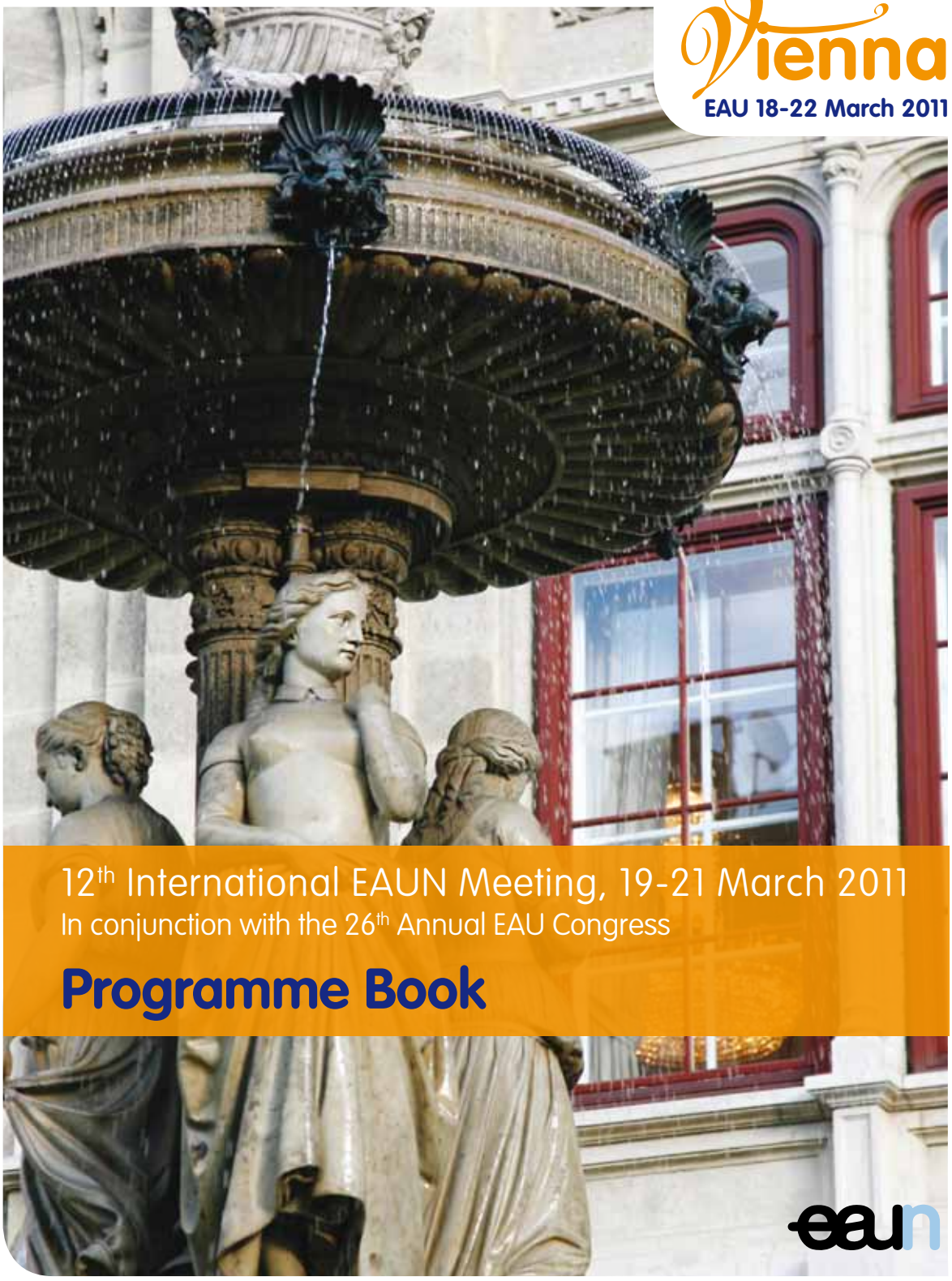

Vienna

EAU 18-22 March 2011

12th International EAUN Meeting, 19-21 March 2011

In conjunction with the 26th Annual EAU Congress

Programme Book

eaun

European Association of Urology Nurses

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- ***Hygienic*** *– before, during and after use.*
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A company in the AstraZeneca Group

Vienna

18-22 March 2011

Webcast

All sessions showing the webcast symbol will be available online at

www.eauvienna2011.org

eau

European
Association
of Urology

Contents

Welcome to the grandeur of Vienna

Dear Colleagues,

It is a great pleasure to welcome you to Vienna for the 12th International Meeting of the European Association of Urology Nurses (EAUN), organised with the support of the Austrian Society for the Scientific Nursing Advancement of Continence and Stoma Advice and the wonderful assistance of Mrs. Dora Mair and Prof. Helmut Madersbacher from Innsbruck.

For this year's programme, significant emphasis is placed on improving research and rehabilitation in cancer care, an area which is attracting more attention. A multi-approach research workshop on Saturday morning will introduce different strategies for research and publishing in nursing. Ms. S. Lautsten and A.K. Pedersen (DK) will present examples of unique nursing research applied in practice, followed by Ms. J. Hawks, Omaha, (US), Editor of Urologic Nursing, who will explain how to write on your research and get it published.

Moreover, for the first time we can present a highly dynamic team who will introduce us to modern team-approach in *Treatment of kidney stones.* The session will be chaired by Prof. C. Seitz (AT) and nursing aspect and competencies will be provided by the nursing staff of the Frederica hospital (DK).

The EAUN has prioritised repeating the outstanding multi-professional workshop *Nursing tools for patient instruction on PCa* – which was launched in Barcelona 2010. As we all know, mother nature sadly prevented most people from attending. With representatives from various uro-oncology societies, including patient advocates, it has a format that will ensure a broader perspective on handling and optimising patient pathways in PCa. This workshop on Sunday has once again been made possible thanks to the unique support from Amgen and Ferring Pharmaceuticals, who also supplied resource packs- it promises to be a dynamic, interactive session.

There are several other hot topics on the agenda, and expert speakers and participants will discuss what's happening 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.* Ms. M. Gea Sanchez, Lleida (ES) will help you get the whole picture around the patients in an update on *Effects of prostate cancer on spouses and families.* Do not miss out!

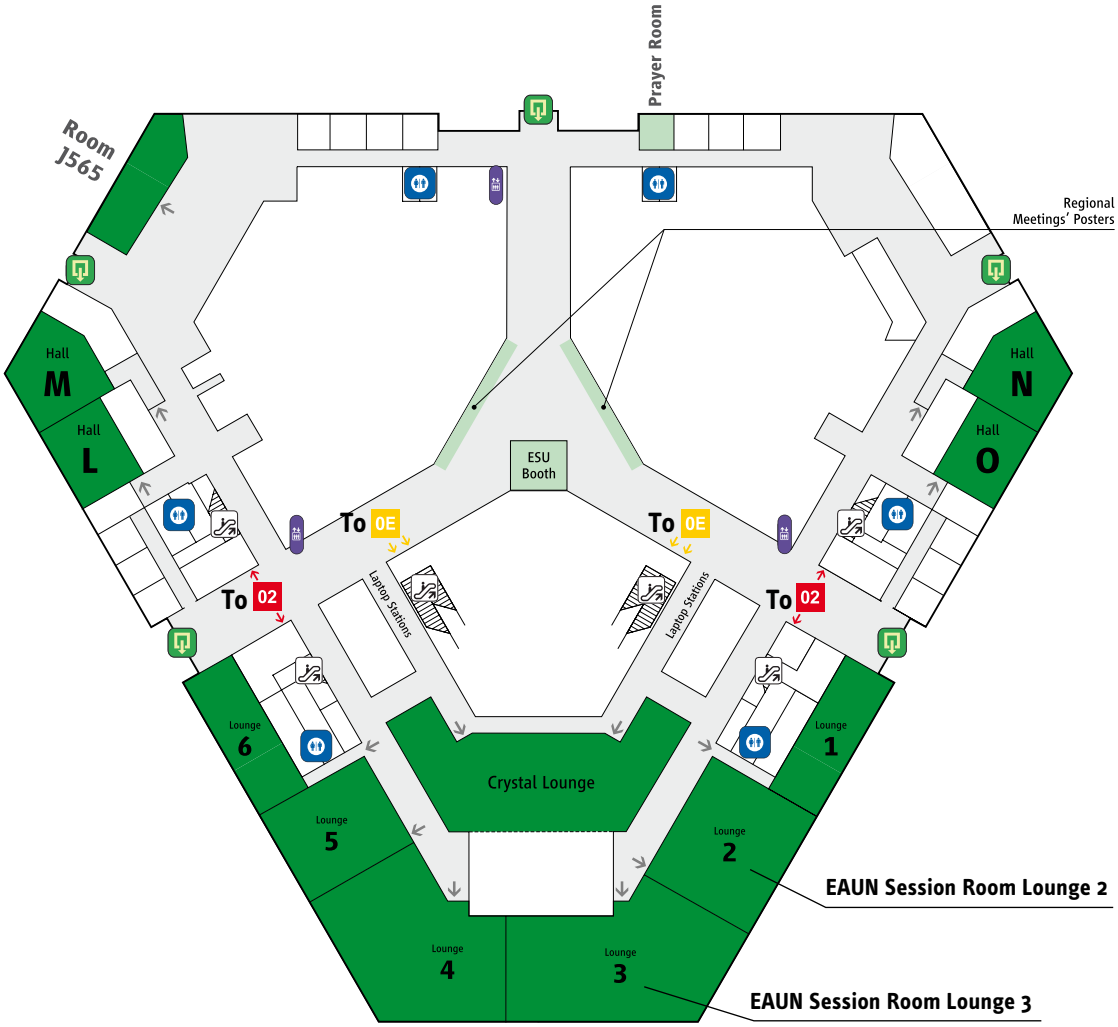
As in previous EAUN meetings, we have an outstanding course from the European School of Urology (ESU) which will focus on *Female sexual dysfunction.* The speakers will take us through different approaches and provide an overview of medical treatment followed by nursing aspects and discussion.

We also invite you to the classic Welcome Reception which will be held in a Viennese style after the Saturday programme. This should be a good opportunity to catch up with old friends... and don't forget to join the new events in our programme such as the great Vienna Urowalk and the EAUN Heurigen evening.

The board looks forward to making up for last year, so you'd better be in Vienna!

Kate Fitzpatrick
EAUN Chair

Green Level 01 (First Floor)



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- Toilets
- Escalator
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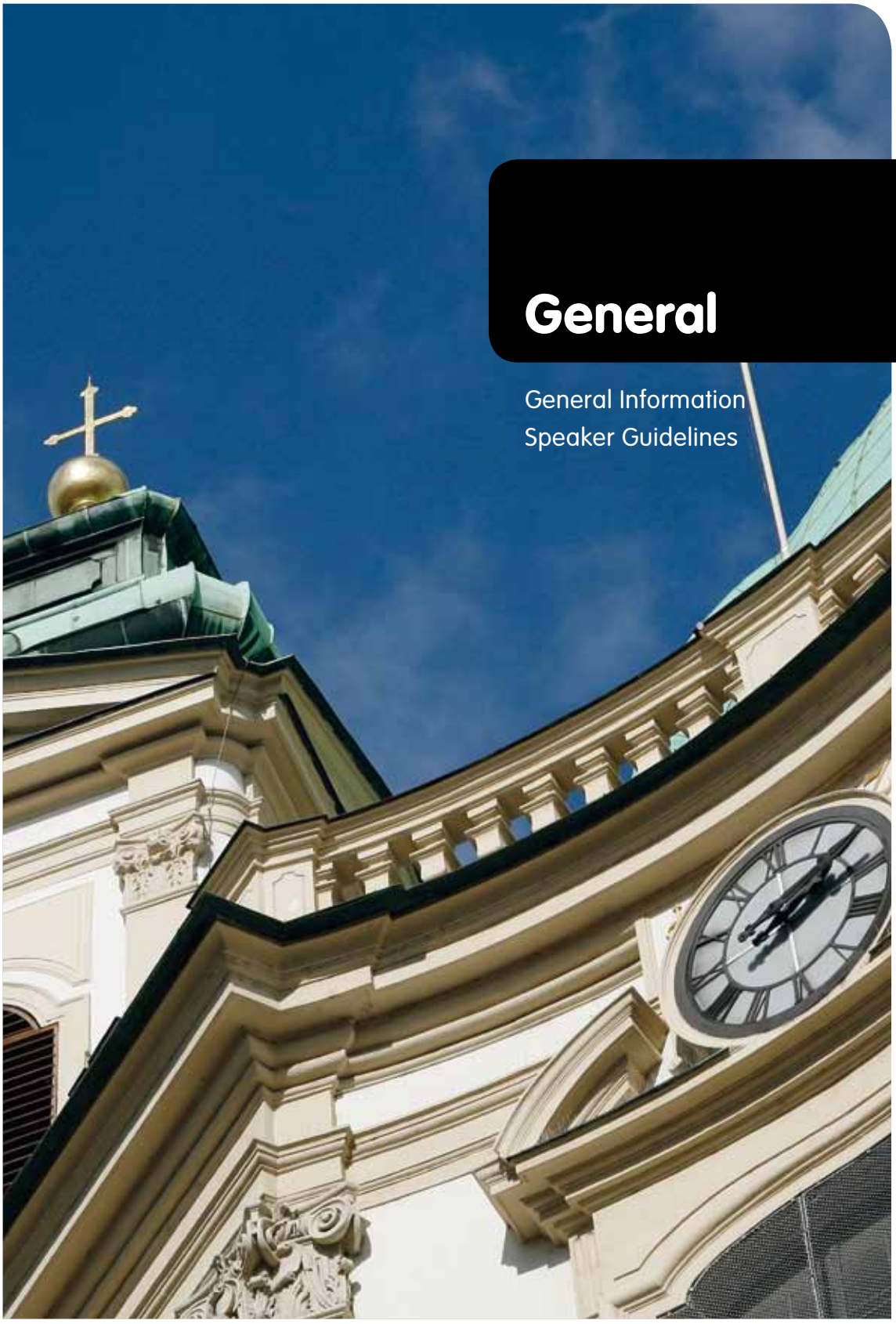
- To 02 To Red level 02
- Lift



General

General Information
Speaker Guidelines

General information

Abstract Corner

The EAU Abstract Corner (booth Z6) is a new initiative at the 26th Annual EAU Congress. Here delegates can search all abstracts from the meeting on a computer, filter them according to their interests, and immediately print out the selected compilation. It is also possible to schedule abstract sessions into the EAU Personal Planner.

