held in person.

The inclusion criteria were women aged 60 to 75 years, living in a relationship and who were operated for bladder cancer. They should also have had the urostomy for at least six months prior to the interview since the literature shows that it takes at least six months before a urostomy is integrated in the everyday life of patients.

Three women participated in the project, one of who had a urostomy due to chronic interstitial cystitis. Since she didn't go through a radical cystectomy, her bladder, vagina, ureter and uterine were still intact. Thus, her experience was not included in the section dealing with sexuality.

Psychological impact

We found that bladder cancer can lead to psychological problems, including crises, depression and alterations in body image. The first year after the operation patients often have anxiety regarding relapse, a period when body image and sexuality issues are still not the main focus for patients. To one of the patients, urostomy was a constant reminder of her not being able to maintain her perceived ideal

body, which affected her self-esteem. She felt unattractive due to the urostomy which resulted to her refraining from sexual activity.

The other women didn't have body image issues due to the urostomy, and were able to cope with the changes and integrate the urostomy as part of their lives. The study showed that women with a long and complicated history of disease were less bothered by changes in body image, compared to women who were diagnosed and treated for cancer in a relatively short period of time and didn't get any other treatment other than radical cystectomy.

One woman was not bothered by cosmetic or body image changes, but had to deal with the physical changes after the operation. Women in this project didn't receive information on psychological reactions and sexual problems following their operation and were therefore not prepared for the changes following urostomy. The study also showed that support and openness in the family has a positive effect on the women's way of coping.

Timely patient support

It is important that we as nurses initiate conversations with the patient regarding psychological and sexual issues and provide them with information on possible complications after the operation. To be able to help the patient, it is also essential for them to have self-awareness and understanding of other's people's prejudices, social values and attitudes on sexual issues.

There is certainly a need to emphasize these concerns in order to provide patients the necessary physical and psychological support. In dealing with sexual problems, the nurse, for instance, can use the PLISSIT model in her daily tasks.

According to Bob Price, it is essential that we identify patients who have a high risk of developing an



Nurses should be aware of the patient's psychological issues following radical cystectomy for them to extend effective care and support.

altered body image at an early stage. Body image problems occur in the first weeks after operation and often when the patient is no longer hospitalized.

Therefore, it is a good idea to have a follow-up interview with these patients. Nurses should also possess good communication skills, are knowledgeable and have access to proper training needed to prepare them in dealing with these types of patients.

In recent years the higher incidence of bladder cancer has led experts to adopt radical approaches and optimise treatment approaches. Thus, and with regards to options such as radical cystectomy it has become more important to address the impact on the patient's sexual and psychological functions.

Our current bachelor project was inspired by a previous project wherein a female patient expressed her worry that she wasn't prepared for the potential effects on her sexual function and psychological state following a radical cystectomy. Our aim in this project was to find out how elderly women experience the effects of radical cystectomy and how urostomy affects their self-image and sexuality. Equally important is the question how these women have tried to cope with these changes.

European Association of Urology Nurses

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15th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 29th Annual EAU Congress

12-14 April 2014, Stockholm, Sweden

For more information please check www.eaustockholm2014.org or contact Congress Consultants at info@congressconsultants.com

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Preliminary Programme

Saturday, 12 April 2014

09.00	EAUN Opening
09.15	Lecture EAUN Guidelines Manual
09.15	International panel discussion What is urology nursing
09.45	State-of-the-art lecture The Prostate Cancer Education Project (PrEP)
10.30	Workshop Nursing in robotics
10.30	Debate Bladder dysfunction
11.15	Research Competition
11.30	Workshop Oncological testicular disease
12.30	Workshop Interstitial cystitis
12.45	Panel discussion Renal cell cancer
13.30	EAU-ESU Course - 1 Hydronephrosis
13.45	Poster viewing
14.15	Poster abstract session
16.00	Workshop Penile cancer
16.00	Sponsored session
17.00	EAUN Get-together

Sunday, 13 April 2014

09.00	Workshop How to close the gap between research and practice
09.00	Workshop Update on bladder cancer management
10.00	State-of-the-art lecture Men's health
10.00	Video abstract session
11.00	Lecture Involving mindfulness and reflection in urological care
11.30	Poster viewing
12.00	Poster abstract session
12.00	Lecture Patient perspective: Enrolled in a research project
12.30	Workshop Urological cancer as a chronic disease/early palliative care
13.45	Sponsored sessions
15.00	State-of-the-art lecture Patient outcome measurements
15.45	Market Place Session Pain in urological patients
16.15	Workshop New ways of treating cancer that involve nurses
17.30	Sponsored session

Monday, 14 April 2014

09.00	EAUN Workshop Nursing solutions in difficult cases
10.15	EAU-ESU Course - 2 Lithotripsy for OR nurses
13.15	General assembly
13.45	EAUN Award session
14.00	Workshop Urodynamics
15.00	State-of-the-art lecture Chronic illness
15.30	State-of-the-art lecture Fournier's gangrene

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Call for Abstracts, Difficult Cases and Research Plans
Deadline: 1 December 2013



European Association of Urology Nurses

Report on the Canadian Urological Association annual meeting

New Zealand nurse shares insights on urological nursing



Sue Osborne
Urology Nurse
Practitioner
Waitemata District
Health Board
Dept of Urology
Auckland (NZ)

Sue.Osborne@
waitematahd.govt.nz

In late June this year I attended the last two days of the 68th Annual Meeting of the Canadian Urological Association (CUA) held at Niagara Falls, Ontario.

