11th International EAUN Meeting, 17-19 April 2010
In conjunction with the 25th Anniversary EAU Congress

Programme Book
**Contents**

Welcome to Barcelona  3

**General**
Floorplan 4
General Information 7
Speaker Guidelines 12

**Scientific Programme** 13
EAUN Programme Overview 14
EAUN Programme Saturday, 17 April 15
EAUN Programme Sunday, 18 April 19
EAUN Programme Monday, 19 April 23

**Abstracts** 31
Poster Abstracts 32
Oral Abstracts 43

**EAUN Membership** 56
Welcome to Barcelona
by the EAU Secretary General

Dear Friends and Colleagues,

With the renowned warm hospitality and cosmopolitan ambience of Barcelona, it is with pleasure that we welcome you to our 25th Anniversary Congress. Whilst celebrating a milestone event in the European Association of Urology’s (EAU) history, this year’s congress also marks a crossroads in our speciality, a time when we are witnesses to fast-changing developments in medicine.

This is our third congress in Spain and the second in Barcelona since 1998, and our return to this city provides us with the chance not only to look back to the achievements of European urology but also carefully assess the manifold and still unresolved issues that impact our daily clinical practice.

Our Scientific Congress Office has prepared a scientific programme that aims to provide clarity and direction. With the results of major research studies still being awaited and technological advances prodding our treatment approaches into a state of renewal, we are in a period of transition. Keeping an eye to these challenges, we have invited frontline opinion leaders and experts from and outside Europe to lead and highlight discussions on topics that cover the breadth of urology.

As in previous years, we attempt to bring depth and a comprehensive reach in the plenary sessions through the Section Meetings and the Urology Beyond Europe, amongst other meetings, with both programmes scheduled right on the opening and second days of the congress.

With attendance figures reaching beyond 11,000 participants and record numbers of abstract submissions and exhibitors, without doubt you will find the next few days not only a unique learning experience but also a memorable one as you re-unite with friends and colleagues.

In behalf of the EAU, welcome to Barcelona, certainly a delightful Mediterranean destination and a most fitting venue for a signpost event in the EAU’s history.

Bienvenidos a Barcelona!

Per-Anders Abrahamsson
EAU Secretary General

EAUN meets in Barcelona
Broaden your views in a dynamic and fascinating city

Dear Colleagues,

It is a great pleasure to welcome you to Barcelona for the 11th International Meeting of the European Association of Urology Nurses (EAUN) organised with the support of the Spanish Association of Urology Nurses (Enfuro).

During the past year, the EAUN has been fortunate to have Mr. J.C. De La Torre Montero from Madrid on the board. He has not only gently guided us through “Spanish challenges,” but also ensured a very fine collaboration with our colleagues in Spain.

For this year’s programme in Barcelona significant emphasis is placed on improving rehabilitation in cancer care, an area which is attracting more attention. For the first time, the EAUN will present a multi-professional workshop which will gather representatives from various uro-oncology societies including patient advocates, a format that will ensure a broader perspective. The workshop Nursing tools for patient instruction on PCa—, made possible thanks to a unique cooperation with various supporting companies who also supplied resource packs—promises to be a dynamic, interactive session. And do not miss the opportunity to join the final debate on optimising rehabilitation in cancer care.

There are several hot topics on the agenda and expert speakers and participants will discuss what’s “in” 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. As in previous EAUN meetings, we have an outstanding course from the European School of Urology (ESU) which will focus on Erectile dysfunction. Chaired by Dr. P.J. Nyirády from Hungary, the lectures will take up pathophysiology followed by an overview of medical treatment and the nursing aspects.

The ESU course will be complemented by a lecture on another important aspect of ED, the patient’s quality of life. Lecturer Mr. J. Albaugh, Chicago (US) is the former president of the Society of Urologic Nurses and Associates (SUNA) and initiator of the Global Alliance of Urology Nurses (GAUN). If, by chance, your society is not updated on GAUN’s activities, do not miss the chance to meet Jeff. Further information can be found at www.thegaun.org.

A state-of-the-art lecture, The importance of patient positioning and safety on a urology OR, by Mrs. K. Fitzpatrick, Vice-Chair of the EAUN, will end the meeting. And stay for the award session to support your colleagues and cheer the awardees.

We also invite you to the welcome reception which will be held with authentic Spanish ambience and style after the Saturday programme ...and do not forget to join the new events in our programme such as the great Barcelona Urowalk and the EAUN Urology Nursing Quiz.

The board looks forward to an excellent meeting. Enjoy Barcelona!

Bente Thoft Jensen
EAUN Chair

EAUN Barcelona 2010
Important Safety Information

ZOMETA® 4 mg/5 mL concentrate for solution for infusion

Important note: Before prescribing, consult full prescribing information.

Presentation: Zoledronic acid. Vials containing 4 mg of zoledronic acid supplied as a liquid concentrate for further dilution prior to use.

Indications: Prevention of skeletal-related events (pathological fractures, spinal compression, radiation or surgery to bone, or tumour-induced hypercalcaemia) in patients with advanced malignancies involving bone. Treatment of hypercalcaemia of malignancy (HCM). Prevention of fracture and bone loss in postmenopausal women with early-stage breast cancer treated with aromatase inhibitors (AIs).®

Dosage: Zometa must not be mixed with calcium or other divalent cation-containing infusion solutions, such as Lactated Ringer’s solution, and should be administered as a single intravenous solution in a line separate from all other drugs. For ‘prevention of skeletal-related events in patients with advanced malignancies involving bone’, the recommended dose is 4 mg (diluted with 100 mL 0.9% w/v sodium chloride or 5% w/v glucose solution), given as an intravenous infusion of no less than 15 minutes every 3 to 4 weeks. Dose reduction is recommended in patients with pre-existing mild to moderate renal impairment.

For ‘treatment of HCM’, the recommended dose is 4 mg given as a single intravenous infusion of no less than 15 minutes. No dose adjustment in patients with mild to moderate renal impairment. Patients without hypercalcaemia should also be administered an oral calcium supplement of 500 mg and 400 IU vitamin D daily.

For ‘Prevention of fracture and bone loss in postmenopausal women with early-stage breast cancer treated with aromatase inhibitors (AIs)’, the recommended dose is 4 mg (diluted with 100 mL 0.9% w/v sodium chloride or 5% w/v glucose solution), given as an intravenous infusion lasting no less than 15 minutes every 6 months.

Contraindications: Pregnancy, breast-feeding women, patients with clinically significant hypersensitivity to zoledronic acid or other bisphosphonates or any of the excipients in the formulation of Zometa.

Warnings/Precautions: Patients must be assessed prior to administration of Zometa to assure that they are adequately hydrated. Monitoring of standard hypercalcaemia-related metabolic parameters such as serum levels of calcium, phosphate and magnesium, and particularly, serum creatinine. Severe and occasionally incapacitating bone, joint, and/or muscle pain has been reported infrequently in patients taking bisphosphonates. In view of the potential impact of bisphosphonates on renal function, and the lack of extensive clinical safety data in patients with severe renal impairment with Zometa, its use in this population is not recommended. Dose reduction in patients with pre-existing mild to moderate renal impairment. In patients requiring repeated administration of Zometa, serum creatinine should be evaluated prior to each dose. If renal function has deteriorated, the dose should be withheld. Limited clinical data in patients with severe hippheric insufficiency; no specific recommendations can be given for this patient population. Overhydration should be avoided in patients at risk of cardiac failure. Osteonecrosis of the jaw has been reported predominantly in patients with cancer receiving bisphosphonates, including Zometa. Post-marketing experience and the literature suggest a greater frequency of reports of ONJ based on tumour type (advanced breast cancer, multiple myeloma), and dental status (dental extraction, periodontal disease, local trauma including poorly fitting dentures). Therefore, cancer patients should maintain good oral hygiene and should have a dental examination with preventive dentistry prior to treatment with bisphosphonates. Cancer patients should inform their dentist while under dental treatment or if dental surgery is foreseen. A causal relationship between bisphosphonate use and ONJ has not been established. Patients treated with Zometa (zoledronic acid) should not be treated with Acclasta. No experience in children.