The EAU Abstract Corner is supported by an unrestricted educational grant from BECKMAN COULTER

Abstracts

More than 1,100 EAU abstracts have been accepted for presentation during poster and video sessions at the 26th Annual EAU Congress in Vienna. All congress delegates can obtain a free copy of the abstract book at the EAU Abstract Corner (booth Z6), sponsored by BECKMAN COULTER, in the exhibition on a first-come, first-served basis. Due to EAU's "green" initiatives a limited number of abstract books have been printed. Additional abstract books can be purchased at the Help Desk in the registration area. The EAU Abstract CD 2011 will be distributed to all congress delegates by FERRING (booth Y38). All abstracts are available online at www.eauvienna2011.org. To obtain the EAU Poster CD 2011 after the congress, please pre-order at AMGEN (booth X25).

The EAU Poster CD 2011 is supported by an unrestricted educational grant from AMGEN
The EAU Abstract CD 2011 is 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 delegates to 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 Austria Center Vienna (ACV) is easily accessible by public transport. The public transport system is easy to use and a very efficient way to get around the city. Congress delegates may collect a transportation pass in the registration area which is valid for 5 days. The pass covers underground, tram and bus within the city limits of Vienna (zone 100). 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.

Address congress venue:
Austria Center Vienna (ACV)
Bruno-Kreisky-Platz 1
1220 Vienna, Austria
T +43 1 260 690
F +43 1 260 69 303
office@acv.at
www.acv.at

Metro / car parking / taxi:
The nearest metro station is "U1 – Kaisermühlen Vienna International Center (VIC)" which is located 200 metres from the main entrance of the congress venue. Taxi's are available in front of this metro station. Car parking is available 24 hours a day at the congress centre.

Airport Shuttle Bus

There is an airport shuttle bus departing from the metro station, next to the congress venue, to the airport. It runs every hour from 06.10 am to 7.10 pm. It takes 30 minutes from this bus stop to Airport Vienna Schwechat.

Award Gallery

As of this year, the EAU Congress features an EAU Award Gallery. Here you can find a complete overview

Congress Hours

	Main entrance	Speaker Service Centre	Registration
Thursday, 17 March	13.30–19.30	14.00–19.00	14.00–19.00
Friday, 18 March	07.45–21.30	08.00–19.00	08.00–21.30
Saturday, 19 March	06.45–20.00	07.00–19.30	07.00–20.00
Sunday, 20 March	06.45–20.00	07.00–19.00	07.00–19.00
Monday, 21 March	06.45–20.00	07.00–19.00	07.15–19.00
Tuesday, 22 March	06.45–17.30	07.00–13.00	07.45–13.30

of all awards that were handed out this year by the European Association of Urology. It will also feature information on past winners of the most prestigious prizes. A new award is introduced this year: The Innovators in Urology Award 2011. This is an award for inventions that significantly transformed the treatment and/or diagnosis of a urological disease.
The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years. It can be found on the yellow level (ground floor), be sure to visit it!

Badge Tracking System

Congress delegates have a barcode on their badge which enables them to leave their contact details with exhibitors in a quick and easy way. The barcode will also be scanned at the entrance of the session rooms to gather CME and statistic information.

Badges

The badge classification is as follows:

White badge	:	Congress delegate
Brown badge	:	Nurse
Green badge	:	Exhibitor
Red badge	:	Press
Purple badge	:	Accompanying person
Pink badge	:	Special registration
Yellow badge	:	Organising staff

Bank, Exchange and Credit Cards

The national currency in Austria is the Euro (EUR). An ATM machine is available in the main entrance hall. The nearest banks to the congress venue are:

- Bank Austria - open weekdays from 09.00 - 12.30 & 13.00 - 15.00, closed on the weekend
  Donau City-Straße 4, 1220 Vienna
- Raiffeisen Bank, Andromeda Tower - open weekdays from 09.00 - 15.00, closed on the weekend
  Donau City-Straße 6, 1220 Vienna

Banks are normally open Monday to Friday from 08.00 - 12.30 hrs. and 13.30 - 15.00 hrs., on Thursday afternoon banks are open until 17.30 hrs. Banks are closed on Saturday and Sunday, except at the airport.

Certificate of Attendance

A Certificate of Attendance for the 12th International EAUN Meeting is handed out at EAUN session room Lounge 3, Level 01 Green.

Cloakroom / Luggage

The cloakroom is located on the blue level (basement) and open during congress hours. Please be sure to collect all personal belongings at the end of the day.

Congress App – NEW!

The EAU is introducing a brand-new app which will bring the 26th Annual EAU Congress to your smartphone. The application offers the best mobile overview of this scientific event – with instant access to congress abstracts and the latest news from before, during and after the meeting! The application notifies you when there is an update available, which means you always have the latest information about the congress at hand. Please check under EAU in your App Store.

Congress Bag

In the registration area, each delegate can collect a congress bag including an EAU programme book. EAUN programme bookds are handed out the EAUN session room Lounge 3 (Level 01 green).
The EAU congress bags are sponsored by ASTELLAS

Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters are available on Saturday 19, Sunday 20 and Monday 21 March. The first edition contains the Exhibition Overview.
The newsletters will also be available online at **www.eauvienna2011.org** after the congress.

EAU Congress Office

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www.eauvienna2011.org

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 on the green level (first floor) with extensive information on its activities. Registration for the courses can be made at the ESU registration desks in the registration area. An ESU Courses CD 2011 will be distributed by SANOFI-AVENTIS (booth X85) to all congress delegates.

The ESU Courses CD 2011 is supported by an unrestricted educational grant from SANOFI-AVENTIS

Fees ESU Courses (for congress registered delegates only)

	2 hrs.	3 hrs.
Residents and nurses (members/non-members)	€ 24.00	€ 24.00

Prices are incl 20% VAT

EAUN ID Card

The EAUN ID Card functions as a membership card for all EAUN members. The card can not be used for registration purposes.

EAU Square

The EAU Square (booth Z50) in exhibition Hall Z consists of the EAU/EAUN Membership Booth, EBU Corner, ESRU Corner, EAU Paris 2012 Promotion Counter, Clinical Research Office 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 Austria 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. With an impact factor of 7.667 the Platinum Journal remains the leading scientific publication in the field of urology. The recently implemented electronic features and platforms make reading the articles and viewing the videos even more interesting! Come see European Urology for yourself - visit either European Urology (booth D4) in exhibition Hall D or the EAU Square (booth Z50) in exhibition Hall Z.

Excursions and Vienna Information

Information on Vienna and excursions will be available at the Excursion and Vienna 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, 19 March at 09.00 hrs.

Exhibition Hours
Saturday, 19 March 09.00-18.00 hrs
Sunday, 20 March 09.00-18.00 hrs
Monday, 21 March 09.00-17.30 hrs

First Aid

There is a medical unit present for first aid in room U646 on the yellow level (ground floor). In case of emergency, contact a security guard immediately.

Guidelines

EAU Pocket guidelines

EAU urological guidelines in pocket format including a CD are distributed by Olympus (booth Z38) in exhibition Hall Z to EAU and EAUN members only.

The EAU Pocket Guidelines are supported by an unrestricted educational grant from OLYMPUS

Historical Exhibition

The members of the EAU History Office have set up a historical exhibit located at the EAU Square (booth Z50) in exhibition Hall Z. The exhibit will present "A Medical Kaleidoscope of Vienna".

History Wall EAU Congresses

The EAU has created the Congress History Wall, an audio-visual collage of photographs, texts and film footage that traces the early years of the Annual Congress and features the highlights in the EAU Congress history. Consisting of 27 wall panels, the Congress History Wall captures the changes and milestones in European urology. Visit the EAU Congress History Wall (located in the main lobby on the ground floor) and reflect on the events, achievements, challenges and urological issues debated nearly three decades ago or gain insights into the visions and goals of pioneering leaders in European urology.

Hotel Accommodation

The EAU has contracted the company K.I.T. Group GmbH to deal with the housing for the congress participants. K.I.T. staff will be available at the Hotel Desk in the registration area.

Hospitality Suites Companies

ABBOTT	Blue Level U2 (basement); HS-3
AMS	Blue Level U2 (basement); HS-6
ASTELLAS	Blue Level U2 (basement); HS-7
ASTRAZENECA	Blue Level U2 (basement); HS-5
COOK MEDICAL	Blue Level U2 (basement); HS-4
OLYMPUS	Blue Level U2 (basement); HS-8

Insurance

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

Internet Corners

The EAU Internet Corners are at your disposal at different locations (booths X70 & D34) in exhibition Halls D and X.

The EAU Internet Corners are sponsored by DENDREON CORPORATION

Language

All presentations during the EAU Congress and EAUN Meeting will be conducted in English, the official language of the EAU and the EAUN. There will be no translation provided.

Learning Objectives EAU Congress

The EAU Congress provides a forum for presenting original unpublished data and sharing ideas for urological innovation as well as disseminating evidence-based knowledge of primary clinical relevance. Urologists and affiliated professionals attending the EAU Congress and EAUN Meeting will be able to:

- Review innovative techniques and scientific advances in the field of urology and its subspecialities
- Review the latest data and emerging trends from studies in clinical and translational research
- Enhance their knowledge of evidence-based approaches to the management of urological disease
- Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease
- Enhance their practical knowledge and skills by educational activities, including hands-on-training and courses
- Gain exposure to new developments in drugs and new cutting edge technology in the field of pharmaceutical research and medical technology through visiting the EAU Congress Exhibition
- Communicate, collaborate and network with representatives of a large international audience – medical professionals, national urological societies, patient groups, medical industry and the media.

Lost and Found

Found items should be returned to the Information Desk in the main lobby on the yellow level (ground floor). If you lose something, please report to this desk for assistance.

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. Ivanka Moerkerken (i.moerkerken@uroweb.org).

General information

Message Service
A message service is available at the congress website: **www.eauvienna2011.org**.
You can use the congress website to retrieve your messages and to send messages to other congress delegates.

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

Personal Planner
During the Annual EAU Congress, the Personal Planner can be accessed through the scientific programme of the congress on **www.eauvienna2011.org**. This application can be used to personalise congress schedules, print or export items to Outlook express calendars.

Poster Builder Service
Poster presenters who created their posters for the 12th International EAUN Meeting through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre in room S250 on the yellow level (ground floor).

Prayer Room
A special room dedicated to prayer is located in room F131 on the green level (first floor).

Presentation Training Centre
For information on the presentation training centre see page 14.

Restaurant Reservation Service
Viennese cuisine is the only type of cooking in the world that is named after a city. Vienna is also the only metropolis in the world that grows enough wine within city limits to be worth mentioning. The Viennese coffee house is known around the globe for its informal pleasantness.
To place your restaurant booking visit: www.wien.info/en/shopping-wining-dining or go to the Restaurant Reservations 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.

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

Speaker Service Centre
For extensive speaker information see page 14.

Taxi Service
Taxis will be available in the taxi rank in front of the metro station next to the congress venue. Rates from the airport to the city centre are around 30 - 36 Euro. Rates from the ACV to the city centre are around 14-17 Euro. If you wish to book a taxi in Vienna by phone we recommend to call one of the following companies which have reasonable and fixed rates:
+43 140 100
+43 131 300
+43 160 160

Transportation Pass
Congress delegates may collect a transportation pass in the registration area which is valid for 5 days. The pass covers underground, tram and bus within the city limits of Vienna (zone 100). 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.

