Indwelling vs. intermittent catheterisation in voiding difficulties

What does it mean for patients, caregivers and society?

On February 27 at the EAU-N two concepts that rarely co-exist – the emotional and the rational – met at an Astra Tech sponsored symposium called: “Indwelling vs. intermittent catheterisation in voiding difficulties. What does it mean for patients, caregivers and society?”.

Chair for the meeting was Professor Ralph Peeker from Sahlgrenska University Hospital, Sweden. He opened the meeting by introducing a short movie – “Hassan” – which answers the question raised in the symposium title in both a very matter-of-fact and emotionally touching way. Professor Peeker drew on the movie and declared that Clean Intermittent Catheterisation (CIC) always should be a choice made available to the patient. He went on to emphasise the fact that this procedure now is “golden standard” in available to the patient. He went on to emphasise the

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EMEA meetings and courses are accredited by the EBU in compliance with the ESGAR/AECME regulations

Call for Abstracts, Research Plans and Difficult Urology Nursing Cases

Start writing and taking photos now to be invited to Milan, and maybe win a prize!

Rules and submission details:

www.eaumilan2013.org/14th-eaun-meeting
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 14th International EAUN Meeting in Milan. 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 Milan you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Milan website: www.eaumilan2013.org/14th-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 2012

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

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 14th International EAUN Meeting in Milan (16-18 March 2013), 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 Milan congress website (from 1 April 2012): www.eaumilan2013.org/14th-eaun-meeting

How to apply

- Please check the congress website www.eaumilan2013.org for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2012

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!
I participated as a speaker at the 13th EAUN Meeting held in Paris last February and as a physiotherapist I considered this a great honour. Although I must admit that I am not familiar with the EAUN and its activities, I was surprised by the quality of information given during the EAUN sessions and how well the event was organised.

Another surprise for me was the size not only of the EAUN meeting itself, but also of the EAU Annual Congress. Compared to surgeons and nurses, physiotherapists are outnumbered in daily hospital practice and we rarely meet in such large gatherings, hence for me it was an amazing and completely overwhelming experience.

I also needed help with my presentation, but there were no worries since all invited speakers were happily assisted at the Speakers Centre in the congress venue. I was not alone in this, as it was the first time I was to be the only physiotherapist invited as a speaker. But there were so many interesting presentations, and I could not have been made happier or felt reassured when I heard not only a nurse but also a surgeon who could not have been more experienced at their professions. Furthermore, my talk was a complete success and several colleagues came to talk to me after my talk.

Finally, on Monday I presented my poster “Teaching self-assessment for patients with neurogenic bladder - Nursing experiences from a spinal cord unit.” Since I was the first speaker in that poster session, the rising tension and excitement could never have been more intense. The experience was intimidating for first-time participants with the large, darkened hall, many unknown faces and a very attentive audience. The presentation itself was over in five minutes. There was some time for questions and discussion, and I breathed a huge sigh of relief after my presentation.

I enjoyed the enthusiasm of the audience. Some people in the audience threw in some questions. The quality of the lectures was generally considered to be very high.
Working together after the earthquakes
Urology services in Christchurch, New Zealand

December 26, 2010, and June 13 and December 2011. Started on September 4, 2010 – with major events on

The sequence continues up to this day.

Christchurch area has experienced more than 10,000

devastation and the loss of life, the Greater

While the February earthquake saw the greatest

set up in parks, or found their way through to the
city’s hospitals – both public and private – to assist staff for the injured.

While the February earthquake saw the greatest
destruction and the loss of life, the Greater Christchurch area has experienced more than 10,000 aftershocks in the 18 months since the sequence started on September 4, 2010 – with major events on December 26, 2010, and June 13 and December 2011. The sequence continues up to this day.

It is a tribute to the urologists in Christchurch, the dedicated urology nurses and the other support staff that Christchurch can still deliver the highest quality services to patients. What we have seen over the past 18 months is the ability of the public and private sector to work together, maximising the use of limited facilities and ignoring traditional public-private sector barriers.

There are seven resident urologists practising in Christchurch, of whom two are female. All are engaged in the provision of public healthcare services through the DHB as well as working collectively in their respective private practices, UrologyNZ. Together they provide tertiary care in sub-specialties which include uro-oncology, paediatric urology, uro-gynaecology, and the treatment of urolological conditions after spinal cord injury. In addition to providing services within Canterbury, each urologist travels to Wairarapa in the north, Queenstown in Central Otago, and Greymouth on the West Coast.

The Urology unit

The Urology Unit is a 25-bed adult in-patient ward and staffed by a team of specialist urology nurses. The Unit is supported by the seven urologists, one fellow, two registrars and two house surgeons. Patients are admitted into this unit for either elective surgery - ranging from small interventions such as stone removal by ureteroscopy, reconstruction, to radical prostatectomy and TURP, or for any acute urological presentation over and above what can be managed in the Emergency Department. As the unit provides tertiary-health care, patients from centres outside the Canterbury district are admitted and treated in the unit, as are patients with complex medical issues requiring complex urological intervention such as PCNL.

The Christchurch Hospital provides specialist paediatric urological services, while the Day Stay Unit (DSU) provides minor surgical procedures, including biopsies and BCG treatments. The Outpatients Department offers services such as specialist appointments, continence management, nurse-led clinics and diagnostic procedures, including flow studies, prostate biopsies and urodynamics. The Department also provides a nurse-led pre-admission service for patients undergoing elective surgery. Working in partnership with a urologist, the Clinical Nurse Specialist (CNS) in this Department plays a key role in the education of patients undergoing TRUS and biopsy.