Patients who have received doses higher than those recommended should be carefully monitored, since renal function impairment (including renal failure) and serum electrolyte abnormalities have been observed. In the event of hypercalcaemia, calcium gluconate infusions should be administered as clinically indicated. Pregnancy: See contraindications.

Breast-feeding: See contraindications.

Interactions: Zoledronic acid shows no appreciable binding to plasma proteins and does not inhibit human P450 enzymes in vitro, but no formal clinical interaction studies have been performed. Caution is advised when bisphosphonates are administered with aminoglycosides, since both agents may have an additive effect, resulting in a lower serum calcium level for longer periods than required. Caution is asked when used with other potentially nephrotoxic drugs. Attention should also be paid to the possibility of hypomagnesaemia developing during treatment. In multiple myeloma patients, the risk of renal dysfunction may be increased when i.e. bisphosphonates are used in combination with thalidomide.

Adverse reactions: Usually mild and transient and similar to those reported for other bisphosphonates:

- Very common (>10%): thrombocytopenia, leukopenia; hypersensitivity reactions; hypertension, hypotension, resulting very rarely in syncope or circulatory collapse; shortness of breath, cough, dizziness, paraesthesia, taste disturbance, hypoesthesia, hyperaesthesia, tremor; anxiety, sleeping disturbances; blurred vision; diarrhoea, constipation, abdominal pain; dyspepsia, stomatitis, dry mouth; local reactions at the infusion site such as redness or swelling; anaphylaxis, peripheral oedema, weight increase, chest pain; rash and pruritus, increased sweating; muscle cramps, osteonecrosis (primarily of the jaw); acute renal failure, haematuria, proteinuria, hypomagnesaemia, hypokalaemia; Rares (0.01% to 0.1%): pancytopenia, confusion, bradycardia, anion-recteic oedema, hyperkalaeimia, hypophosphataemia; Very rarely (<0.01%): uveitis, epidermolisis, bronchoconstriction, somnolence, atrial fibrillation, anaphylactic shock/reaction and urticaria.

Pack and prices: Country specific.

Legal classification: Country specific.

*This treatment is not approved in Spain for the following use: Prevention of fractures and loss of bone mass in postmenopausal women in early stages of breast cancer treated with aromatase inhibitors.*


Please see Data Product Sheet available at the booth.

Please visit us at EAUN Booth G02
Because life has more to offer your patients, Hollister offers more ways to provide quality continence care, including Advance and Advance Plus sterile catheters.

Both feature 15 mm no-touch introducer tips to help reduce the risk of urinary tract infection (UTI), and a patented gel reservoir allowing lubricant on the catheter to be individually regulated for your patient’s added comfort.

Hollister offers an entire portfolio of products to meet your patients’ needs including straight intermittent catheters, male external catheters, and leg bags. Hollister is dedicated to helping healthcare professionals deliver better products and services and to make life more rewarding and dignified for those who use our products. And that is why...

There’s more to Hollister than ever before.

For more information contact your local sales representative.

Information for Use: Intermittent Catheters are flexible tubular devices inserted through the urethra for the purpose of bladder drainage. Self-catheterization should only be carried out under medical advice and only in accordance with the instructions provided with the product. Should a patient experience any sign of trauma or discomfort, they should immediately discontinue use and consult their clinician.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician or other licensed healthcare professional. Date of Issuance: July 2007.
General Information

General information
Speaker guidelines
Abstracts
More than 1,000 EAU abstracts have been accepted for presentation during poster, oral and video sessions at the 25th Anniversary EAU Congress in Barcelona. All congress delegates can obtain a free copy of the EAU abstract book at the special Abstract Book Desk in the main registration area on a first-come, first-served basis. The Abstract CD will be distributed to all congress delegates from the Ferring booth (booth E14).
Abstract CDs are 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 that you 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 Fira Barcelona is easily accessible by public transport. The public transport system is easy to use and a very efficient way to get around the city. All congress delegates will receive a complimentary transportation pass valid for 10 rides on all public transport within the City of Barcelona during the congress.

Address:
Fira Barcelona (Fira Gran Via)
Access North (Entrada Norte) / Hall 8
c/ Foc 47
08038 Barcelona, Spain
T +34 93 233 20 00
F +34 93 233 20 16
E info@firabcn.es
W www.firabcn.es

Metro / buses / car parking:
The nearest metro station (FGC) is Europa–Fira. EAU will provide shuttle buses between this metro station and Access North (Entrada Norte). The buses will depart from the square in front of the Access North. There will be buses every ten minutes. Car parking is available under the hall and open from 07.00-20.00 hrs.
Please inform taxi drivers to go to the “Entrada Norte”, since Fira’s main entrance is the one on the south side and taxi drivers tend to drop off on that side!

Badges
The badge classification is as follows:
- Blue ID Card: Congress delegate EAU member
- Grey ID Card: Congress delegate non-EAU member
- Orange ID Card: Nurse EAUN member
- Brown badge holder: Nurse non-EAUN member
- Green badge holder: Exhibitor
- Red badge holder: Press
- Purple badge holder: Accompanying person
- Pink badge holder: Special registration
- Yellow badge holder: Organising staff

Bank, Exchange and Credit Cards
The national currency in Spain is the Euro (EUR). An ATM machine is available in the main entrance hall. The nearest bank to the congress venue is:
Banco Santander
Centro Comercial Gran Via (in the shopping centre located behind the EAU congress halls)
Vestibulo, 75

Banks are normally open Monday to Friday from 08.30-14.15 hrs. and closed on Saturdays and Sundays.

Certificate of Attendance
A Certificate of Attendance for the 11th International EAUN Meeting is handed out at EAUN session room Birmingham.

Cloakroom / Luggage
The cloakroom is located in the foyer on the first floor and open during congress hours. Please be sure to collect all personal belongings at the end of the day.

Congress Bag
In the registration area each delegate can collect a congress bag which includes an EAU programme book. EAUN programme books are handed out at EAUN session room Birmingham.
The congress bags are sponsored by ASTELLAS.
Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters are available on Saturday 17, Sunday 18 and Monday 19 April. The newsletters will also be available online at www.eaubarcelona2010.org after the congress.

Delegate Tracking System

EAUN members will receive an EAUN ID Card which will act as an electronic business card, enabling visitors to leave their contact details with exhibitors in a quick and easy way. Paper badges do not have this function and should be exchanged for an EAUN ID Card by Saturday, 17 April.

EAU Congress History Wall

As homage to the Anniversary Congress, the EAU has created the Congress History Wall, an audio-visual collage of photographs, texts and film footage that trace the early years of the annual congress and some highlights in the EAU Congress history.

EAU Congress Office

Managing Directors
Jacqueline Roelofswaard
j.roelofswaard@uroweb.org

Maurice Schlief
m.schlief@uroweb.org

Congress Manager
Patricia de Bont
p.debont@congressconsultants.com

Exhibition Manager
Henriet Wieringa
h.wieringa@congressconsultants.com

EAUN Coordinators
Hanneke Lurvink
eaun@uroweb.org
Hannietja Beuving
h.beuving@congressconsultants.com

Congress Consultants B.V.
E info@congressconsultants.com
W www.eaubarcelona2010.org

EAU Digital Video Library

The EAU Digital Video Library (booth H30) will be operational during exhibition hours in the exhibition area. A wide choice of EAU videos, including all videos presented in Barcelona and at previous EAU Congresses, can be viewed on request on individual monitors. All videos can be copied to DVD, a service that is provided free of charge to all congress delegates.