Upcoming Meetings
Posters and other information on upcoming meetings can be displayed in the "Upcoming Meetings" promotion area located in the main lobby on the yellow level (ground floor). It is strictly forbidden to put up promotional material at any other location in the building.

Webcasts (W)
Many sessions will be webcasted via **www.eauvienna2011.org**. The webcasted sessions are indicated with a special logo in the synopsis and will be online within several hours after the session. 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 European Association of Urology (Nurses).

WIFI
Free wireless internet (EAU WIFI) will be available throughout the congress centre except in the exhibition areas. Special Laptop Stations with tables and power outlets are available on the green level (first floor).

GE Healthcare

GE Healthcare sponsored
EAUN Satellite Symposium
at 26th Annual EAU Congress
Vienna, Austria

Boxed lunches will be provided

Optimising patient benefits in non-muscle invasive bladder cancer management

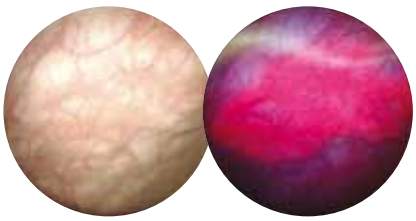
Saturday 19 March 2011

Time 12:45 – 13:45
Lounge 3
Venue Austria Center Vienna

GE imagination at work

Programme

- Chair's welcome and introductions
  Kathryn Chatterton
  Urology Nurse Specialist, Urology Dept, Guy's and St Thomas' Hospital, London, UK
- Data review:
  latest European recommendations
  Andreas Sommerhuber *Austria*
- Using Hexvix:
  technique and equipment
  Suzanne Hieronymi *Germany*
- Who benefits from Hexvix:
  interactive case studies
  Max Burger & Hans Beck *Germany*
- Chair's summary and close



See what's been missing

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PRESCRIBING INFORMATION HEXVIX (hexaminolevulinate) *Please refer to full national Summary of Product Characteristics (SPC) before prescribing. Indications and approvals may vary in different countries. Further information available on request.*
Hexvix 85 mg, powder and solvent for solution for intravesical use. PRESENTATION Pack of one 10ml glass vial containing 85mg of hexaminolevulinate as 100mg hexaminolevulinate hydrochloride as a powder and one 50ml polypropylene or glass vial containing solvent. After reconstitution in 50ml of solvent, 1ml of the solution contains 1.7mg hexaminolevulinate which corresponds to a 8mmol/l solution of hexaminolevulinate. **INDICATIONS** This medicinal product is for diagnostic use only. Detection of bladder cancer, such as carcinoma *in situ*, in patients with known bladder cancer or high suspicion of bladder cancer, based on e.g. screening cystoscopy or positive urine cytology. Blue light fluorescence cystoscopy should be used as an adjunct to standard white light cystoscopy, as a guide for taking biopsies. **DOSAGE AND METHOD OF ADMINISTRATION** Hexvix cystoscopy should only be performed by health care professionals trained specifically in Hexvix cystoscopy. The bladder should be drained before the instillation. **Adults (including the elderly):** 50ml of 8mmol/l reconstituted solution is instilled into the bladder through a catheter. The patient should retain the fluid for approximately 60 minutes. Following evacuation of the bladder, the cystoscopic examination in blue light should start within approximately 60 minutes. Patients should be examined with both white and blue light to obtain a map of all lesions in the bladder. Biopsies of all mapped lesions should normally be taken under white light. Only CE marked cystoscopic equipment should be used, equipped with necessary filters to allow both standard white light cystoscopy and blue light (wavelength 380–450nm) fluorescence cystoscopy **Children and adolescents:** There is no experience of treating patients below the age of 18 years. **CONTRAINDICATIONS** Hypersensitivity to the active substance or to any of the excipients of the solvent. Porphyria. Women of child-bearing potential. **WARNINGS AND PRECAUTIONS** Repeated use of Hexvix as part of follow-up in patients with bladder cancer has not been studied. Hexaminolevulinate should not be used in patients at high risk of bladder inflammation, e.g. after BCG therapy, or in moderate to severe leucocyturia. Widespread inflammation of the bladder should be excluded by cystoscopy before the product is administered. Inflammation may lead to increased porphyrin build up and increased risk of local toxicity upon illumination, and false fluorescence. If a wide-spread inflammation in the bladder becomes evident during white light inspection, the blue light inspection should be avoided. There is an increased risk of false fluorescence in the resection area in patients who recently have undergone surgical procedures of the bladder. **INTERACTIONS** No specific interaction studies have been performed with hexaminolevulinate. **PREGNANCY AND LACTATION** No clinical data on exposed pregnancies are available. Reproductive toxicity studies in animals have not been performed. **UNDESIRABLE EFFECTS** Most of the reported adverse reactions were transient and mild or moderate in intensity. The most frequently reported adverse reactions were bladder spasm, reported by 3.8% of the patients, bladder pain, reported by 3.3% of the patients and dysuria, reported by 2.7% of the patients. Other commonly reported adverse reactions are: headache, nausea, vomiting, constipation, urinary retention, haematuria, pollakuria and pyrexia. Uncommonly reported adverse reactions are cystitis, sepsis, urinary tract infection, insomnia, urethral pain, incontinence, white blood cell count increase, bilirubin and hepatic enzyme increase, post-procedural pain, anaemia, gout and rash. The adverse reactions that were observed were expected, based on previous experience with standard cystoscopy and transurethral resection of the bladder (TURB) procedures. **OVERDOSE** No case of overdose has been reported. No adverse events have been reported with prolonged instillation times exceeding 180 minutes (3 times the recommended instillation time), in one case 343 minutes. No adverse events have been reported in the dose-finding studies using twice the recommended concentration of hexaminolevulinate. There is no experience of higher light intensity than recommended or prolonged light exposure. **INSTRUCTIONS FOR USE AND HANDLING** Hexaminolevulinate may cause sensitisation by skin contact. The product should be reconstituted under aseptic conditions using sterile equipment. **MARKETING AUTHORISATION HOLDER** GE Healthcare AS, Nycoveien 1-2, PO Box 4220 Nydalen, Oslo, Norway. **CLASSIFICATION FOR SUPPLY** Subject to medical prescription (POM). **UK MARKETING AUTHORISATION NUMBER** PL 00637/0064. **PRICE** £375. **DATE OF REVISION OF TEXT** 14 April 2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GE Healthcare.

GE Healthcare Limited, Amersham Place, Little Chalfont, Buckinghamshire, England HP7 9NA
www.gehealthcare.com
www.hexvix.com

Images courtesy of Dirk Zaak, Professor of Urology, Traunstein, Germany

02-2011 JB4373/OS UK & INT'L ENG

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 (Room S250, Yellow level) 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. If you have an early presentation, please hand in you presentation the previous day!

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 one PowerPoint slide 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.

Scientific Programme

	19 March Saturday		20 March Sunday	21 March Monday
Room	Lounge 2	Lounge 3 - Main room	Lounge 3	Lounge 3
08:00			ESU Course Female sexual dysfunction Part 1	
08:15		EAUN Workshop Treatment of kidney stones - It is all about the team!		
08:30	EAUN Workshop Bridging evidence-based reasearch and clinical nursing			
08:45				
09:00			Break	EAUN Nursing Research Competition - Learning session
09:15			ESU Course Female sexual dysfunction Part 2	
09:30				
09:45		Break		
10:00				
10:15			Break	
10:30	EAUN Workshop Cyroablation for prostate and kidney cancer: An overview on background, procedure and nursing responsibilities	EAUN Workshop Quality of life in urology stoma patients	State-of-the-art lecture Effects of Pca on spouses and families	Break
10:45				Symposium The psychosocial impact of intermittant catheterisation HOLLISTER
11:00			EAUN Urology Nursing Quiz	
11:15			Break	
11:30			State-of-the-art lecture New developments in urological cancer care including the nursing aspects	
11:45				State-of-the art lecture Non-surgical management of renal cell cancer
12:05				Break
12:20				
12:30		Break	EAUN Lunch Workshop Nursing tools for patient instruction on prostate cancer	EAUN Workshop Nursing solutions in difficult cases - Case studies
12:45		Symposium Optimising patient benefits in nonmuscle invasive bladder cancer management GE HEALTHCARE		
13:00				
13:15				Break
13:30				EAUN General Assembly
13:45		Break		
14:00		Special session of the Austrian Society for the Scientific Nursing Advancement of Continence and Stoma Advice The conflicting priorities of daily consulting and nursing science		State-of-the-art lecture The importance of patient positioning and safety on a urological OR
14:15				
14:30				Break
14:45		Break	Poster viewing	Oral Abstract Session
15:00			Poster Abstract Session	
15:15		EAUN Opening		
15:30		EAUN Guidelines TRUS Guided Biopsy of the Prostate		
15:45		Break		
16:00		Symposium The evidence behind the new SpeediCath® Compact Male: A revolutionary and discreet cathether for men COLOPLAST AS		
16:15				Break
16:30				
16:45				Award Session Supported by AMGEN and FERRING PHARMACEUTICALS
17:00		Welcome Reception Location: Crystal Lounge Green Level 01 COLOPLAST AS and the EAUN	Urowalk 17.00 - 18.30	
17:15				
17:30				
17:45				
18:00				
20:00-22:30		Heurigen		

Hospital Visits

AKH University Hospital Vienna

08.00 – 09.00 **Bus transfer**
Meeting point: Austria Center Vienna - main entrance

09.00 - 13.30 **Hospital visit / visit Josephinum Museum – Group 1**

09.00 - 13.30 **Visit Josephinum Museum / hospital visit – Group 2**

Between 11.00 – 11.30 the groups switch location, it's a 15-minute walk from the hospital entrance to the Josephinum or vice versa.

After the visits (at approximately 13.30 hrs.) a bus will pick up the groups at the AKH University Hospital and at the Josephinum Museum (at a special bus stop) and take the participants back to the Austria Center Vienna – main entrance.

Donau Hospital Vienna

08.00 – 09.00 **Bus transfer - Group 1**
Meeting point: Austria Center Vienna - main entrance

09.00 – 11.00 **Hospital visit – Group 1**

10.00 – 11.00 **Bus transfer - Group 2**
Meeting point: Austria Center Vienna - main entrance

11.00 – 13.00 **Hospital visit – Group 2**

After the visits (at 11.00 and 13.00 hrs.) a bus will pick up the groups at the Donau Hospital (main entrance, Langobardenstrasse 122, 1220) and take the participants back to the Austria Center Vienna - main entrance.

Rudolfstiftung Hospital Vienna

08.00 – 09.00 **Bus transfer - Group 1**
Meeting point: Austria Center Vienna - main entrance

09.00 – 11.00 **Hospital visit – Group 1**

10.00 – 11.00 **Bus transfer - Group 2**
Meeting point: Austria Center Vienna - main entrance

11.00 – 13.00 **Hospital visit – Group 2**

After the visits (at 11.00 and 13.00 hrs.) a bus will pick up the groups at the Rudolfstiftung Hospital (Boerhaavegasse 13, 1030) and take the participants back to the Austria Center Vienna - main entrance.

Participants must be registered for the hospital visits and availability is on a first-come, first-served basis. The hospital visit registration is listed on the entitlement list.

EAUN Workshop

08.15 - 09.45 Treatment of kidney stones - It is all about the team!

Lounge 3 - Green Level 01 (First Floor)

Chair: *C. Seitz, Vienna (AT)*

08.15 - 08.20 **Introduction**
C. Seitz, Vienna (AT)

08.20 - 08.50 **Team approach to evaluation and medical treatment of the stone patient**

08.20 - 08.35 **Basic principles**
K.H. Andreassen, Fredericia (DK)

08.35 - 08.50 **Role of a stone nurse**
L. Uldum, Fredericia (DK)

08.50 - 09.05 **Working with x-rays in the operating room**
B. Leube, Fredericia (DK)

09.05 - 09.35 **Endourological team approach**

09.05 - 09.20 **The selective approach to stone treatment**
P.J. Osther, Fredericia (DK)

09.20 - 09.35 **The endourological nurse - flexibility is the key**
A. Lind, Fredericia (DK)

09.35 - 09.45 **Discussion**

Aims and objectives
The process of identifying the right treatment strategy for the great variety of kidney stone diseases demands a flexible organisation in which the stone nurse plays a key role: Right from the start establishing a good contact with the patients at high risk of recurrence not only helps guiding the patients though the stone eliminating procedures, but also increases efficacy of the preventing therapy through strengthening treatment compliance, which is often otherwise poor. In this workshop we will discuss the different aspects of kidney stone treatment from metabolic evaluation and medical management through advanced endourological procedures and aspects on working with x-rays in the OR. Focus will be on the role of the stone nurse as a team-player in these different areas of stone patient management, in order to embrace patient care during stone eliminating procedures as well during follow-up as a whole.