I had planned to attend the entire meeting from 22-25th June but my decision to holiday in the Rocky Mountains prior, left my husband and I stranded in the beautiful town of Banff due to road closures resulting from devastating floods in the region.

Three days late, we charted our escape via the only road reopened at the time, travelling six hours in the wrong direction to get to an airport where we could leave our rental car and fly to Toronto.

While I was very disappointed to miss the early part of the programme, particularly relevant for my work with its focus on prostate cancer, my inconvenience was nothing compared to the heartbreak of the residents of Calgary and other smaller devastated communities whose homes and businesses had been affected by the flooding from Bow River.

As you read this I can only hope that those people affected are well on the way with the daunting task of cleaning up and rebuilding their homes and infrastructure after the unprecedented damage caused by one of the worst flood in Alberta's history.

I arrived on Day 2 of the main programme, which

started with a focus on bladder cancer. Presentations included data on the use and impact of perioperative chemotherapy for muscle invasive bladder cancer, as well as outcomes for total cystectomy. The differences regarding patients' access to chemotherapy was deemed to be partly influenced by referral patterns and differences in the practical application of a multidisciplinary care approach.

Other developments in bladder cancer treatments that were discussed included the potential for improved detection of carcinoma in situ with the emergence of fluorescence cystoscopy which uses an optical imaging agent (e.g. Hexvix), and the improved treatment outcomes for non-muscle invasive bladder cancer through the use of intravesical electromotive drug administration- EMDA (e.g. Mitomycin C).

Speakers reported that Canada has been slower to embrace these modalities than the US due to the funding constraints of their publicly funded health sector.

The afternoon sessions included a comprehensive state-of-the-art lecture on the assessment and management of nocturia, which stressed the importance of involving primary care physicians or other specialists where assessment indicated a systemic cause. The content of this session reminded me of the suitability of advanced practice nurses in the assessment and management of this patient group.

A session on emerging therapies in the treatment of overactive bladder symptoms discussed Mirabegron, a drug only recently approved in Canada and not yet funded in New Zealand. Mirabegron is a B3 adrenergic agonist which stimulates the bladder to relax during the storage phase of filling thereby increasing bladder capacity, reducing urinary frequency, urgency and urge incontinence.

Mirabegron appears to help achieve this symptomatic improvement with very low urinary retention rates and with significantly less people experiencing dry mouth as a side effect. This medication, however, has

been associated with hypertension and blood pressure monitoring is recommended when it is prescribed. Mirabegron's mechanism of action differs from oxybutynin and solifenacin which reduce detrusor contractility by their antagonist action on muscarinic receptor.

UNC activities

The Urology Nurses of Canada (UNC) had a small representation at the meeting with approximately 15 of the 600 plus delegates attending the full programme being registered nurses. The UNC committee manned an exhibit in the exhibition hall providing an excellent point of contact for nurses as well as explaining their mission statement and encouraging nurses to join the National Organisation.

Membership provides affiliates with increased opportunities to network with urological nurses in Canada and access to the SUNA peer-reviewed journal Urologic Nursing and the UNC bi-annual newsletter Pipeline plus educational scholarships. The organisation welcomes editorial contributions to Pipeline even from non-members, providing interested nurses with another option to share practice ideas and protocols with their colleagues.

The UNC's next annual conference is September 26 to 28, 2013 in New Brunswick, one of Canada's three Maritime Provinces. The programme is interesting and varied with a mix of medical, nursing and speakers from other sectors. To those interested details are available at the UNC's website at www.unc.org.

The Canadian conference was educational and thought provoking, with many opportunities to reflect



Flooding at the former coal mining town of Canmore. The severe flood led to evacuation in Calgary, Canada. (Photo Courtesy of NetNewsLedger)

on the challenge of delivering quality urological healthcare in Western-styled healthcare systems.

The issues of increasing antibiotic resistance, increasing healthcare costs, best practice for active surveillance of prostate cancer and the delivery of penile rehabilitation programmes following radical prostatectomy in cost-contained environments are common topics at many international meetings at present.

Registered urological nurses can and should be involved in writing protocols, searching literature, and designing and implementing research projects to contribute to the body of knowledge and support patients who are experiencing healthcare dilemmas.

Participating in international urological conferences, such as the CUA meeting, does much to ignite enthusiasm for such activities. I am grateful for the privilege to have experienced and benefited from the EAUN and EAUN meetings which foster a similar passion.