Supported by an unrestricted educational grant from ASTELLAS

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 in the session room hall with extensive information on its activities. Registration for the courses can be made at the ESU Registration Desks in the registration area. All congress delegates can collect an ESU Courses CD at the sanofi-aventis booth (booth J07).

The ESU Courses CD 2010 is supported by an unrestricted educational grant from SANOFI-AVENTIS

Fees ESU Courses, ESUT Hands-on Training Courses, Interactive Virtual Training Courses (for congress registered delegates only)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Residents and Nurses</th>
<th>(members/non-members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hrs.</td>
<td>€ 21,40</td>
<td>€ 21,40</td>
</tr>
<tr>
<td>3 hrs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prices are incl 7% VAT

EAU Historical Exhibition

The members of the EAU History Office have, once again, set up an historical exhibit located at the EAU Square (booth B20). The exhibit will present “Milestones and Controversies in European Urology”.

---

**Congress Hours**

<table>
<thead>
<tr>
<th></th>
<th>Main entrance</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, 14 April</strong></td>
<td>09.00–18.15</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday, 15 April</strong></td>
<td>07.45–20.15</td>
<td>08.00–21.00</td>
</tr>
<tr>
<td><strong>Friday, 16 April</strong></td>
<td>07.00–21.30</td>
<td>07.00–20.00</td>
</tr>
<tr>
<td><strong>Saturday, 17 April</strong></td>
<td>06.45–20.15</td>
<td>07.00–20.00</td>
</tr>
<tr>
<td><strong>Sunday, 18 April</strong></td>
<td>06.45–20.00</td>
<td>07.00–19.00</td>
</tr>
<tr>
<td><strong>Monday, 19 April</strong></td>
<td>06.45–20.00</td>
<td>07.30–19.00</td>
</tr>
<tr>
<td><strong>Tuesday, 20 April</strong></td>
<td>07.00–16.00</td>
<td>07.30–13.30</td>
</tr>
</tbody>
</table>
EAUN ID Card
During the 11th International EAUN Meeting the EAUN ID Card will function as an entrance badge for EAUN members. Non-EAUN members will receive a paper congress badge. If you already have an EAUN ID Card please do not forget to bring it to the congress! Attendees are expected to have their EAUN ID Card visible at all times. A fixed price of € 15 will be charged for the replacement of a lost EAUN ID Card.

EAU Internet Corners
The EAU Internet Corners are at your disposal at different locations (booths A06 & J26) in the exhibition area. Supported by an unrestricted educational grant from ASTELLAS

EAU Square
The EAU Square (booth B20) in the exhibition area consists of the EAU/EAUN Membership Booth, EBU Corner, ESRU Corner, EAU Vienna 2011 Promotion Counter, Clinical Research Office, Uroweb work station 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 Spain 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. Come see European Urology for yourself - visit either the European Urology (booth K02) or the EAU Square (booth B20) in the exhibition area.

Excursions and Barcelona Information
Information on Barcelona and excursions will be available at the Excursion and Barcelona 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, 17 April at 09.00 hrs.

Exhibition Hours: Saturday, 17 April, Sunday, 18 April, Monday, 19 April, 09.00-18.00 hrs

First Aid
There is a medical unit present for first aid in the foyer of level 1. In case of emergency contact a security guard immediately.

Future Meetings Promotion
Posters and other information on future meetings can be displayed in the “Future Meetings Area” located in the foyer on level 1. It is strictly forbidden to put up promotional material at any other location in the building.

Hospitality Suites Companies
<table>
<thead>
<tr>
<th>Company</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTELLAS</td>
<td>Level 1, exhibition hall; rooms HS-H and HS-J</td>
</tr>
<tr>
<td>ASTRAZENECA</td>
<td>Level 1, exhibition hall; room HS-A</td>
</tr>
<tr>
<td>COOK MEDICAL</td>
<td>Level 1, exhibition hall; room HS-G</td>
</tr>
<tr>
<td>EAURF</td>
<td>Level 1, exhibition hall; room HS-C</td>
</tr>
<tr>
<td>FERRING</td>
<td>Level 1, exhibition hall; room HS-I</td>
</tr>
</tbody>
</table>

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

Language
All presentations during the congress will be conducted in English, the official language of the EAU. There will be no translation provided.
Lost and Found
Found items should be returned to the Information Desk in the main entrance hall. If you lose something, please report to this desk for assistance.

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

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. Lindy Brouwer (l.brouwer@uroweb.org).

Message & SMS Service
A Message and SMS Service is available at the congress website: www.eaubarcelona2010.org.
You can use the congress website to retrieve your messages and to send messages to other congress delegates.

Poster Builder Service
Poster presenters who created their posters for the 11th International EAUN Meeting through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre in the main entrance hall.

Prayer Room
A special room dedicated to prayer is located on level 1 next to the Press Centre.

Restaurants
Turisme de Barcelona is pleased to provide a restaurant booking service for individuals and groups.
To place your restaurant booking visit: www.barcelonaturisme.com/restaurants or go to the Barcelona Information 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.

Shuttle Buses
Shuttle buses will run from the nearest Metro station: Europa-Fira to the main congress entrance during congress hours, 15 to 20 April.

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

Taxi Service
Please inform taxi drivers to go to the “Entrada Norte”, since Fira’s main entrance is the one on the south side and taxi drivers tend to drop off on that side! Taxis will be available in the taxi rank in front of Hall 8, North Access (Entrada Norte).
Ask for fixed rates to Fira Barcelona (mention: Fira Gran Via). Rates from the airport to Fira are around 20 Euro. Rates from the Fira to downtown are around 10-15 Euro.

The following companies have reasonable and fixed rates:
- Taxi Class: +34 93 307 07 07
- Taxi Radio: +34 93 303 30 33
- Taxi Barna: +34 93 357 77 55

Transportation Pass
Congress delegates may collect a transportation pass in the registration area, which is valid on all public transport within the City of Barcelona during the congress days.
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.

Webcasts
Many sessions will be webcasted via www.eaubarcelona2010.org. The webcasted sessions are indicated with the special logo in the synopsis.
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 EAU(N).

Wifi
Free wireless internet will be available within the indicated areas the Fira Barcelona during the congress.
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 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.

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 three PowerPoint slides 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.
Supported by an unrestricted educational grant from ASTRAZENECA

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).
Scientific Programme
<table>
<thead>
<tr>
<th>Time</th>
<th>17 April Saturday</th>
<th>18 April Sunday</th>
<th>19 April Monday</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>EAUN Workshop</td>
<td>State-of-the-art lecture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cystoscopy for prostate and kidney cancer</td>
<td>New developments in urological cancer care including the nursing aspects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality of life in urology stoma patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>Symposium</td>
<td>EAUN Urology Nursing Quiz</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Building on the vital framework to improve outcomes with bisphosphonates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOVARTIS ONCOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00</td>
<td>Special Session of the Spanish Association of Urology Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:15</td>
<td>Enfuro, 30 years of urological nursing in Spain: From assistant to practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00</td>
<td>EAUN Opening</td>
<td>Poster Abstract Session</td>
<td></td>
</tr>
<tr>
<td>16:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:30</td>
<td>Bienvenida Española – Welcome Reception</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Location: Outside the Birmingham Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COLOPLAST and EAUN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18:00</td>
<td>Urowalk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20:00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breakfast Symposium**
Optimizing patient benefits in bladder cancer management
GE HEALTHCARE & PHOTOCURE ASA