EAUN Workshop

08.30 - 10.30 Bridging evidence-based research and clinical nursing

Lounge 2 - Green Level 01 (First Floor)

08.30 - 08.45 **How to apply evidence-based research in clinical nursing**
S. Laustsen, Århus (DK)

08.45 - 09.00 **How to apply evidence-based research in clinical nursing**
A. Krintel Petersen, Århus (DK)

09.00 - 09.15 **Examples of research projects and their application in clinical practice**
S. Laustsen, Århus (DK)

09.15 - 09.30 **Examples of research projects and their application in clinical practice**
A. Krintel Petersen, Århus (DK)

09.30 - 10.00 **How to write and present research abstracts**
J. Hokanson Hawks, Omaha (US)

Aims and objectives
The Editor of Urologic Nursing will discuss key content to be included in a written abstract and describe methods of disseminating research findings through poster or podium presentations and written manuscript.

10.00 - 10.30 **How to get your research results published**
J. Hokanson Hawks, Omaha (US)

Aims and objectives
The Editor of Urologic Nursing will provide guidance for publishing research findings including discussion of: 1) tips for getting started, 2) where to find author guidelines, 3) ways to overcome writer's block, and 4) methods for improving chances for publication. The publication process from submission and peer review through edits and page proofs will also be described.

EAUN Workshop

10.30 - 12.30 Cryoablation for prostate and kidney cancer: An overview of background, procedure and nurses responsibilities

Lounge 2 - Green Level 01 (First Floor)

10.30 - 11.05 **Introduction**
U. Witzsch, Frankfurt am Main (DE)

11.05 - 11.35 **Cryotherapy of the prostate**
S. Hieronymi, Frankfurt am Main (DE)
U. Witzsch, Frankfurt am Main (DE)

11.35 - 12.00 **Cryotherapy of the kidney**
S. Hieronymi, Frankfurt am Main (DE)
U. Witzsch, Frankfurt am Main (DE)

12.00 - 12.30 **How to start cryotherapy**
S. Hieronymi, Frankfurt am Main (DE)
U. Witzsch, Frankfurt am Main (DE)

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.

EAUN Workshop

10.30 - 12.30 Quality of life in urology stoma patients

Lounge 3 - Green Level 01 (First Floor)

S.P. Fillingham, London (GB)
B. Kiesbye, Århus (DK)

10.30 - 10.40 **Indications for urostomy and different types of urostomy**
S.P. Fillingham, London (GB)

10.40 - 10.45 **Surgery types: Laparoscopic versus open surgery**
S.P. Fillingham, London (GB)

10.45 - 11.00 **Pre-operative and post-operative care**
B. Kiesbye, Århus (DK)

11.00 - 11.30 **Training session on stoma siting**
B. Kiesbye, Århus (DK)

11.30 - 12.00 **Quiz: Test your knowledge**

12.00 - 12.30 **Body image and sexuality**
S.P. Fillingham, London (GB)

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.

Sponsored Session

12.45 - 13.45 Optimising patient benefits in non-muscle invasive bladder cancer management

Lounge 3 - Green Level 01 (First Floor)

Lunch Symposium

Chair: *K. Chatterton, London (GB)*

Welcome and Introduction
K. Chatterton, London (GB)

Data review: Latest European recommendations
A. Sommerhuber, Linz (AT)

Using Hexvix: Technique and equipment
S. Hieronymi, Frankfurt am Main (DE)

Who benefits from Hexvix: Interactive case studies
H. Beck, Regensburg (DE)
M. Burger, Regensburg (DE)

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 (Hexvix) guided fluorescence cystoscopy will be discussed, highlighting the pivotal role of the nurse throughout the whole implementation process. This will focus upon the key considerations surrounding the necessary equipment and surgical technique. Interactive case studies will be presented, incorporating which patients benefit from Hexvix.

Sponsored by GE HEALTHCARE

EAUN Lecture

14.00 - 14.40 **The conflicting priorities of daily consulting and nursing science**

Lounge 3 - Green Level 01 (First Floor)

Special Session of the Austrian Society for the Scientific Nursing Advancement of Continence and Stoma Advice

14.00 - 14.15 H. Anzinger, Linz (AT)
14.15 - 14.30 B. Nussbaumer-Grillitsch, Graz (AT)

14.30 - 14.40 **Discussion**

EAUN Opening

15.15 - 15.30 **EAUN Opening**

Lounge 3 - Green Level 01 (First Floor)

P-A. Abrahamsson, Malmö (SE)
K. Fitzpatrick, Dublin (IE)

EAUN Lecture

15.30 - 15.45 **Evidence-based Guidelines for Best Practice in Health Care - Transrectal Ultrasound Guided Biopsy of the Prostate - Introduction of the new Guidelines**

Lounge 3 - Green Level 01 (First Floor)

P. Aslet, Basingstoke (GB)

Aim
To introduce the new Guidelines.

Objectives
- To present why they have been developed and who they are for.
- To enhance and develop nursing practice through the provision of the Guidelines.

Supported by unrestricted educational grants from AMGEN, ASTRAZENECA and NOVARTIS

Sponsored Session

16.00 - 17.00 **The evidence behind SpeediCath® Compact Male: A revolutionary and discreet catheter for men**

Lounge 3 - Green Level 01 (First Floor)

Chair: *E. Chartier-Kastler, Paris (FR)*

Symposium

Early clinical experiences with the SpeediCath compact male catheter
E. Chappel, Westcliff-on-Sea (GB)

Safety of a new compact catheter for men with neurogenic bladder dysfunction: A randomised, crossover, open-labelled study
E. Chartier-Kastler, Paris (FR)

Residual urine evaluation of SpeediCath compact male in males with spinal cord injury
B. Domurath, Bad Wildungen (DE)

A personal patient experience
D. Cooper, Essex (GB)

Aims and objectives
Coloplast is introducing a new catheter for men which is considerably smaller than standard products. In this session, lead investigators and clinicians will present clinical evidence for the performance of this revolutionary design which makes the catheterisation process more discreet for patients, without compromising on performance. The evidence highlights male users' acceptance of the catheter and the safety, discretion, ease of use, and bladder emptying functionality.

Sponsored by COLOPLAST AS

Welcome Reception

17.00 - 18.00 **Welcome Reception**

Crystal Lounge - Green Level 01 (First floor)

The welcome reception is only accessible for delegates who are registered for the 12th EAUN Meeting.

The Welcome reception is supported by COLOPLAST AS and the EAUN

ESU Course

08.00 - 10.15 Female sexual dysfunction

Lounge 3 - Green Level 01 (First Floor)

Chair: *A. Ponholzer, Vienna (AT)*

What is female sexual dysfunction and how often do we find it?
A. Ponholzer, Vienna (AT)

Current aspects of vaginal plastic surgery
D. Robinson, London (GB)

Urological background for female sexual dysfunction
S. Madersbacher, Vienna (AT)

Let's talk about sex
E. Van Den Beld-Moeselaar, Leiden (NL)

EAUN Lecture

10.30 - 11.00 **State-of-the-art lecture: Effects of PCa on spouses and families**

Lounge 3 - Green Level 01 (First Floor)

M. Gea-Sánchez, Lleida (ES)

Aims and objectives
The advent of prostatic cancer in a family may create imbalance and instability. The imbalance may affect confidence, reciprocity, communication and togetherness and lead to loss of coherence in the family. It is furthermore concluded that from the research insight has been gained on the importance of helping and supporting the relatives of the patient because they constitute an important resource for the patient. Therefore more attention from health care providers should be aimed at the relatives to avoid that they succumb to the burden of caring for a close family member with an incurable disease.

EAUN Session

11.00 - 11.15 **EAUN Urology Nursing Quiz**

Lounge 3 - Green Level 01 (First Floor)

T. Christiansen, Malmö (SE)

Test your urology nursing knowledge. The winner receives a free registration for the 13th International EAUN Meeting in Paris, France.

EAUN Lecture

11.30 - 12.30 **State-of-the-art lecture: New developments in urological cancer care including the nursing aspects**

Lounge 3 - Green Level 01 (First Floor)

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 Lunch Workshop

12.30 - 14.30 Nursing tools for patient instruction on prostate cancer

Lounge 3 - Green Level 01 (First Floor)

Chair: *W.M. De Blok, Amsterdam (NL)*

Moderator: *K. Flynn, Dublin (IE)*

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.B. Borre, Århus (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, Antwerp (BE)

14.15 - 14.30 **Discussion**
K. Flynn, Dublin (IE)

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 discussion and questions. After the session we hope that the audience will find themselves more equipped to speak with patients about prostate cancer.

The participants will receive a resource pack to take home.

Supported by unrestricted educational grants from AMGEN and FERRING PHARMACEUTICALS

Abstract Session

14.30 - 16.15 Poster Session

Lounge 3 - Green Level 01 (First Floor)

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

14.30 - 15.00 **Poster viewing**

P1-s **Determination of the self-respect and depression levels of patients who use clean intermittent catheterization due to neurogenic bladder**
A. Ozbas, L. Küçük, I. Çavdar, U. Fındık, S. Yıldız, J. Yıldız, N. Akyüz (Istanbul, Edirne, Turkey)

P2-p **Communication nurse-patient in urology: The sexuality**
C. Villanova, Z. Trajkov, P. Denarier, P. Pierini, E. Baldassarre (Aosta, Italy)

P3-p **A small flyer with a high impact on ileal bladder patient safety**
R. Herren, C. Kessler, R. Willener (Berne, Switzerland)

P4-p **Patient's teaching in the East-Tallinn Central Hospital Urology department**
A. Komp (Tallinn, Estonia)

P5-p **The pediatric pathway in an adult urological division: From the ward to the operating room**
E. Sorsoloni, A. D' Aquino, C. Ferrero, V. Ferrara, F. Toso, E. Cecchelli, Z. Trajkov, P. Denarier, P. Pierini, E. Baldassarre (Aosta, Italy)

P6-s **The impact of a virtual nurse led x-ray review clinic in improving utilization of shockwave lithotripsy treatment slots**
N.J. Dickens, N.P. Buchholz, J. Masood (London, United Kingdom)

P7-s **Comparison of the general comfort and pain levels of patients who underwent open and laparoscopic surgery interventions in urology**
Özbas A., Çavdar I., Akyolcu N., Oktay O., Fındık U., Kanan N., Akyüz N., Dündar C., Aslan M. (Istanbul, Bursa, Edirne, Turkey)

P8-s **Evaluation of the behaviors and attitudes of health personnel in applying and teaching pelvic floor muscle exercises**
R. Mamuk, H. Dinç, N. Kanan (Istanbul, Turkey)

P9-s **Acute-phase reactions (APR) following treatment with zoledronic acid (ZA) or denosumab: Results from a randomised, phase 3 study in patients with castrate-resistant prostate cancer (CRPC) and bone metastases**
L. Drudge-Coates, B. Turner, S. Harrelson, H. Wang, C. Goessl (London, United Kingdom; South Carolina, California, United States of America)

Abstract code explanation
P : Poster abstract
p : Daily practice
s : Scientific research

EAUN Session

09.00 - 10.10 EAUN Nursing Research Competition

Lounge 3 - Green Level 01 (First Floor)

Chair: *R. Pieters, Ghent (BE)*
Jury: *T.E. Bjerklund Johansen, Århus (DK), V. Geng, Lobbach (DE), J. Marley, Belfast (IE), G. Karazanashvili, Tbilisi (GE), J.P. Nørgaard, Copenhagen (DK)*

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

Reports from the research competition winners of 2008 and 2009

09.05 - 09.15 **How do we instruct patients on the use of a vacuum device for the management of their erectile dysfunction**
D. Smit - Van Den Hof, Arnhem (NL)
09.15 - 09.25 **Discussion**

09.25 - 09.35 **Early post operative incontinence following transurethral resection of the prostate – what are patients' experiences - what are nurses' tasks?**
R. Willener, Berne (CH)
09.35 - 09.45 **Discussion**

Aims and objectives
The winner of the first research competition at the EAUN-Congress at Milan in 2008 will share experiences of starting up and executing her research project, present results of the study, and show how hospital nurses can improve self care abilities of patients with early post operative incontinence following transurethral resection of the prostate.

The nominees of 2011 and their research projects

09.45 - 09.50 **RP11-2 Can postoperative nutritional therapy influence the convalescent period for patients who have undergone radical cystectomy?**
A. Kort, Copenhagen (DK)
09.50 - 10.00 **Discussion**

10.00 - 10.05 **RP11-3 Androgen deprivation therapy for prostate cancer: Spouses' problems and needs for professional information and support**
K. Blondal, Alftanesi (IS)
10.05 - 10.10 **Discussion**

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.eauparis2012.org/13th-eaun-meeting, page Research Plan Submission.
The full text of the Research plans discussed in this session can be found on our website, www.eaunuroweb.org, under the heading Useful Resources for Nurses.