One week following the biopsy the CNS phones the patient with the biopsy result. If the result is positive, the CNS advises the patient of a follow-up appointment with the urologist within a week and invites him (and one support person(s)) to attend a group education session with other men in similar situations.

There is no pressure to attend the group session, and patients are free to either accept or decline the offer. The concept is well received, with the majority of patients participating as part of a group. The intention is to provide a supportive environment where participants receive education on all aspects of the disease, and treatment options available. Having participated in the session the patient arrives at his urologist appointment better informed and more empowered.

“...urology nurses and doctors scrambled amongst the rubble to free people from collapsed buildings...”

Lithotripsy bus

The Burwood Spinal Unit is a recognised specialist tertiary centre which provides services to patients with spinal cord impairments caused by accident, illness or congenital abnormalities. The patient catchment area encompasses the entire South Island and the North Island from Tauponga down. Nurses in the unit are skilled in all aspects of bladder management, and the protocols they have developed are intended to be followed when patients leave the unit and return to the community. Urodynamics is an integral part of the unit.

Mobile Medical Technology (NZ) Ltd owns and operates a “Lithotripsy Bus”. This mobile bus travels throughout New Zealand and calls into Christchurch on a 28-day circuit. This specialised bus is equipped with a high-technology lithotripter unit, medical theatre, and imaging equipment. The bus is permanently staffed by a radiographer and a technician, with a urologist, anesthetist and nursing staff provided by the hospital the bus is visiting.

The private practice, Urology Associates, employs private sector nurses in Christchurch and Queenstown, and public sector (DHB) nurses on the West Coast and in the Wairarapa. In Christchurch the nurses undertake nurse-led clinics for flow studies and BCG treatments, provide phone advice, assist with minor procedures in the clinic, and with major procedures conducted in private hospital operating rooms. Two research nurses support the urologists with their research in areas such as prostate and testicular cancer, overactive bladder, and stone disease. In addition, a continence advisor is employed to provide advice and treatment options to patients with incontinence and to men with erectile dysfunction.

Private hospitals

Each private surgical hospital has a team of specialist nurses in theatre. Open and laparoscopic procedures are carried out in theatre rooms which are typically assisted radical prostatectomy being offered at Southern Cross Hospital. Southern Cross Hospital, Christchurch published a Dr Vinzi Robel (“The Robot”) in 2010, only the third such surgical system in New Zealand, and the first in the South Island.

Operating theatre staff travelled to Tauponga in the North Island, Aделield in Australia, and California (USA) to train in the operation of this new equipment. A total of 48 robotically assisted radical prostatectomies have since been performed in Christchurch.

Meanwhile, nurses in the rural communities of Queenstown, Wairarapa, and Greymouth provide valuable support to the visiting urologist(s). They also provide advice and support service to their local patients in the absence of a urologist.

The fact that Christchurch has maintained the highest quality urology services over the past 18 months is little short of amazing, particularly when, in addition to the damage to hospital buildings and infrastructure, all the staff involved in providing urology services have suffered physically, mentally, emotionally and financially.

Many continue to live in homes that are damaged to varying degrees, continue to experience disturbed sleep as a result of aftershocks, and have the frustration of dealing with uncertain land status and the personal delays associated with the earthquake (EQC) claims process. My friends and colleagues, you are the unsung but so valuable heroes.

Hei e kale i mo eina (That is all for now). Häere rd (Farwell)

EAUN’s Fellowship Programme

Fellowship programme enhances professional skills and institutional ties

Having seen the benefits of a fellowship in giving nurses the chance to gain knowledge in urology, the European Association of Urology Nurses (EAUN) extends fellowships to its members who have been with the association for more than two years.

Among others, the EAUN aims to promote the exchange of experiences, good hospital practice among its members and encourage urology research by nurses. To fulfill these goals the fellowship programme was introduced in 2005. Today, eight nurses have benefited from the programme which provides financial support to the participants.

In my view, the fellowship programme has not yet been used to its full potential. Having been a host for several fellowships, I take this opportunity to bring this programme to the attention of those who are interested or know colleagues who might want to apply.

In 2008 Bruce Turner, clinical nurse specialist in the Hometon Hospital in London, has visited the Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital (NKI-ALV) in Amsterdam to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one day will be able to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one day will be able to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one day will be able to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one day will be able to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one day will be able to observe how things are done in Holland.

Recently we hosted another fellowship, which was used by the fellows in a different way. A group of three Danish nurses used the programme to start a pilot project for a validation process for prostate biopsies. Susanne Kirstensen and Berit Kjelbye visited the NKI-ALV for three days.

Their fellowship was in new in several ways: first, the number of participants was three, when normally just one fellow travels to a host institution. And second, nurses there is a reluctance to travel all by themselves to a foreign country, with many preferring the benefits of a fellowship together with colleagues. And besides, for the host it is also more advantageous to accommodate more than just one fellow.

Secondly, the guests from Denmark used the fellowship to inform the hosting nurses of the new introduction of a breast unit. Both in Christchurch there is a reluctance to travel all by themselves to a foreign country, with many preferring the benefits of a fellowship together with colleagues. And besides, for the host it is also more advantageous to accommodate more than just one fellow.

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Next Fellowship Application Deadline: 31 August 2012

We certainly welcome interested nurses to apply for a fellowship. On the webpage of the EAUN one can find the details on the rules for application. Additionally, several hospitals in different countries throughout the European Union are now listed as host institutions for fellowships. And for doctors, if you know nurses in your department who have the potential, do encourage them to apply for the EAUN fellowship programme. For those interested, queries can be sent to eaun@uroweb.org or find additional information at www.uroweb.org/nurses/fellowship-programme.

Willem De Blok, MA, ANP, RN, EAUN Board Member Amsterdam (NL)

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