**EAUN Nursing Research Competition**
Learning session

**Symposium**
Urological management of Spina bifida during childhood and adolescence - what happens when entering adulthood?
ASTRA TECH AB

**Lunch Symposium**
Vantas: A nurse’s perspective on the first once-yearly LH-RH agonist
ORION PHARMA

**EAUN General Assembly**

**State-of-the-art lecture**
Managing erectile dysfunction and quality of life

**Oral Abstract Session**

**State-of-the-art lecture**
The importance of patient positioning and safety on a urology OR

**Award Session**
EAUN Workshop  
**Prague Room**

**09.00 - 11.00**  
**Quality of life in urology stoma patients**

- S.P. Fillingham, Kent (GB)  
- B. Kiesbye, Risskov (DK)

- **09.00 - 09.10** *Indications for urostomy and different types of urostomy*
- **09.10 - 09.15** *Surgery types: Laparoscopic versus open surgery*
- **09.15 - 09.30** *Pre-operative and post-operative care*
- **09.30 - 10.00** *Training session on stoma siting*
- **10.00 - 10.30** *Quiz- test your knowledge*
- **10.30 - 11.00** *Body image and Sexuality*

**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.


EAUN Workshop  
**Birmingham Room**

**09.00 - 11.00**  
**Cryoablation for prostate and kidney cancer; an overview on background, procedure and nurses’ responsibilities**

- S. Hieronymi, Frankfurt am Main (DE)  
- U. Witzsch, Frankfurt am Main (DE)

- **09.00 - 09.35** *Introduction*  
  - U. Witzsch, Frankfurt am Main (DE)

- **09.35 - 10.05** *Cryotherapy of the prostate*

- **10.05 - 10.30** *Cryotherapy of the kidney*

- **10.30 - 11.00** *How to start cryotherapy*

**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.
Sunday, 17 April

Sponsored Session

Birmingham Room

**11.15 - 12.15 Building on the vital framework to improve outcomes with bisphosphonates**

**Symposium**

*Chair:*

B.T. Jensen, Århus (DK)

**11.15 - 11.20 Welcome and introduction**

B.T. Jensen, Århus (DK)

**11.20 - 11.30 Breaking down the scaffold: Cancer effects on bone**

B.T. Jensen, Århus (DK)

**11.30 - 11.45 Helping to strengthen the foundation: Bisphosphonates to prevent skeletal complications**

A. Tubaro, Rome (IT)

**11.45 - 11.55 Beyond the surface: Nursing strategies for patient adherence, safety, and communication during treatment**

L. Drudge-Coates, London (GB)

**11.55 - 12.05 Question and answer session**

**12.05 - 12.15 Helping patients sculpt their futures**

**Aims and objectives**

The Novartis-sponsored satellite titled, “Building on the Vital Framework to Improve Outcomes With Bisphosphonates” will provide insights for nurses on how they can support patients receiving bisphosphonate treatment. The symposium will educate the attendees on the importance of maintaining bone health throughout the treatment continuum in patients with GU malignancies through the administration of bone-targeted therapies. In addition, nursing strategies will be discussed that can contribute to improved treatment outcomes in patients with advanced GU malignancies receiving bone-targeted therapies (ie, pain control, improved quality of life, efficacy).

Sponsored by NOVARTIS ONCOLOGY
Enfuro, 30 years of urological nursing in Spain: From assistant to practitioner

Special Session of the Spanish Association of Urology Nurses

A. Quintanilla Sanz, Lleida (ES)
M. Gea-Sánches, Lleida (ES)

Aims and objectives
- Introduction of The Spanish Association of Urology Nurses (Enfuro).
- Legal changes and the evolution of the clinical nurses role.
- Nursing specialities in Spain.
- Evidence-based movement and barriers for clinical nurses in applying research outcomes.

EAUN Opening

P.-A. Abrahamsson, Malmö (SE), EAU Secretary General
B.T. Jensen, Århus (DK), EAUN Chair

Good Practice in Health Care – Continent Urinary Diversion – introduction of the new guideline

S.V. Lauridsen, Copenhagen (DK)

The new evidence-based guideline will be introduced and the process explained. This publication focuses on continent urinary diversion to complement the previous publication in this series on incontinent urostomy. These guidelines are intended to complement, or provide support to, established clinical practice and should be used within the context of local policies and existing protocols.

A free copy is available in the session room for all delegates of the 11th International EAUN meeting.

Publication of this booklet was made possible by an unrestricted educational grant from ASTRA TECH AB

Social Event

Bienvenida Española – Welcome Reception

Location: Outside the Birmingham Room
The welcome reception is offered to the nurse delegates by COLOPLAST and the EAUN.
**Symposium**

*Chair: R. Pieters, Ghent (BE)*

D. Newman, Pennsylvania, PA (US)

**Aims and objectives**

This workshop will provide an overview of the use of intermittent catheterization in clinical practice by focusing on the types of intermittent catheterization: no touch (or sterile) and clean technique. Historically, no touch intermittent self catheterization was the recommended procedure of choice. However, recently released intermittent catheterization guidelines have recommended changes to this practice by incorporating the use of “clean” intermittent catheterization, especially in the home environment. In light of these guidelines, nurses still base intermittent catheterization procedures on other factors as well: differential costs and medical insurance coverage; clinical judgment; and patient preference. All of these aspects will be reviewed and discussed.

Sponsored by HOLLISTER INCORPORATED
Sunday, 18 April

ESU Course

08.00 - 10.15  Erectile dysfunction

Chair: P.J. Nyirády, Budapest (HU)

08.00 - 08.20  Pathophysiology of E.D.
P.J. Nyirády, Budapest (HU)

08.20 - 08.30  Discussion

08.30 - 08.50  Overview of medical treatment of E.D.
S. Minhas, London (GB)

08.50 - 09.00  Discussion

09.00 - 09.15  Break

09.15 - 09.35  Surgical therapy of E.D.
S. Minhas, London (GB)

09.35 - 09.45  Discussion

09.45 - 10.05  Nursing aspects of patients with E.D.
I. Van Neyghen, Antwerp (BE)

10.05 - 10.15  Discussion

EAUN Lecture

10.30 - 11.10  New developments in urological cancer care including the nursing aspects

State-of-the-art lecture

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.
Sunday, 18 April

EAUN Session  
Birmingham Room

11.10 - 11.25  
**EAUN Urology Nursing Quiz**

*Chair:*  
*T. Christiansen, Lund (SE)*

Test your urology nursing knowledge. The winner receives a free registration for the 12th International EAUN Meeting in Vienna, Austria.

EAUN Workshop  
Birmingham Room

12.30 - 14.30  
**Nursing tools for patient instruction on prostate cancer**

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

*Moderator:*  
K. Redmond, Milan (IT)

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. Borre, Århus C (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, Antwerpen (BE)

14.15 - 14.30  
**Discussion**  
K. Redmond, Milan (IT)

*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 concerning prostate cancer. In conclusion there is time for a discussion and questions. After the session we hope that the audience will find themselves more equipped to speak with patients about prostate cancer.