The following prize will be awarded in the Award Session, Monday, 21 March at 16.45 hours.
• Prize for the Best EAUN Nursing Research Project € 2,500

Sponsored Session

10.45 - 11.45 The psycho-social impact of intermittent catheterisation (IC)

Lounge 3 - Green Level 01 (First Floor)

Symposium

Chair: *K. Wilkinson, Bradford (GB)*

Intermittent catheterisation is known to be an effective and safe method of managing bladder dysfunction and incontinence. However, as nurses do we fully understand and address the psychological needs of individuals when we are asking them to perform this intimate and invasive procedure? In this symposium, Katherine Wilkinson will explore the literature and also draw on her own experience as a Specialist Nurse to give an insight into the strategies that can be used when advising individuals to consider the use of intermittent catheterisation to manage their bladder dysfunction.

Aims:
- Participants will gain an understanding of the individual's unique experience of living with bladder dysfunction and incontinence, and of the impact of self catheterisation upon their quality of life.
- To raise participants' awareness of ways of gaining concordance when teaching IC to individuals

Objectives:
- Consider the impact that bladder dysfunction and incontinence has on lifestyle.
- Provide an overview of the literature and research on the psychosocial impact of IC.
- Discuss how health care professionals can gain concordance with individuals when they are teaching IC.
- Explore the implications for the individual when living with intermittent catheterisation long term.

Sponsored by HOLLISTER

EAUN Lecture

11.45 - 12.05 **State-of-the-art lecture: Non-surgical management of renal cell cancer**

Lounge 3 - Green Level 01 (First Floor)

L. Pyle, London (GB)

Aims and objectives
Renal cell cancer is the 3rd most common genitourinary cancer. Surgery is the most effective treatment for kidney cancer. Genetic studies and advances in histopathology and molecular techniques have led to improvements in the classification of RCC. This has lead to the understanding of molecular mechanisms of different sub-types of RCC leading directly to the development of new targeted agents. The aim of my talk is to discuss different sub-types of RCC and to discuss treatment and management of patients on VEGF targeted therapies and MTOR inhibitors..

EAUN Workshop

12.20 - 13.15 **Nursing solutions in difficult cases: Case studies**

Lounge 3 - Green Level 01 (First Floor)

Chair: W.M. De Blok, Amsterdam (NL)

12.20 - 12.25 **Introduction**
W.M. De Blok, Amsterdam (NL)

12.25 - 12.35 **DC11-01 Fournier's Gangrene**
N. Love-Retinger, New York (US)

12.35 - 12.40 **Discussion**

12.40 - 12.50 **DC11-02 Nocturnal enuresis and neuromodulation**
J. Jenks, London (GB)

12.50 - 12.55 **Discussion**

12.55 - 13.05 **DC11-03 Nursing interventions in a patient with neuro-urological complaints**
J.G.L. Cobussen-Boekhorst, Nijmegen (NL)

Aims and objectives
To improve the quality of life in a patient with Multiple System Atrophy (MSA) and voiding/obstipation problems. After collecting the information by using a diary for observing the micturation problems, the ROMA 3 and Bristol scale for observing the obstipation problems, and exclude urinary tract infection, and measure post void residual urine by urinary flow and ultrasound of the bladder.

13.05 - 13.15 **Discussion**

The cases have been evaluated by the expert jury, which included N. Kanan, Istanbul (TR), O. Gimse Storrø, Trondheim (NO), R. Pieters, Ghent (BE), E. Wallace, Dublin (IE), S. Walter, Odense (DK). Those who submitted the best cases (as decided by the jury) were granted a free registration for the 12th 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 particular in cases where standard protocols do not suffice. Full details on the requirements of a Difficult Case can be found on the congress website, www.eauparis2012.org/13th-eaun-meeting, page Difficult Case Submission. The Difficult Cases discussed in this session can be found on our website, www.eaun.uroweb.org, under the heading Useful Resources for Nurses.

EAUN Session

13.30 - 14.00 **EAUN Annual General Meeting (AGM)**

Lounge 3 - Green Level 01 (First Floor)

Chair: *K. Fitzpatrick, Dublin (IE)*

The agenda for the AGM is as follows:
- Welcome by the chair
- Formal installation of new members and chair
- Voting on the adapted Bylaws
- Minutes AGM 2010
- The report of the chair with presentation of the achievements of 2010/2011
- Long-term Strategy, growth targets and budget
- Cooperation with other organisations
- Report on the Vienna meeting with national societies
- Subjects for the next Congress in 2012 in Paris
- Proposals from the members will be accepted at this time
- Other business

The General Annual Meeting is open to all delegates. Only Full EAUN Members can vote.

EAUN Lecture

14.00 - 14.30 **State-of-the-art lecture: The importance of patient positioning and safety on a urological OR**

Lounge 3 - Green Level 01 (First Floor)

K. Fitzpatrick, Dublin (IE)

Aims and objectives
Peri-operative personnel become advocates for the anaesthetised patients. Much is written about the psycological 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.

Abstract Session

14.45 - 16.15 Oral Session

Lounge 3 - Green Level 01 (First Floor)

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

O1-p **Assessment of voiding disorders among people with Multiple Sclerosis (MS)**
J. Frugard (Bergen, Norway)

O2-s **Audit of nurse-led clinic for urological management identifying stone formation in spinal cord injury**
E. Wallace, K.M. Murphy, C. Mc Donagh, R. Flynn (Dublin, Ireland)

O3-s **Patient satisfaction with a stone clinical nurse specialist: A survey at a tertiary stone referral centre**
N.J. Dickens, N.P. Buchholz, J. Masood (London, United Kingdom)

O4-s **Patients with ileal conduit: Who takes care of the stoma?**
M.M. Cohen, S. Golan, S. Regev, R. Tal, S. Zaretzer, J. Baniel (Petah Tikva, Israel)

O5-s **Changing a stoma appliance - a pilot study developing and validating a stoma scale**
S. Kristensen, B. Kiesbye, B. Jensen, S. Laustsen (Århus, Denmark)

O6-s **Health professional awareness of treatment related bone loss in prostate cancer**
S. Burbridge, L. Drudge-Coates, S. Rudman, J. Kinsella, D. Cahill, G. Kooiman, L. Holmberg, P. Harper, S. Chowdhury (London, United Kingdom)

O7-s **Interdisciplinary team training in treating critically ill urological patients**
B. Bonfils-Rasmussen, L. Wendt-Johansen, M. Skovgaard, J.F. Bergqvist, K.J. Mikines, H.E. Wittendorff, M. Hoejgaard (Herlev, Denmark)

O8-s **Improving early discharge - a multidisciplinary approach**
K.A.D. Chatterton, T. Quinn, S. Anastasescu, S. Wharnsby (London, United Kingdom)

O9-p **Group seminars are an effective and economic method of delivering patient information regarding radical prostatectomy and functional outcomes**
J.E. Kinsella, A. Ashfield, E. Hazell, L. Fleure, J.S. Clovis, P. Acher, B. Challacombe, D. Cahill, R. Popert (London, United Kingdom)

Abstract code explanation
O : Oral abstract
p : Daily practice
s : Scientific research

EAUN Session

16.45 - 17.00 Award Session

Lounge 3 - Green Level 01 (First Floor)

Chair: *K. Fitzpatrick, Dublin (IE)*

- 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 Lounge 3 - Green Level 01 (First Floor)

DETERMINATION OF THE SELF-RESPECT AND DEPRESSION LEVELS OF PATIENTS WHO USE CLEAN INTERMITTENT CATHETERIZATION DUE TO NEUROGENIC BLADDER

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Introduction & Objectives
Patients are known to experience physical and emotional difficulties in their daily activities as a result of spinal cord injury. Neurogenic bladder function failure and the resulting complications are the most significant causes for morbidity and mortality in patients with spinal cord injury. Clean intermittent catheterization (CIC) is used in these patients to provide adequate drainage in bladder and urination dysfunctions, reduce intravesical pressure, prevent incontinence and protect kidneys. In addition, it has also been expressed that CIC application has certain benefits for improving the body image and self-respect. The study was planned to determine the relation between self-respect and depression levels of patients who use clean intermittent catheterization for neurogenic bladder caused by spinal cord injury.

Material & Methods
This descriptive and cross-sectional study includes 70 patients who had spinal cord injury, used CIC and agreed to participate in the study. Questionnaire form developed by researchers was used to determine the demographic characteristics of the patients. Beck depression scale was used to determine the patients' depression levels and Coopersmith Self-Respect Scale was used to evaluate the patients' self-respect levels. Data obtained in the study will be evaluated by SPSS software.

Results
In the study, it was determined that the majority of the patients had spinal cord injury caused by traffic accidents, the rate of male patients was higher and the age changed between 25-55 years. The study is still in progress, and detailed statistical analyses will be provided at the end of the study.

Conclusions
Social and work adaptations as well as the future expectations of patients are observed to decrease with spinal cord injury. It is important to know depression levels and the effective factors in order to increase the patients' adaptation to treatment and social life in this group which is known at risk for certain psychiatric disorders, especially the depression and anxiety.

P2-p Lounge 3 - Green Level 01 (First Floor)

COMMUNICATION NURSE-PATIENT IN UROLOGY: THE SEXUALITY

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Introduction & Objectives
The nursing comprehends 4 fundamental concepts: person, environment, health and assistance. In particular the assistance is based on 4 key words: health recovery, health support, patient "decision maker", holism. An holistic assistance means the nursing skill to give the adequate space to everything that may appear irrelevant for the medical treatment but it is essential for the care of the person. The need of sexuality remains often forgotten, due to the increasing "medicalization" of our professionality, and practically we are unable to understand and explain to the patient some modifications of his sexuality after an urological procedure. Retain important to ameliorate this essential aspect of nursing, beginning from our knowledges and our communication skills, we proposed a questionnaire in our ward.

Material & Methods
A questionnaire was given to all nurses operating in the ward of Urology. The questions were formulated about the specific urological/andrological knowledges about postoperative sexuality and about the communication/interpersonal skills with the patient. Our data were compared with similar series.

Results
Twelve nurses (7 females and 5 males) employed in our ward of Urology answered to the questionnaire. The mean seniority in Urology was 6.3 years (range 13 years-6 months). The more interesting emerged aspects were: a perceived need of sexuality; the nurse may identify the problem but the management goes out from the nursing duties; poor knowledges; great embarrassment blocking the communication.

Conclusions
To overcome this important gap and to guarantee an efficacy support to several patients, in late 2009 we created a pilot project building a team of 2 psychologists, 3 urologists/andrologists and 2 nurses. The patients treated for prostate (robotic prostatectomy) or bladder cancer (continent or non continent cystectomy) were followed in the preoperative and postoperative phase, with a direct contact with this team. The dialogue created great satisfaction for patients, nurses and physicians and appears the right way to walk in the future.

P3-p Lounge 3 - Green Level 01 (First Floor)

A SMALL FLYER WITH A HIGH IMPACT ON ILEAL BLADDER PATIENT SAFETY

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Introduction & Objectives
Normally patients are transferred directly to our urological intermediate care following operation of ileal bladder. In some cases, patients with critical state of health are transferred to the intensive care unit. Since this happens rarely, nurses of this unit are not up to the task of providing care for these patients. They particularly reported uncertainties in monitoring and rinsing drainages correctly.

Material & Methods
The aim was, to enhance patient safety in providing nurses with information on how to monitor the drainages in patients with ileal bladder substitute.
Therefore we worked out a flyer with picture of an abdomen with all drainages in situ and theoretical and practical knowledge. When patients are transferred to the intensive care unit or to another clinic, we always provide them with this flyer. Thus they have the necessary information ready to hand at the right time.

Results
The information flyer is established in our hospital. Nurses of the intensive care unit appreciated it. Every nurse is now able to provide care for patients with ileal bladder substitute the same way and this guarantees improvement of nursing quality and patient safety.

Conclusions
- Skills of nurses to provide care for patients with ileal bladder are supported
- Security of handling the drainages is improved
- Patients safety is improved
- Unity of patient care in our hospital is guaranteed

P4-p Lounge 3 - Green Level 01 (First Floor)

PATIENT'S TEACHING IN THE EAST-TALLINN CENTRAL HOSPITAL UROLOGY DEPARTMENT

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Introduction & Objectives
Urology department have devoted more attention to teach patients how to cope at home. As hospital stays are shortened, in-depth patient`s teaching has become an essential requirement. As a result, it`s getting more and more common for those patients to stay home with treatment, catheter, epicystostomy, nefrostomy, urostomy and still requiring care regarding their surgical wound. Doctor's appointments showed that patients who have not received previously in-depth patient education, as well as patient information materials in written form, have encountered more problems with home treatment, and did not feel safe. Together with patients a support system was established to ensure a greater awareness about the care they need in order to increase their sense of security and thereby prevent the risk of infection.

Material & Methods
Informal feedback has been collected from patients about coping with homecare. Nurse/doctor appointments were used to evaluate the patient's coping with homecare and the potential need for further education.

Results
- The necessary information materials needed for patient's education have been analyzed
- A working group to put together patient's information materials has been created
- The right conditions for patient's private and individual instructions have been created
- Patient's support persons (e.g. family) have been involved
- Nurses have completed a patient's education training

Conclusions
The informal feedback about patients dealing with homecare has been collected. The way patients were coping with homecare was evaluated by the nurse admitting them as well as the need for futher education. Conducting a more effective patient education based on materials and information sharing has improved patients' ability to cope with homecare, has reduced the number of infections and has increased patients' sense of security.