European Association of Urology Nurses

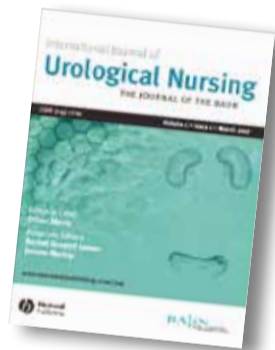
Call for Papers

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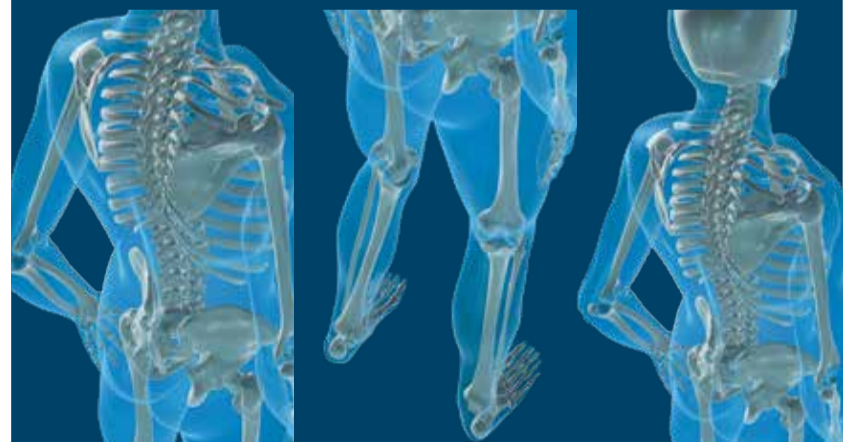


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European Association of Urology Nurses

EAUN around the world

The EAUN Board have been involved in or attended the following activities throughout the world recently:

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| Augustus 2013 | G-I-N Meeting, San Francisco, USA |
| Augustus 2013 | 43rd Annual Meeting of ICS, Barcelona, Spain |
| September 2013 | ERUS2013, Nursing course Stockholm, Sweden |
| September 2013 | Coloplast Practice Day, Birmingham, United Kingdom |

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| September 2013 | National Meeting of the Danish Society of Urology Nurses (FSUIS) Kolding, Denmark |
| September 2013 | B Braun meeting Denmark |
| September 2013 | EAUN Board Meeting, Amsterdam, Netherlands |

Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at k.fitzpatrick@eaun.org

Join our search for Nursing Solutions in Difficult Cases

If you are among those who encounter atypical cases in daily practice and have found your own solutions, we would like to invite you to take a few photos and write a standard protocol. You can download a form with a list of standard questions. The form should include a description of the problem, the nursing intervention provided, the material you have chosen to help the patient and the final results. **Please note:** Difficult Cases that have not been (completely) solved may also be submitted!

Share your expertise

Together with the EAUN you will share and pass on this knowledge to other nurses. The cases will be evaluated by an international expert jury. The 10 most interesting cases are presented by the authors and discussed with the audience in a special session at the 15th International EAUN Meeting in Stockholm. The EAUN will place the material on their website as a unique opportunity to learn from each other. All submissions that meet the criteria will be published on the EAUN website and in *European Urology Today*.

Some of the Submission Criteria and Rules

- The authors and presenter of this Difficult Case must be registered nurses
- The topic selected must be of relevance to urology nursing interventions in Difficult Cases
- The case is illustrated with photos of the problem and the solution (if any), preferably 2-5 photos
- The solution described in this Difficult Case is your own solution and a nursing intervention
- The case is presented in a completed submission form accompanied by a written patient consent
- When invited to present the Difficult Case in Stockholm you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Stockholm website:
www.eaustockholm2014.org/15th-eaun-meeting

How to apply

- Please check the special page on Difficult Case submission at the congress website for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2013

Join our search for the best nursing solutions! We are looking forward to your contributions!



Call for Cases

Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 15th International EAUN Meeting in Stockholm, 12-14 April 2014

Nursing research may bring the most amazing results

With the EAUN's commitment to support innovative work, we invite you to submit a research project proposal for the EAUN Nursing Research Competition.

During the 15th International EAUN Meeting in Stockholm (12-14 April 2014), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. A winner, chosen from the six final nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

Eligible participants have to comply with the following:

- Only registered nurses can submit a research project
- The project has not started at the time of submission
- The research and the presentation have to be done by a nurse
- The topic selected must be of relevance to urologic nursing
- The results of the prize-winning research project will be published in *European Urology Today* and on the EAUN website and the winner is invited to submit an abstract for the next International EAUN Meeting.

Consider the following guidelines before you start writing your research protocol:

- Is your research question clear and why does it matter?
- How will you address this question? (i.e. what methods will you use?)
- How important is this activity to urologic nursing?
- Are your research methods appropriate?

All criteria can be found at the Stockholm congress website (from 1 May 2013):
www.eaustockholm2014.org/15th-eaun-meeting

How to apply

- Please check the congress website www.eaustockholm2014.org for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2013

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!



Call for Research Projects

EAUN Nursing Research Competition

€ 2,500 grant to be awarded at the 15th International EAUN Meeting in Stockholm, 12-14 April 2014