Supported by unrestricted educational grants from AMGEN, FERRING PHARMACEUTICALS, NOVARTIS ONCOLOGY
Abstract Session

Sunday, 18 April

Birmingham Room

14.30 - 16.15 Poster Session

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

**P1-s**
- Is there a role for a nurse specialist within a tertiary referral stone unit?
  - N. Dickens, N.P. Buchholz, J. Masood (London, United Kingdom)

**P2-s/p**
- Patient evaluation of intermittent self catheterisation (ISC) focus group meeting
  - M.E. Lester, E. Robinson, I. Pearce (Manchester, United Kingdom)

**P3-s**
- Withdrawn

**P4-p**
- How to instil post-operative Mitomycin (MMC) in the bladder
  - R. Terkelsen, I.M. Thiele, L. Lieberkind (Copenhagen, Denmark)

**P5-s**
- Outpatient work-up for LUTS, an assignment for Specially Trained Nurses (STN)?
  - V. Elf, A.K. Eleholt, I. Erlandsson, B. Larsson, P. Ströberg (Jönköping, Sweden)

**P6-s**
- Preoperative teaching and information by urologic nurses to patients scheduled for robot-assisted radical prostatectomy
  - A. Fredriksen (Oslo, Norway)

**P7-s**
- Developing a novel approach to follow up for patients with prostate cancer
  - J.E. Kinsella, L. Fleure, A. Ashfield, P. Acher, D. Cahill, K. Chatterton (London, United Kingdom)

**P8-s**
- Educating health professionals about sexual dysfunction improves the experience of men on hormone treatment for prostate cancer
  - J. Kinsella, L. Fleure, K. Chatterton, P. Acher, D. Cahill (London, United Kingdom)

**P9-s**
- The demonstration of erectile management techniques to men scheduled for radical prostatectomy reduces long-term regret: a comparative cohort study

**P10-s**
- Parameters important for patient recovery undergoing radical retropubic prostatectomy
  - L. Gruschy, S.T. Nielsen, M.B. Andersen (Copenhagen, Denmark)

**Abstract code explanation**
- P: Poster abstract
- p: Daily practice
- s: Scientific research
Sunday, 18 April

EAUN Workshop

16.15 - 17.15 Ensuring continence in difficult cases - solutions by nurses

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

Jury: O. Gimse Storrø, Trondheim (NO)
B. Holwee, Unterföhring (DE)
R. Pieters, Ghent (BE)
E. Wallace, Dublin (IE)
S. Walter, Odense (DK)

16.15 - 16.20 Introduction by the Chair

16.20 - 16.30 Management of chronic papillomatous dermatitis in a patient with a urostomy
CC10-01 E. Robinson, Manchester (GB)

16.30 – 16.35 Discussion

16.35 - 16.45 Nursing care of post ileal neobladder incontinence
CC10-02 N. Love-Retinger, New York, NY (US)

16.45 – 16.50 Discussion

16.50- 17.00 Lluís 1- Cancer 0
CC10-03 M. Gea-Sánchez, A. Quintanilla-Sanz, Lleida (ES)

17.00 – 17.05 Discussion

17.05 – 17.15 Closing

The cases have been evaluated by the expert jury. Those who submitted the best cases (as decided by the jury) were granted a free registration for the 11th 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 the field of ensuring continence, in particular in cases where standard protocols do not suffice.

Social Event

18.00 - 20.00 Urowalk

The EAUN has organised guided walks in the centre of Barcelona: Picasso walk and Gòtic walk. The Picasso walk starts from the Tourist Office in the centre of Barcelona, Plaça Catalunya 17-s (Metro stop: Catalunya). The Gòtic walk starts from the Tourist Office in the centre of Barcelona, Plaça de Sant Jaume, Ciutat 2 (next to the Barcelona City Hall) (Metro stop: Jaume I)
Please make sure to be at the starting point at least 10 minutes beforehand.
Registration was on a first-come, first-served basis after invitation to register by email.
Only participants with a confirmation for this event will be allowed.
**Sponsored Session**

**Birmingham Room**

**07.45 - 08.45  Optimising patient benefits in bladder cancer management**

**Breakfast Symposium**

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

- **07.30 – 07.45** Continental breakfast will be served
- **07.45 – 07.50** Welcome and introductions
  K. Chatterton, London (GB)
- **07.50 – 08.00** Data review: The latest European recommendations
  A. Sommerhuber, Linz (AT)
- **08.00 – 08.10** Technique and equipment: Key considerations
  J. Hendrickx, Leuven (BE)
- **08.10 – 08.20** Patient throughput: A nurse perspective
  K. Egge, Oslo (NO)
- **08.20 – 08.30** Making a difference: Fluorescence cystoscopy in day-to-day practice
  D. Amsellem-Ouazana, Paris (FR)
- **08.30 – 08.40** Patient perspective
  D. Amsellem-Ouazana, Paris (FR)
- **08.40 – 08.45** Questions, Chair’s 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-guided fluorescence cystoscopy will be discussed, including the key considerations surrounding the necessary equipment and surgical technique, the logistics of the patient journey and experiences and the pivotal role of the nurse.

Sponsored by GE HEALTHCARE and PHOTOCURE ASA
## Monday, 19 April

### Hospital Visits

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30 - 11.00</td>
<td>Transfer</td>
<td>Meeting point: In front of the main entrance of Fira Gran Via (Entrada Norte).</td>
</tr>
<tr>
<td>11.00 - 13.30</td>
<td>Hospital visit</td>
<td></td>
</tr>
<tr>
<td>13.30 - 14.00</td>
<td>Lunch</td>
<td>The Vall d’Hebron Hospital has organised a lunch for the Hospital Visit participants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.30 - 15.30</td>
<td>Transfer</td>
<td>Meeting point: In front of the main entrance of Fira Gran Via (Entrada Norte).</td>
</tr>
<tr>
<td>15.30 - 17.30</td>
<td>Hospital visit</td>
<td></td>
</tr>
<tr>
<td>17.30 - 18.00</td>
<td>Cocktail</td>
<td>The Fundació Puigvert Hospital has organised a drink for the Hospital Visit participants.</td>
</tr>
</tbody>
</table>

Registration for the limited places was possible via the online registration system on a first-come, first-served basis. The hospital visit registration is listed on the entitlement list.

### EAUN Session

#### Birmingham Room

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
</table>
| 09.00 - 10.30 | EAUN Nursing Research Competition - learning session | Chair: R. Pieters, Ghent (BE)  
Jury: T.E. Bjerklund Johansen, Århus (DK)  
V. Geng, Lobbach (DE)  
T. Holm-Larsen, Copenhagen (DK)  
G. Karazanashvili, Tbilisi (GE)  
J.T. Marley, Portadown (GB)  
09.00 - 09.05 | Introduction                   | R. Pieters, Ghent (BE)  
09.05 - 09.15 | How do we instruct patients on the use of a vacuum device for the management of their erectile dysfunction - preliminary results | D. Smit - Van Den Hof, Arnhem (NL) |
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.eaubarcelona.org/11th-eaun-meeting, page Research Plan Submission. The full text of the Research plans discussed in this session can be found on our website, www.eaun.uroweb.org, under the heading Useful Resources for Nurses.

The following prize will be awarded in the Award Session, Friday, 19 April at 17.15 hours.

• Prize for the Best EAUN Nursing Research Project € 2,500

Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS
Sponsored Session

**Symposium**
Chair: E. Jaureguizar Monereo, Madrid (ES)

10.45 - 11.05
**Introduction; Spina bifida– urologic management from childhood to adolescence**
E. Jaureguizar Monereo, Madrid (ES)

11.05 - 11.20
**Working with children and adolescents with myelomeningocele - what is the role of a pediatric urotherapist?**
M. Vu Minh Arnell, Gothenburg (SE)

11.20 - 11.35
**Adults with myelomeningocele - what happened urologically after leaving childhood?**
M. Vu Minh Arnell, Gothenburg (SE)

11.35 - 11.45
**Discussion**

**Aim**
To convey the importance of good urological management, clean intermittent catheterisation (CIC) training and education. To discuss that CIC changed the survival of Spina bifida – patients reach adulthood. Discuss the importance of follow-up on bladder management, independently of age.

**Objective**
To discuss the urological management of Spina bifida during childhood and adolescence, and raise the issue concerning what happens when entering adulthood?