P5-p Lounge 3 - Green Level 01 (First Floor)

THE PEDIATRIC PATHWAY IN AN ADULT UROLOGICAL DIVISION: FROM THE WARD TO THE OPERATING ROOM

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Introduction & Objectives
The activity of Paediatric Urology born in Aosta in 2008 as a great challenge, in a district hospital lacking of a specific pathway in paediatric surgical specialities. Last year we presented with great success (Award for Best Scientific Presentation at EAUN, Barcelona) our preliminary data, focalising the interest about the role of nurses in the ward of Urology. Herein we would explain the main progresses in the perioperatory phase, involving nurses from Operating Room and from Anesthesiology.

Material & Methods
The main problems were: the presence of two different hospitals (Hospital A with an high-technological operatory block and Hospital B with the paediatric ward and two Operating rooms for gynaecology and surgical specialities); the absence of a dedicated staff of nurses for anaesthesiology and nurses assistants for the theatre; the absence of a specific perioperatory pathway for children and parents; the poor paediatric mentality in nurses used with adults; the presence of spaces not paediatrically-sized; the poor paediatric materials for anaesthesiology and surgery (wires, magnification, medications, catheters, needles, etc...); the difficult coordination between more professional figures speaking "different professional languages"; the correct preparation of children (his clothes, teddy bear, books...); the need of a dedicated training for nurses.

Results
Progresses after 2 years: 147 children were operated. Mean age was 6.3 years (3 months-17.5 years). 33 (22.4%) were < 3 years of age. Almost 80% procedures were executed in Hospital B close to Paediatric ward. 5 anaesthesiological nurses and 2 theatre nurses were partially dedicated to paediatric activity, with stages in main Centres (Strasbourg, F and Turin, I). The preoperative pathway was standardised with logistic ameliorations (paintings, cartoons, books) and dedicated areas. The nurses also involved the parents in the perioperative phase to reduce the anxiety. All the venous access or other invasive manoeuvres were performed using local anaesthesia with EMLA® or with protoxyde inhalation. New introduced materials were: specific wires and medications coming from France (caudal needle, paediatric venflows and masks, Lumiderm®, Vycril 6/0 and 7/0, Monocryl 6/0 and 7/0, PDS 7/0), ophthalmic materials (Castrovejo needleholder, microsurgical scalpel) and magnification devices. The children maintained his private clothes, the favoured teddy bear or other toys in the theatre.

Conclusions
The Pediatric Urological activity in our hospital involved also nurses employed in the Operating room and in the Division of Anesthesiology, stimulating new dedicated professional figures. After the initial difficulties, our paediatric pathway nowaday is more complete with the acquisition of new materials, but above all of a new mentality and enthusiasm that sometimes could "move the mountains", our wonderful Alpine mountains of Valle d'Aosta.

P6-s Lounge 3 - Green Level 01 (First Floor)

THE IMPACT OF A VIRTUAL NURSE LED X-RAY REVIEW CLINIC IN IMPROVING UTILIZATION OF SHOCKWAVE LITHOTRIPSY TREATMENT SLOTS

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Introduction & Objectives
As a result of expanding workload, we have introduced the role of an experienced clinical nurse specialist (CNS) to work within the stone team. Part of the remit includes a nurse led x-ray review clinic post extracorporeal shockwave lithotripsy (ESWL) in order to improve utilization of lithotripsy slots. Prior to implementation of this clinic, patients were given a further appointment for ESWL after the second treatment and, if found to be stone free at the third visit on x-ray, the slot was wasted. Now our patients are referred to the CNS led x-ray review clinic after second ESWL treatment to see if they are stone free or require further treatment. Patients attend for an x-ray two weeks post treatment and following this a decision is made to book further ESWL treatment, list for surgery or to review in the stone clinic. The patient is contacted by the CNS post x-ray and is informed of the treatment plan. We aim to ensure maximum utilization of ESWL treatment slots and present our results.

Material & Methods
Over the last one year our unit scheduled 498 repeat ESWL treatments. All patients were screened for suitability by the CNS. Out of these patients, 35 were removed from the ESWL waiting list after review of their post treatment x-ray by the CNS.

Results
We found that 35 out of 498 patients (7%) did not actually require further treatment as scheduled. Of the 35 patients, 29 (83%) were referred back to stone clinic for routine follow-up as they were stone free, whilst 6 (17%) were listed for surgical removal of the stones.

Conclusions
By implementing a virtual nurse led, post ESWL x-ray follow-up clinic, there has been a reduction in patients attending for further treatment that is not required. This ensures ESWL slots are utilized more effectively and patients' treatment planned according to need. As a result of the CNS reviewing patients' x-rays after lithotripsy and hence ESWL slots being utilized more effectively, we have generated extra annual revenue for our trust of more than £17,500. This data suggests that there is an important role for the CNS in ensuring an effective treatment plan is made for patients who have undergone ESWL. Not only does it prevent the patient from attending for ESWL when it is not required, it also ensures we generate maximum income for our Trust by utilizing all slots effectively. This practice also promotes further development and expansion of a nurse specialist's role which is beneficial for patients' care.

P7-s Lounge 3 - Green Level 01 (First Floor)

COMPARISON OF THE GENERAL COMFORT AND PAIN LEVELS OF PATIENTS WHO UNDERWENT OPEN AND LAPAROSCOPIC SURGERY INTERVENTIONS IN UROLOGY

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Introduction & Objectives
In the comfort theory developed by Kolcaba, comfort is defined as an expected outcome which has a complex structure in physical, psychospiritual, social and environmental coherence to provide assistance and relief for individual needs to overcome problems. This study was designed as descriptive type to determine the difference in comfort levels of patients who underwent open and laparoscopic surgery and how the pain levels affected the patients' comfort levels.

Material & Methods
The study was designed in order to cross-sectional type. The study included 100 patients who underwent open and laparoscopic surgery. General Comfort Questionnaire (GCQ) developed by Katharine Kolcaba, VAS Pain Scale and Patient Survey Form were used in order to collect of data. Statistical analyses of the data obtained in the study are carried out by researchers using SPSS 10.0 software under the consultancy of statistic specialist.

Results
The study is still in process, and the detailed statistical analyses will be provided upon the conclusion of the study.

Conclusions

P8-s Lounge 3 - Green Level 01 (First Floor)

EVALUATION OF THE BEHAVIORS AND ATTITUDES OF HEALTH PERSONNEL IN APPLYING AND TEACHING PELVIC FLOOR MUSCLE EXERCISES

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Introduction & Objectives
Pelvic floor muscle exercises (PFME), which are closely related with women, should be extended in public both as the conservative treatment of incontinence and a preventive health behavior. Health personnel have significant responsibilities in this regard.
It was planned to determine the behaviors and attitudes of health professionals in applying and teaching the applications of PFME.

Material & Methods
This is a descriptive study planned to be performed between October-2010 and February-2011. Study sample included all female health professionals employed in four public hospitals and all the students of Nursing and Midwifery School of two public universities in Istanbul. The study was composed of 148 individuals who agreed to participate in the study until November 2010. Data was collected by the researchers through face-to-face method using a survey form developed according to literature. In the analysis of the obtained data, SPSS 13 packet software was used.

Results
Of the female health professionals who participated in the study, 24.3% were composed of doctors, 24.3% were nurses, 23% were midwives and 28.4% were students of nursing and midwifery. The mean age of the participants was 28.32±6.8 years. It was determined that 96.8% (n=146) of the participants had previous knowledge on PFME; however, 36.5% of them did not share this knowledge with other women. No statistically significant difference was detected between the health personnel (doctor, nurse, midwife) employed in clinics and the group not employed in the clinics (nursing and midwifery students) concerning sharing and teaching knowledge on PFME with other women ($c2 = 0{,}775$, $p > 0{,}05$). As the reason why they did not share the knowledge with other women; 42.6% of the participants stated negligence, 36.5% expressed not to have adequate knowledge on PFME, 23% believed that women could not comprehend the matter and 20.3% stated not to have enough time for this. Considering the application of PFME by participants, 70.9% of the participants were determined to apply PFME in their lives, while 28.4% never applied. 55.4% of the participants stated not to apply PFME on account of the incompatibility with their daily activities, and 27% did not apply it due to lack of discipline or interest.

Conclusions
It was concluded that health personnel included in the study had high knowledge level on PFME; however, they were inadequate to apply and teach the exercises to other women.

P9-s Lounge 3 - Green Level 01 (First Floor)

ACUTE-PHASE REACTIONS (APR) FOLLOWING TREATMENT WITH ZOLEDRONIC ACID (ZA) OR DENOSUMAB: RESULTS FROM A RANDOMISED, PHASE 3 STUDY IN PATIENTS WITH CASTRATE-RESISTANT PROSTATE CANCER (CRPC) AND BONE METASTASES

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Introduction & Objectives
Intravenous (IV) bisphosphonates are used to treat bone metastases and prevent skeletal-related events (SRE) in patients with CRPC. One of the most common adverse events (AEs) of IV administration of aminobisphosphonates is the development of an APR in up to one-third of patients who receive treatment for the first time. In a phase 3 study, denosumab, a fully-human monoclonal antibody against RANKL, was superior to ZA in delaying time to first SRE (pathologic fracture, radiation therapy, surgery to bone, or spinal cord compression) in patients with CRPC and bone metastases (P=0.008). This prespecified analysis compares ZA and denosumab for the incidence of APR (flu-like syndrome including pyrexia, chills, flushing, bone pain, arthralgia and myalgia) during the first 3 days after initial treatment in the study.

Material & Methods
Eligible patients were randomised into this double-blind, double-dummy study to receive IV ZA 4mg (adjusted for creatinine clearance per ZA label) or subcutaneous denosumab 120mg q4w. Median age was 71 years in both treatment arms, and baseline characteristics were balanced. Safety analyses were conducted in patients from the full analysis set who received at least 1 dose of denosumab (N=943) or ZA (N=945). Patient records were searched for AEs and serious AEs that occurred during the first 3 days, using 37 prespecified MedDRA 12.0 preferred terms indicating potential APR. Per study protocol, AEs were considered serious if they were fatal, life-threatening, required or prolonged in-patient hospitalisation, resulted in a persistent or significant disability, or were considered to present a significant medical hazard.

Results
AEs associated with APR occurred in fewer patients in the denosumab group (8.4%) than in the ZA group (17.8%; P<0.0001), and no events were attributed to denosumab (those reported were likely due to underlying advanced cancer, treatment with chemotherapy or other comorbidities in this elderly population). The most common APR AEs included pyrexia (0.5% denosumab, 3.8% ZA), asthenia (0.8% denosumab, 2.4% ZA), bone pain (0.6% denosumab, 2.3% ZA), influenza-like illness (0.1% denosumab, 2.3% ZA), and fatigue (1.7% denosumab, 1.3% ZA). One patient (0.1%) in the denosumab group and 3 patients (0.3%) in the ZA group reported serious AEs associated with APR during the first 3 days. Patient education, as part of the nursing role, is key to prepare patients for possible onset of APR-related symptoms and their management.

Conclusions
Patients treated with denosumab experienced significantly fewer overall APR AEs than patients receiving ZA. Nurses play a key role in helping patients manage symptoms of APR and the reduced number of these AEs with denosumab may improve patient comfort and reduce nursing time.

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01-p Lounge 3 - Green Level 01 (First Floor)

ASSESSMENT OF VOIDING DISORDERS AMONG PEOPLE WITH MULTIPLE SCLEROSIS (MS)

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Introduction & Objectives
Multiple sclerosis (MS) is a chronic autoimmune disease that affects the central nervous system. The disease can cause a variety of symptoms and disability, such as spasms and paralysis, fatigue, pain, cognitive impairment, and bladder-, bowel-, and sexual problems. Studies show that 75-80% will have problems with their bladder function during the course of the disease, and there are many treatment options for this condition. The purpose of this study, which was a collaboration between the neurological and the urological department at Haukeland University Hospital (HUS), was to map the incidence and type of Lower Urinary Tract Symptoms (LUTS) in women and men with long-standing MS, look at the correlation between subjective and objective measurements used in the assessment, and the relationship between functioning and degree of LUTS.

Material & Methods
The functional level was recorded using the Expanded Disability Status Scale (EDSS). LUTS were assessed in consultation with a urotherapist, and by a self-reporting form, the International Prostate Symptom Score (I-PSS), commonly used in both men and women for subjective quantification of LUTS. Objective examinations were recorded by a two days frequency-volume-chart (FVC) performed at home, and uroflowmetri, and postvoid-residual (PVR) measurement carried out at consultation by the urotherapist.

Results
Thirty-two women and twenty men were included in the study. More than half of the respondents reported subjective LUTS. There was significant correlation between the subjective findings in I-PSS and the objective findings in FVC, uroflowmetri- and PVR. Men had significant weaker urinary stream than women, and women had more stressincontinence than men. The degree of urinary problems increased in accordance with reduced functioning, but also more than half of those with a well-functioning level reported LUTS.

Conclusions
The study shows that the use of simple standardized methods can detect LUTS in people with MS, so that available treatment options can be implemented.

O2-s

Lounge 3 - Green Level 01 (First Floor)

AUDIT OF NURSE-LED CLINIC FOR UROLOGICAL MANAGEMENT IDENTIFYING STONE FORMATION IN SPINAL CORD INJURY

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Introduction & Objectives
Neurogenic bladder dysfunction in Spinal Cord injury (SCI) can be a cause of irreversible renal damage, which would have a profound impact on the individuals quality of life. A prospective audit of the service was conducted over a 1 year period.The aim of the study was to identify the different types of bladder management in relation to stone formation, in order to adequately support the service.

Material & Methods
A prospective audit of 400 patients was conducted, 92.5% of patients had SCI and 7.5% had neural tube defects. In our nurse led clinic, patients are reviewed yearly and asked about relevant sypmtoms. urine microbiology, as well as renal ultrasound and X-ray are completed. This data was collected on a proforma along with information on bladder management, type of injury and history of stones and recorded electronically.

Results
The age profile of our patients was between 16 and 83 yrs, with 81% male and 19% female. There was a non attendance rate of 23% at our clinic during the audit. The majority of patients (66.5%) had a traumatic SCI and 19% were non-traumatic, 7.5% had neural defects and 7.5% unrecorded. There was the full spectrum of bladder management techniques in our patients, clean intermittent self catheterisation (CISC) was the most common method at 46.5%, followed by normal voiding in 20% and 13.25% had a suprapubic catheter. The study showed that 7.5% of patients had calculi. 61.3% were renal calculi and 35.5% had bladder calculi. In our audit, suprapubic catheters were a significant risk factor for stone formation, only 13.25% of patients had a suprapubic catheter, but they accounted for 36.7% of stones. In patients performing CISC, 33% had stones. As regards symptoms, many patients had none despite the presence of calculi. Only 31% of patients with renal stones had symptoms whereas 59% with bladder calculi had symptoms, the most common being infection or catheter blockage.

Conclusions
In this study, we identified important parameters of our patients including bladder management techniques, stone formation risk and symptoms that will help us to plan our service. Our audit confirms the need for routine surveillance of patients with neurogenic bladder to detect stones, as they are at increased risk and many who have stones are asymptomatic. Detecting stones at an early stage is proven to prevent morbidity and may make management more straightforward. Our high rate of non attendance is a cause of concern given our findings and so we have implemented a mobile phone text reminder service for patients. The research has also supported education for staff and patients in the risk of stones formation and the importance of surveillance. Continence care is of a high prority during the rehabilitation process,and should include proper education and training for life with further guidance during follow-up by a dedicated continence nurse.

O3-s

Lounge 3 - Green Level 01 (First Floor)

PATIENT SATISFACTION WITH A STONE CLINICAL NURSE SPECIALIST: A SURVEY AT A TERTIARY STONE REFERRAL CENTRE

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Introduction & Objectives
As a result of expanding workload, we have introduced an experienced clinical nurse specialist (CNS) to work as part of the stone team. The literature suggests patients find contact with the CNS very rewarding. They are given ample time to discuss issues and the information provided is comprehensive and easy to understand. The CNS also forms a readily available port of call for patients. We assessed patient satisfaction with the CNS in the stone clinic.

Material & Methods
112 patients seen by the CNS working to protocol in the stone clinic over 14 weeks were sent a patient satisfaction questionnaire to complete. This included information on whether the patient had attended the clinic before, the care received, quality of information given and the confidence the patient had with the CNS. It also looked at whether the patient would be happy to see the CNS at future appointments or would prefer to see the Consultant.

Results
77 out of 112 questionnaires were returned. 12 were new and 65 follow up patients. 100% of patients reported that the CNS listened to their medical concerns and had the opportunity to ask questions or raise concerns. 100% of patients reported they were given verbal information about their diagnosis, 9 of which were also provided with written information. Of the 46 patients requiring surgery or treatment, 20 were provided with written information. Only 1 patient found this information difficult to understand as English was not their first language. All patients positively described the care they received with 60 stating the CNS was friendly, 15 wonderful, 6 adequate, 15 sensitive, 24 considerate, 36 supportive, 48 professional and 30 informative. A further 12 reported that the CNS was crucial to their recovery, 4 stated the CNS promoted independence and 9 found the CNS easy to contact. 100% of patients felt they had the opportunity to ask questions and only 2 felt they didn't have enough time to discuss their issues. All patients reported they would be happy to see the CNS at future appointments with only 6 wishing to see the consultant at the next appointment.

Conclusions
These results show that patients experience a high level of satisfaction at seeing a CNS in the stone clinic with the vast majority finding the information and care they received was of a high standard. This has led to the implementation of a CNS led recurrent stone formers follow up clinic being introduced in the Trust. 12 patients are seen in an additional clinic independently by the CNS working to protocol, freeing up slots in the stone clinic. This allows the doctors to see a further 6-8 new patients per clinic generating extra annual revenue for our trust of around £62000 with a further £53000 generated from the CNS led clinic.

O4-s Lounge 3 - Green Level 01 (First Floor)

PATIENTS WITH ILEAL CONDUIT: WHO TAKES CARE OF THE STOMA?

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Introduction & Objectives
Patients who have had urinary diversion to an ileal conduit face a dramatic change in their life, both physically and mentally. The urostoma requires daily care and manual skills as well as coping with the emotional burden of the change in body image. It is our clinical impression that there are gender related discrepancies in coping strategies with urostomas and specifically in stomal care.
The objective of our study was to characterize inter-gender discrepancies in urostomal care and factors associated with successful coping with life changes following urostoma creation in patients with an ileal conduit.

Material & Methods
65 patients who had radical cystectomy and urinary diversion to an ileal conduit in the years 2005-2010 were identified. A phone questionnaire based assessment included demographic data, details on the recovery process patient education regarding stomal care and quality of life parameters. Patients responses were stored in a database and statistically analyzed, including descriptive analysis and comparative tests.

Results
Study population included 13 (20%) females and 52 (80%) males. Mean age was 72 years (range: 40-88). Mean postoperative followup duration was 30 months (range: 6-74). Only 32 (49%) reported that they felt satisfactorily skilled in stomal care upon hospital discharge. 34 (52%) were self-managing their urostoma. A statistically significant gender related difference in stomal management was detected: while 85% of females managed the stoma themselves, only 44% of males did so, $p=0.009$. There was no statistically significant association between self-stomal care and age, ethnicity socio-economic variables, pre-operative patient education or the type of health professional providing the education. Early proficiency in stomal care upon hospital discharge predicted long-term self stomal management, $p<0.001$). A statistically significant association was found between self stomal care and better quality of life (stomal related bothersome, sense of good health and performance status), $p=0.02$.

Conclusions
Only half of subjects with and ileal conduit take care of their urostoma independently. Female gender and early proficiency in stomal care upon hospital discharge predict long-term self stomal care. There is an association between self stomal management and improved quality of life.

05-s Lounge 3 - Green Level 01 (First Floor)

CHANGING A STOMA APPLIANCE - A PILOT STUDY DEVELOPING AND VALIDATING A STOMA SCALE

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Introduction & Objectives
Patients undergoing cystectomy ad modum Bricker must relate to a stoma. The literature suggests that the first acceptance is built when patients learn how to change a stoma appliance. It is argued that teaching the patient skills to stoma self-care is one of the most important factors related to improving quality of life after surgery. The importance of following a standardized teaching plan is discussed, but the literature does not suggest a concrete plan that takes the different levels of stoma self-care among patients into account and no validated tool is available. The aim of this pilot study was to optimize the quality of stoma care by developing and validating a scale to score the status of stoma self-care among patients with bladder cancer undergoing cystectomy ad modum Bricker.

Material & Methods
The scale was developed based on the literature describing how to change an appliance.
Face, content and consensual validity were evaluated inspired by the Delphi method in a panel of experts.
Construction and criterion validity were tested. Four nurses attended twelve teaching episodes when patients were taught how to change a stoma appliance. One nurse did the teaching and the other three observed and noted the scores of the patients' skills on the scale.
Analyses will be based on testing the following hypotheses:

- The scale demonstrates criterion validity.
- The scale can be used by both new and experienced nurses trained to teach patients stoma self-care.
- The scale demonstrates construction validity by distinguishing between different levels of stoma self-care skills among patients.
- The scale is reliable.

Results
The results are still to be analysed.

Conclusions
If the scale demonstrates validity and reliability, it will be beneficial in stoma care on a daily basis. The tool is planned to be tested in a large population on national basis. The cystectomy centers in Denmark will be involved in this process. If the study shows high validity and reliability on a national basis, it will be relevant to create awareness of the scale throughout Europe

O6-s Lounge 3 - Green Level 01 (First Floor)

HEALTH PROFESSIONAL AWARENESS OF TREATMENT RELATED BONE LOSS IN PROSTATE CANCER

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Introduction & Objectives
Prostate cancer is the most common male cancer. Androgen deprivation therapy (ADT) is the mainstay of treatment for metastatic disease, and is increasingly used in radical therapy. Treatment with ADT causes bone mineral density (BMD) loss, and is a significant contributor to fracture risk. Therapy with bisphosphonates, raloxifen or denosumab can impact on BMD loss. Imaging with dual energy X-ray absorptiometry (DEXA) scanning is the gold standard for the quantification of BMD. Despite the growing body of evidence supporting BMD loss secondary to ADT a screening and management consensus has not been reached in the United Kingdom (UK).
The objectives of this study were to investigate current practice around bone health among health professionals treating men with ADT for prostate cancer in the UK.

Material & Methods
A questionnaire based study was undertaken involving urologist and specialist urology nurses.

Results
Responses from 65 urologists and 44 specialist urology nurses were evaluated. Of 109 responders 102 (94%) are treating at least 20% of their prostate cancer patients with ADT. In total 69 (63%) do not have local guidelines for the screening and management of BMD loss. Whilst 89 (82%) do have access to DEXA scanning, 77 (71%) have not ordered a DEXA scan in the past 6 months, and 79 (72%) are 'not confident at all' of interpreting DEXA scan results. When asked if responders would repeat an abnormal DEXA scan at a later date only 34 (31%) responded yes, 70 (64%) did not know. Understanding of the role of lifestyle advice and therapeutic intervention was poor. When asked whether national guidelines would benefit practice 93 (85%) responded yes.

Conclusions
This study shows that understanding of the importance of screening for, and management of BMD loss was poor. Further education about this important complication of treatment is required to optimise patient management of ADT bone loss from a interdisciplinary perspective, which urology nurses are essential and integral to.

07-s Lounge 3 - Green Level 01 (First Floor)

INTERDISCIPLINARY TEAM TRAINING IN TREATING CRITICALLY ILL UROLOGICAL PATIENTS

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Introduction & Objectives

Focus on patient safety has increased the need for training in systematic observation, treatment and communication. To educate personnel and facilitate integration with the hospital rapid response team, a course for all health care professionals in the department was devised. A team of urological nurses and doctors developed an interdisciplinary 1-day course based on a concept from Danish Institute of Medical Simulation.
The course purpose was to:

- Improve medical knowledge on systematic assessment, diagnosis and treatment of critically ill patients
- Train communication based on CRM (Crisis Resource Management) principles
- Train interdisciplinary teamwork, leadership and co-operation

Material & Methods

The course is a mix of lectures, work shops and 3 full-scale simulations with critically ill urological patients (septic shock, bleeding, cardiopulmonary complication). 108 students, divided into 11 training days over 8 months, completed the course.
Simulations and work shops were conducted with teams of 6 (2 doctors, 2 registered nurses and 2 nurse assistants). Students were tested pre and post course with multiple choice tests (MCT) and the students made a self assessment of skill improvement.
Emphasis was placed on promoting interdisciplinary cooperation for solving tasks during work shops. The full-scale simulations were used to promote team training, define leadership, train communication and facilitate medical knowledge in a context relevant for both doctors and nursing staff as an entity.

Results

The before and after scores from the MCT regarding ABCDE-systematics (1-3), Rapid Response Team criteria (4) and acute communication skills (5-7) are given in table 1.