Sponsored by ASTRATECH AB

EAUN Lecture

**State-of-the-art lecture**
H. Thulin, Stockholm (SE)

**Aims and objectives**
How can a cystectomy affect the individual quality of life? The aim of this presentation is to better understand the daily-life situation in individuals who have undergone a cystectomy. The objectives are to pay attention to a wide range of symptoms that may occur after a cystectomy and to how we can improve the care in order to support the affected individuals.
Sponsored Session

12.45 - 13.45 Vantas: A nurse’s perspective on the first once-yearly LH-RH agonist

Lunch Symposium
Chair: N. Shore, Myrtle Beach (US)

12.30 - 12.45 Lunch boxes will be handed out.

12.45 - 13.05 Vantas: A new era for prostate cancer management
N. Shore, Myrtle Beach (US)

13.05 - 13.25 From theory to practice: A nurse’s experience
A. McCormack, Taunton, Somerset (GB)

13.25 - 13.40 Once-yearly therapy: A patient’s perspective
Guest European patient and consultant

13.40 - 13.45 Concluding remarks
N. Shore, Myrtle Beach (US)

Aims and objectives
During this symposium we will introduce the first once-yearly LH-RH agonist subcutaneous implant containing histrelin acetate and will discuss its practical use within the nursing community. LH-RH agonists have become the standard of care for hormonal therapy in the palliative treatment of advanced and metastatic prostate cancer. However, to date, they have only been available as 1-, 2-, 3- and 6-monthly preparations. With real-world presentations from the nurse and patient perspective, this will be one of the first opportunities to learn more about how this new treatment option could benefit both groups as it becomes available in Europe.

Sponsored by ORION PHARMA
EAUN General Assembly

13.45 - 14.15

Chair: B.T. Jensen, Århus (DK)

Agenda

• Welcome by the chair
• Formal installation of new members and chair
• Voting on change of rules Fellowship (dd June 2009)
• Minutes AGM 2009
• The report of the chair with presentation of the achievements of 2009/2010
• Masterplan, growth targets and budget
• Cooperation with other organisations
• Report on the Barcelona meeting with national societies
• Subjects for the next Congress in 2011 in Vienna
• Proposals from the members
• Other business

EAUN Lecture

Managing erectile dysfunction and quality of life

14.15 - 15.00

State-of-the-art lecture

J. Albaugh, Chicago (US)

Aim

This presentation will explore the underlying causes of erectile dysfunction, in particular neuropraxia and cavernosal changes after radical prostatectomy. In addition, the various treatment options for erectile dysfunction and for penile rehabilitation after prostatectomy will be reviewed. The impact of erectile dysfunction on quality of life will also be discussed.

Objectives

- Identify some underlying diseases that may contribute to erectile dysfunction
- Describe the treatment options for erectile dysfunction after radical prostatectomy
- Discuss the impact of erectile dysfunction after radical prostatectomy on quality of life
Monday, 19 April

Abstract Session

Birmingham Room

15.15 - 16.30 Oral Session

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

01-s Enuresis in children; prevalence and quality of life
S.S. Savaser, N.K.B. Kizilkaya Beji, E.A. Aslan, D.G. Gozen (Istanbul, Turkey)

02-s Realization of a pediatric pathway in an adult urological division: a bet for nurse
P.D. Denarier, P.P. Pierini, E.B. Baldassarre (Aosta, Italy)

03-s Withdrawn

04-s Fears, pain and anxiety during bilateral vasectomy under local anaesthesia
M. Marin, N. Juarez, R. Alarcon, A. Paez, R. Valiente, B. Sandin, R. Ruiz, S. Nuñez (Fuenlabrada,
Madrid, Madrid, Spain)

05-s Nursing trainee ward for urology patients
W.C. Jansen (Amsterdam, The Netherlands)

06-s Efficacy of tele-nursing consultations after radical prostatectomy
B.T. Jensen, S. Kristensen (Århus, Denmark)

07-s Living with incurable prostate cancer - The wife's perspective
P. Bruun, B.D. Pedersen, P.J. Osther, L. Wagner (Odense, Fredericia, Denmark)

08-p Does clamping of the hematuria catheter before removal decrease the feeling of unpleasantness and
increase satisfactory voiding in patients who have undergone transurethral resection of the prostate?
A. Hjuler, S. Christiansen (Randers Nø, Denmark)

09-p Assessment of nurses' support program for self-removal of ureteral stents with external strings by
patients at their home guided by telephonic assistance
A. Shafir, N. Yarsko, T. Bar-Adon (Tel-Aviv, Israel)

10-s Profile of urology nurses in Turkey
A.O. Ozbas, E.A. Aslan, N.K. Kanan (Istanbul, Turkey)

Abstract code explanation

O : Oral abstract
p : Daily practice
s : Scientific research
**EAUN Lecture**

**Birmingham Room**

*16.45 - 17.15 The importance of patient positioning and safety on a urology OR*

**State-of-the-art lecture**

K. Fitzpatrick, Dublin (IE)

**Aims and objectives**

Perioperative personnel become advocates for the anaesthetised patients. Much is written about the psychological 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.

---

**EAUN Session**

**Birmingham Room**

*17.15 - 17.30 Award Session*

*Chair: B.T. Jensen, Århus (DK)*

- 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
IS THERE A ROLE FOR A NURSE SPECIALIST WITHIN A TERTIARY REFERRAL STONE UNIT?

Dickens N.1, Buchholz N.P.2, Masood J.2

1Barts and The London NHS Trust, Department of Urology, London, United Kingdom, 2Barts and The London Nhs Trust, Dept. of Urology, London, United Kingdom

Introduction & Objectives
As a result of expanding workload, the stone unit at our tertiary referral centre has recently looked at ways of improving the service for our often complex patients. To meet these needs we have looked at introducing the role of an experienced nurse specialist (CNS) working to protocol. The literature identifies patients find contact with the CNS very rewarding. Patients are given ample time to discuss their issues and the information provided is easy to understand. The CNS also forms a readily available port of call for patients to discuss their issues.

Two patient groups were initially identified to be managed by the CNS. These were recurrent stone formers and patients undergoing extracorporeal lithotripsy (ESWL).

According to EAU guidelines, recurrent stone formers have a 70% risk of developing another stone in their lifetime. Those, in whom metabolic workup does not show any abnormality, should have an annual clinical review and an x-ray.

Patients undergoing ESWL normally have two treatments before re-evaluation. In between the treatments an x-ray is done to see if the stone is still present so that appropriate action can be taken. These two groups form ideal patients to be followed up and managed by the CNS.

Material & Methods
Data was collected retrospectively from May 2008-April 2009 to identify how many recurrent stone formers had been seen by a doctor in clinic that would have been suitable to be seen by a CNS.

Data was also collected for those patients who had undergone ESWL treatment in the same time period and had been booked for further treatment but had been declared stone free at the time of their appointment.

Results
Of 1001 follow-up patients seen in clinic from May 2008-April 2009, 256 (26%) were identified as recurrent stone formers suitable to be seen by the CNS. These patients are given a 10 minute consultation equating to an average of 42.6 hours of clinic time per year spent on seeing recurrent stone formers by doctors.

595 patients attended for ESWL in the same time period. Of these, 77 patients (13%) were booked for further ESWL but were declared stone free at their next appointment therefore the procedure was cancelled. This equates to almost eighty treatment slots of ESWL not being utilised and a loss of around £43,000 net income to the hospital.

Conclusions
This data suggests that there is an important role for the CNS in managing recurrent stone formers and patients undergoing ESWL.

As a result of the CNS seeing recurrent stone formers in clinic, it frees up slots allowing doctors to see more complex patients. On average this will allow the doctors to see a further 6-8 new patients each clinic generating extra annual revenue for our trust of around £56,000.