Question category	Before	After
1. ABCDE	75	89*
2. ABCDE	83	86
3. ABCDE	49	77*
4. Rapid Response Team	62	74
5. CRM	94	96
6. ISBAR#	95	97
7. Med SALSA†	47	98*

Table 1: % correct answers before and after the course

* P <0.05
\# Algorithm for safe communication
† Algorithm for safe communication in patient transfer

See next page

Self assessed skill increase is shown below:

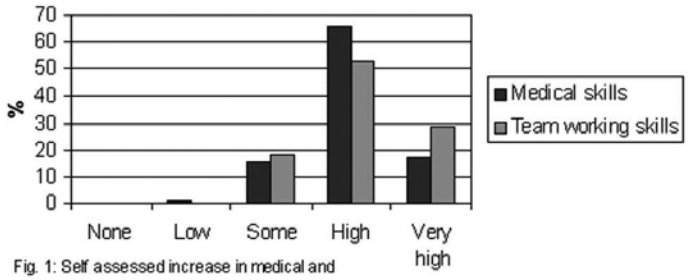

Fig. 1: Self assessed increase in medical and teamworking skills after course

Conclusions

An interdisciplinary course, using multiple teaching modalities has resulted in a high self assessed yield in medical knowledge and team working skills. An increase in knowledge regarding systematic observation and treatment and some aspects of communication was achieved. Interdisciplinary courses may also promote team spirit and help doctors and nurses to address cultural and medical diversities in a safe environment.

O8-s Lounge 3 - Green Level 01 (First Floor)

IMPROVING EARLY DISCHARGE - A MULTIDISCIPLINARY APPROACH

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Introduction & Objectives
The late discharge of patients after inpatient care delay both planned and emergency admissions. Working within a large teaching hospital with high medical and nursing turn over, it is essential therefore to educate the multidisciplinary team (MDT) in the discharge process, to ensure safe, high quality, effective and timely discharges for our urology patients. We commenced a trust wide project to improve the discharge process with the aim to discharge patients before noon. This involved seeking new ways of managing patient flow; including looking at when the decision to discharge is made, administration, medicines management, patient transport, availability of test results, social services and how MDT members work together.

Material & Methods
The project commenced in July 2010, involved a urology clinical nurse specialist working on the urology ward for 8 weeks, 2 consecutive shifts a week focusing on discharges. All members of the MDT were involved in the project. Process mapping and observation were used to identify delays in the discharge process. Patient views were also sought with regards to their discharge needs. Solutions were then implemented in order to facilitate discharge before noon. Patients were only discharged when they were clinically fit and given a clear expectation on admission about when they would be able to go home, information about their medication and anything else they require. 5 key reasons were identified initially regarding discharge delays; electronic discharged letters (EDL) not being completed by doctors, availability of discharge medications (TTO's), transport issues, timings of trial without catheters (TWOC) and blood / radiology reports. We initiated a number of immediate changes including facilitating communication between the MDT, early identification of a relative to assist with transport on discharge, TWOC changed from 6am to Midnight; better collaboration with nursing staff, introduction of Patient Status at a Glance Boards; better use of the discharge lounge and resident pharmacists liaising with doctors to ensure the EDL's and TTO's are completed the day before the anticipated discharge date.

Results
8 weeks after completing the project, 23.36% (mean) of patients were discharge before noon compared with 14.98% (mean) pre project ($p = 0.0343$ (fisher's exact test)). This is a 64% increase. Patient discharge before 10am pre project was 3.63% (mean) and 10.61% (mean) post project ($p = 0.0064$), which is very statistically significant.

Conclusions
Process mapping allows identification of delays to discharge. The involvement and commitment of the entire MDT allowed simple changes to be implemented which were shown to have a significant impact on the timing of planned discharges. Managing patient flow safely and efficiently is crucial to effective resource management, and releases time to care for our nursing staff.

09-p Lounge 3 - Green Level 01 (First Floor)

GROUP SEMINARS ARE AN EFFECTIVE AND ECONOMIC METHOD OF DELIVERING PATIENT INFORMATION REGARDING RADICAL PROSTATECTOMY AND FUNCTIONAL OUTCOMES

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Introduction & Objectives
Men undergoing radical prostatectomy and their partners require counselling about radical prostatectomy and its functional outcomes. This is traditionally carried out during individual consultations by clinical nurse specialists. We explored the efficacy and economic benefits of a group intervention for surgical preparation.

Material & Methods
Urology clinical nurse specialists delivered three seminar PowerPoint presentations on continence management, erectile dysfunction and early complications to a group of patients and partners. Time was available for questions and peer-group discussion. Participant satisfaction was assessed with an anonymous questionnaire using Likert items. The use of post operative open access nurse-led telephone consultation service was also measured. The costs to the primary care trusts (PCTs) and number of nursing hours used were compared between the group seminar system and the traditional individual consultation model.

Results
186 patients and 52 partners participated in the seminars over a 12 month period. Pre seminar questionnaires indicated that only fourteen patients felt prepared for surgery prior to the session. All participants reported that they had received adequate information to deal with complications of surgery following the seminar session and all stated a preference to a group seminar with peer support rather than individual consultations. Only one patient felt uncomfortable asking questions in a group setting. Over 12 months, 30 specialist nursing hours were required to deliver education via seminar sessions to 186 patients. To deliver the same education in individual one to one sessions, 279 specialist nursing hours (assuming 90 minutes per patient) would have been required. Comparing the cost of an individual one on one consultation to group seminars a saving of £25,466 was made by the PCT with a saving of 249 nursing hours to the Hospital. In the year prior to the introduction of seminar sessions an average of 24 telephone calls every month were made by patients requesting additional information following their radical prostatectomy. Since the introduction of the seminar sessions an average of 6 telephone calls were answered.

Conclusions
Group seminar is a feasible modality for preparing patients for surgery with effective delivery of information to patients and partners that exceeds individual consultations. It provides the immediate benefit of peer-support and is economic to both primary and secondary care providers.

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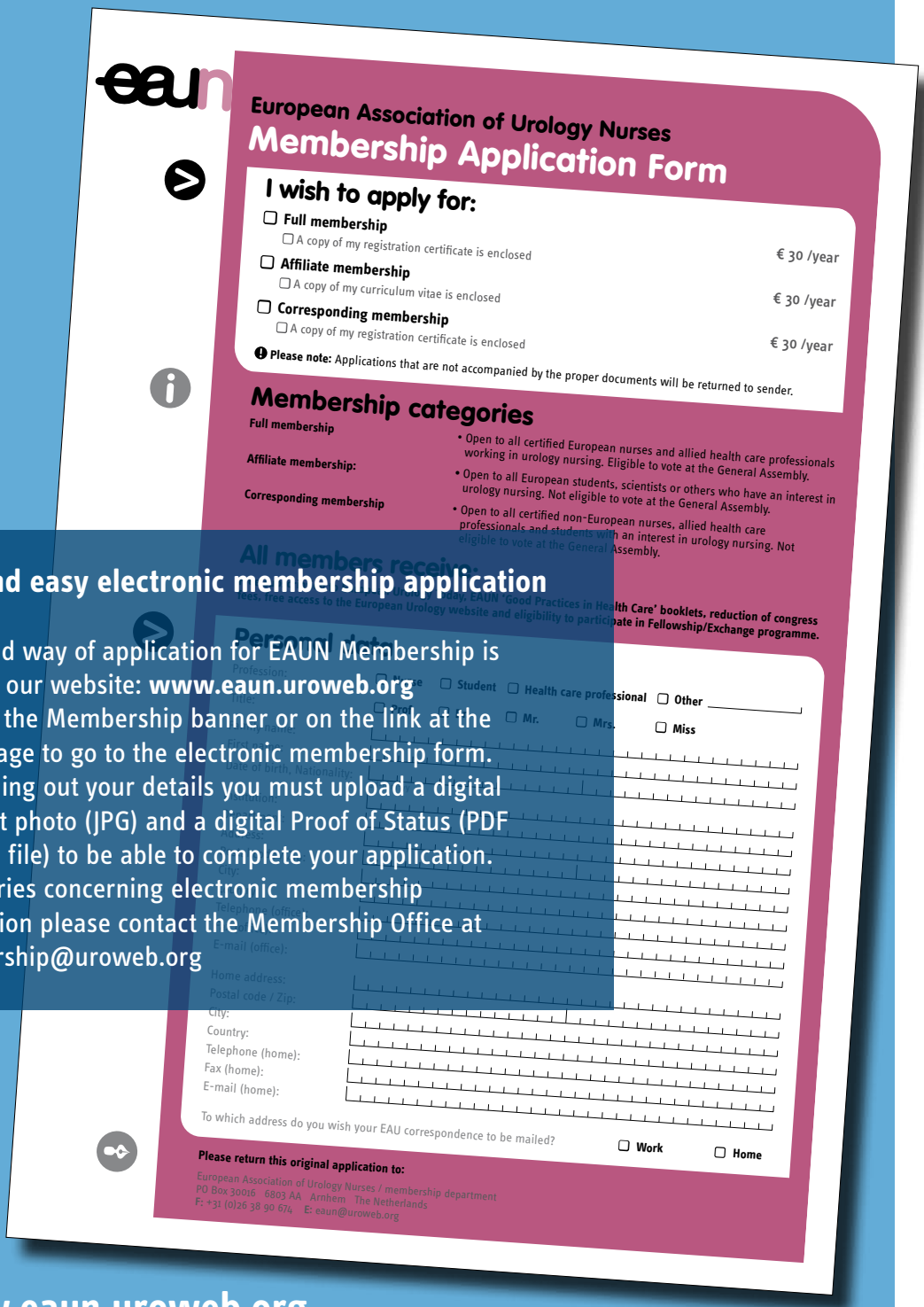

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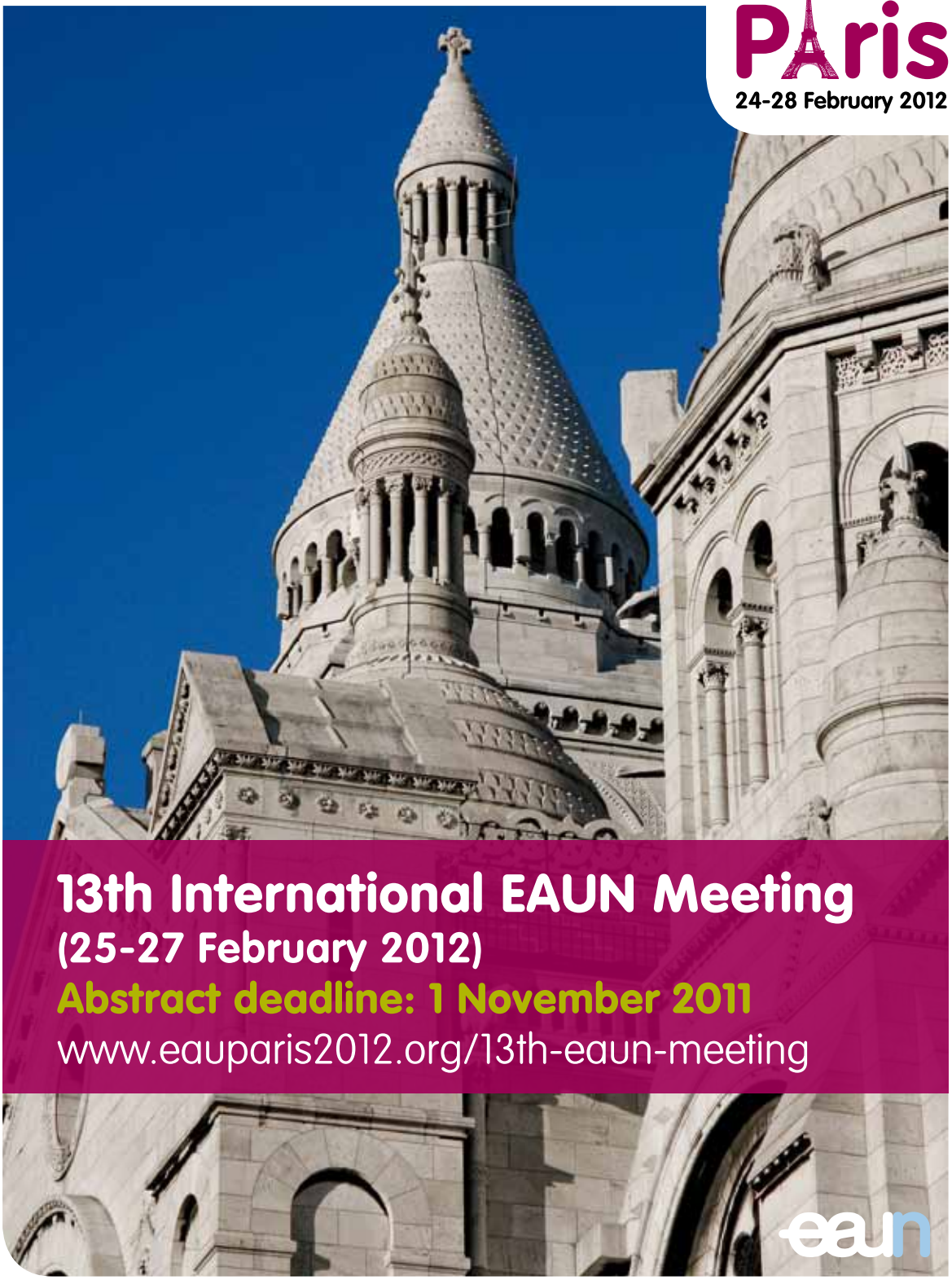

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[1] *Chartier-Kastler et al. Submitted (acceptance study).*
[2] *Bagi et al. Submitted (pilot study).*

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