By implementing an ESWL follow-up clinic there will be a reduction in patients attending for further treatment that is not required, ensuring that all slots are utilised effectively and patients’ treatment planned according to need.
PATIENT EVALUATION OF INTERMITTENT SELF CATHETERISATION (ISC) FOCUS GROUP MEETING

Lester M.E., Robinson E., Pearce I.

Central Manchester University Hospitals Nhs Foundation Trust, Dept. of Urology, Manchester, United Kingdom

Introduction & Objectives
For the past 6 years the Urology Specialist Nurses have held annual focus group meetings for patients performing ISC and their partners/carers. Each meeting encompasses an educational element, patients’ personal experiences of ISC, an opportunity to view available ISC products and a chance to foster peer group support facilitated by familiar health professionals.

We aimed to evaluate the most recent of these meetings held in October 2009

Material & Methods
All patients attending the annual ISC focus group meeting were asked to evaluate the content of the meeting and the service offered by the department by completing a standard anonymous questionnaire.

Results
24 patients and partners attended the meeting and 18 completed questionnaires were returned. 11 patients (61%) had not previously attended a similar meeting with 6 (33%) having attended two or more.
On a Visual Analogue Score of 0-5, 5 being the most helpful, 14 patients (78%) gave a score of 4 or more when asked about the usefulness of having access to representatives of catheter companies.
All the patients gave a score of 4 or above when asked how informative they found the educational content.
14 patients (78%) found the patient experience presentation informative.
4 patients (22%) offered suggestions for future meeting content.
All respondents found the meeting useful and all agreed that they would recommend such a meeting to other ISC users.
No suggestions were offered on how to improve the service, however there were 8 positive comments on the service currently offered.

Conclusions
Self help groups form an integral part of modern health services and are increasingly common amongst sufferers of chronic disease offering support and advice both for patients and carers.
This survey illustrates the high regard in which patients hold such focus group meetings and the benefit to patients and carers of being able to communicate with other patients in a similar position with the support network provided by the Urology Specialist Nurses.
This survey highlighted the great success of this yearly meeting and provided suggestions for future focus group meetings.
HOW TO INSTIL POST-OPERATIVE MITOMYCIN (MMC) IN THE BLADDER

Terkelsen R., Thiele I.M., Lieberkind L.

Frederiksberg University Hospital, Dept. of Urology, Copenhagen, Denmark

Introduction & Objectives
Background. Most Transitional Cell Bladder Carcinomas are non-muscular invasive. 60-90% of the patients will have recurrence after surgery. Reimplantation of tumour cells to the tumour bed after TUR-B may cause recurrence of tumours. Thus, a single installation of a chemotherapeutic agent after TUR, may prevent further development of non-muscular invasive bladder tumours. It is essential to make a thorough & safe plan for the Nursing staff to instil the treatment.

Material & Methods
- Development of Clinical Guidelines of how to handle MMC, according to the guidelines implemented by to Laws of Environmental Security and Chemotherapies.
- Control sufficient amounts of equipment: i.e. tools/kits for eye injuries, fluid to rinse/clean eyes after contamination, secure ways of disposing Clinical Risk Waste, etc.
- Order all accessories needed: i.e. gloves, (neoprene), overall coats, protection glasses, operation mask and waste bags for hazardous waste.
- Take the necessary precautions: Nurses who are pregnant or lactating, may not come in contact with MMC.
- Create education materials & instructions, teach/guide the staff on how to handle MMC: incl. both theoretical teachings on how the treatment works (desired effects & side effects) and demonstrate how to instil the medicine in practice, etc.
- “What to do info”: Make short notes, for the staff billboard, containing information about what to do, if the eyes or the skin are contaminated with MMC.
- Make & implement an information brochure for patients leaving the ward shortly after instillation of MMC. The information contains suggestions on self-care, precautions after the instillation: ‘How to prevent spill on the skin and what to do, if MMC is spilled’; ‘The effect & side effects of MMC; how to get in contact with the nursing staff in case of a leakage.
- Re-entering patients: Information about how to take care of patients, who are re-entering the ward after having left the hospital.
- Create Clinical guidelines for the Surgeons on whether the patient is to receive MMC, & how and when to ordinate MMC in the Postoperative Period.
- Make MMC part of the standard assortment in EPM
- The Electronic Patient Medication System. After the prescription in EPM by the Surgeons, the nurses order the medicine from the Pharmacy the day before the operation, and administrate the medicine after the operation.

Results
The strategy is to start out slowly: a few patients & a few nursing staff learning the skills. Practical Peer Learning follows the theoretical learning sessions. Subsequently every basic nurse in a normal Urological ward should be able to administrate MMC in a meticulous and confident manner though out the 24 hours.

Conclusions
This implementation plan is unique because the whole basic nursing staff member can administrate the medicine through out the 24 hours. A small patient enquiry showed patient satisfaction with: information, care & treatment.
OUTPATIENT WORK-UP FOR LUTS, AN ASSIGNMENT FOR SPECIALLY TRAINED NURSES (STN)?

Elf V., Eleholt A.K., Erlandsson I., Larsson B., Ströberg P.
Länsjukhuset Ryhov, Dept. of Urology and Surgery, Jönköping, Sweden

Introduction & Objectives
In daily clinical practice, a consequence of the increasing number of patients presenting with elevated PSA levels that need urological evaluation, is that other patients with benign LUTS will have to wait longer from time of referral to specialist evaluation for their problems. The aim of this study was to evaluate if outpatient LUTS work-up could be done by STNs and if this would optimize the management for this particular group of patients with regards especially to cost/effectiveness and time between referral/evaluation.

Material & Methods
After 2 months of training (theory and practical management) on LUTS and how to do LUTS work-up (History, Timed micturation, IPSS, micturation charts, Flow, PVR, TRUS-volume, DRE) two RNs were assigned to perform the outpatient work-up on patients with benign LUTS. All referrals for LUTS were evaluated by a board certified Urologist. If there were no indications of malignancy in the referral, the work-up was done by the STN. Prior to the work-up, lab test (Hb, creatinine, PSA, U-stix and culture), timed micturation, IPSS, and micturation charts had to be completed. At the time of visit; history, Flow, PVR, TRUS and DRE was done. After the visit all above data were registered on a specially designed chart, together with calculated total 24 hour urine volume, min/max & medium voided volumes, frequency and % of volume at day and night time. The completed charts were evaluated by a certified specialist in urology, who based on the results gave 3 options:
1) No further treatment or evaluation needed
2) Recommendation for treatment
3) Further exam or evaluation needed
Finally cost and effectiveness was calculated and compared with standard LUTS management at the outpatient facility

Results
Between apr -08 and mar -09, a total of 135 men, age 39-88y (mean 67) were seen by the STNs.
At the initiation of the study there were 104 patients waiting for a LUTS evaluation and the time from referral to visit was 44 weeks with 7 doctors working at the clinic.
At the end of the study 40 patients were waiting and the time from referral to visit was down to 4 weeks, with only 5 doctors working.
Twenty-nine patients needed no further evaluation or treatment, 41 were recommended pharmacological LUTS treatment, 15 TURP, 4 TUMT, 1 Foley, 2 Clean intermittent self cath and 44 needed further examination. (The most common additional exam was cystoscopy n=30).
Only 2 patients were offended because they did not meet a doctor at the work-up visitNo malignant diseases were diagnosed.

The average net cost for LUTS work-up with doctors doing the procedures was estimated to 48 EUROs, with a STN doing the work up the average net cost was estimated to 25 EUROs.

Conclusions
Outpatient LUTS work-up with specially trained nurses is a feasible option and will significantly improve the management in this particular group of patients, with regards to cost per work-up and time between referral and evaluation.
PREOPERATIVE TEACHING AND INFORMATION BY UROLOGIC NURSES TO PATIENTS SCHEDULED FOR ROBOT-ASSISTED RADICAL PROSTATECTOMY

Fredriksen A.
Oslo University Hospital, Aker, Oslo Urological University Clinic, Oslo, Norway

Introduction & Objectives
Each year more than 4000 men are diagnosed with prostate cancer in Norway. At Oslo Urological University clinic (OUU) about 220 patients are treated per year with robot-assisted radical prostatectomy. One year after the operation 4-5 % of the patients have urinary incontinence (UI). About 50 % of the patients who have had a nervesparing procedure suffer from erectile dysfunction (ED) (Eri et al 2007). In Norway hospitals are obliged by law to provide information and guidance to patients and their close relatives. As of 2001 the OUU in collaboration with patient organizations have offered courses for patients suffering from prostate cancer. Surveys showed that the participants found the courses very helpful, but many expressed that they would have wished to receive more information before their operation. This feedback inspired the OUU staff to establish patient teaching and information by a urologic nurse as part of the preoperative routine, in addition to the information given by the urologist.

Aims of preoperative teaching and information by urologic nurses
Information as to what to expect after the operation. Information can contribute to reduction of anxiety and worry about problems which can occur. Postoperatively, the patient will be referred to the same nurse when or if he needs additional follow up due to UI and ED. The preoperative teaching and information lasts for about one hour.

The focus is on:
- Continence mechanism (function and dysfunction);
- Pelvic floor muscle exercises, verbal and written instructions ;
- The operation (oral information and use of an anatomic illustration) ;
- Indwelling catheter, function, catheter care, written information;
- Different types of diapers;
- Orgasm and ejaculation (function and dysfunction);
- Erectile function, dysfunction, possible postoperative treatment;
- Information about postoperative activity, follow-up, courses and patient organizations.

Material & Methods
From October 2004 until the end of 2008 we asked the patients (n=619) to grade the usefulness of the preoperative teaching and information by the urologic nurses.

Results

<table>
<thead>
<tr>
<th>Very useful</th>
<th>Useful</th>
<th>Somewhat useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>485</td>
<td>133</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Conclusions
The patients are very satisfied with the preoperative teaching and information by the urologic nurses. They say that this is both important and necessary in addition to the information given by the urologist. Several patients express “This was very useful! Now I understand better what the treatment implies”.

Future
The teaching and information by urologic nurses are established as part of the preoperative routine. 805 patients have from late 2004 until october 2009 received this preoperative teaching. We plan to study how well our total teaching and information correlates with the patients experiences postoperatively. The patients will receive questionnaires 14 days and 6 months postoperatively. This study is supported by the Norwegian Cancer Society.
DEVELOPING A NOVEL APPROACH TO FOLLOW UP FOR PATIENTS WITH PROSTATE CANCER

Kinsella J.E.1, Fleure L.1, Ashfield A.1, Acher P.1, Cahill D.11, Chatterton K.2

1Guy’s and St Thomas NHS Foundation Trust, Dept. of Urology, London, United Kingdom, 2Guy’s Hospital London, Dept. of Urology, London, United Kingdom

Introduction & Objectives
Cancer survivors now account for approximately 22.4 million people globally. Debate around the need, effectiveness and efficiency of traditional models of follow-up care is ongoing. The objectives of this programme were to establish a novel shared care model of follow up involving primary and secondary care practitioners: to address quality of life; adequate monitoring for cancer recurrence; and reinforcement of the primary care teams roles.

Material & Methods
The prostate cancer service at Guy’s and St Thomas’ Foundation Trust along with stakeholders in Primary Care and patient representatives devised a Survivorship Programme as an alternative to traditional follow up. This was delivered through a treatment specific survivorship patient day consisting of a number of presentations to a group of patients who had undergone a specific treatment for prostate cancer. Topics included dietary advice, incontinence and erectile dysfunction Evaluation of the programme was carried out through pre and post programme surveys.

Results
Pre programme surveys suggested 46 (78%) patients were confident they knew what to expect from the day before attending, 11 (19%) came merely out of curiosity about the new programme and 26 (44%) attended because they liked the idea of addressing more than one problem at a single visit.

Analysis of the post programme survey revealed little difference in responses across the three groups. When questioned whether the programme was better, worse or no different to a traditional follow up appointment, 18 (82%), 15 (83%) and 18 (95%) of the RRRP, Page 55 EBRT and HT groups respectively agreed the day was better.

Conclusions
An integrated primary and secondary care follow up programme delivering a patient focussed survivorship programme has the potential to dramatically improve the patients’ experience and may prove to be an innovative and cost effective way of delivering safe and high quality care.
EDUCATING HEALTH PROFESSIONALS ABOUT SEXUAL DYSFUNCTION IMPROVES THE EXPERIENCE OF MEN ON HORMONE TREATMENT FOR PROSTATE CANCER

Kinsella J., Fleure L., Chatterton K., Acher P., Cahill D.

Guy’s and St Thomas Nhs Foundation Trust, Dept. of Urology, London, United Kingdom

Introduction & Objectives
Advances in prostate cancer management over the last 10 years have meant men with advanced disease are living longer with the consequences of treatment. This project sought to develop and evaluate a short educational course to improve the knowledge and comfort levels of professionals working in both primary and secondary care when addressing sexual dysfunction in men on hormone treatment for prostate cancer.

Material & Methods
The current practice of 50 GP’s, 50 Oncologists and 50 Nurse Specialists was initially evaluated defining educational backgrounds, attitudes, challenges, perceptions and confidence in respect to managing sexual dysfunction in hormone patients. 10 professionals from each group were subsequently invited to attend a short educational workshop, consisting of knowledge to support assessment and management and an opportunity for role play. Participants then completed questionnaires immediately following the course and again one year later.

Results
Immediately following the workshop two-thirds 22 (73%) of the participants thought the workshop would help them in their future communication regarding sexual dysfunction, with 21 (70%) reporting the workshop had helped them ‘a great deal’ in feeling more comfortable in addressing sexual dysfunction management. This was confirmed at one year with 20 (67%) respondents feeling comfortable in dealing with sexual dysfunction and 22 (73%) recognising they ‘more often’ or ‘consistently’ included sexual dysfunction assessment during follow up of men on hormone treatment.

Conclusions
It is feasible to develop a short workshop directed at enhancing knowledge and skills of healthcare professionals in both primary and secondary care with respect to sexual function training.
THE DEMONSTRATION OF ERECTILE MANAGEMENT TECHNIQUES TO MEN SCHEDULED FOR RADICAL PROSTATECTOMY REDUCES LONG-TERM REGRET: A COMPARATIVE COHORT STUDY

Kinsella J.E.1, Acher P.1, Chatterton K.2, Cahill D.1, Dasgupta P.1, Popert R.1, O'Brien T.1

1Guys and St Thomas NHS Foundation Trust, Dept. of Urology, London, United Kingdom, 2St. Thomas Hospital, Dept. of Urology, London, United Kingdom

Introduction & Objectives
Introduction: Previous studies have suggested approximately 20% of men undergoing radical prostatectomy (RP) express regret at their treatment choice, citing erectile dysfunction (ED) as a major cause.

Objective
To determine whether preoperative demonstrations of intracavernosal and vacuum therapies for ED influences the decision of treatment choice, reducing long-term regret.

Material & Methods: Design, Setting and Participants: 82 consecutive men with localised prostate cancer, scheduled for RP reporting an International Index of Erectile Function % (IIEF-5) score of >21 were prospectively enrolled at a single cancer centre.

Intervention(s)
Following standard preoperative counselling, half of the men were invited to attend a further consultation for intracavernosal and vacuum therapy demonstrations.

Measurements
All patients were evaluated pre treatment, then 3 monthly using the IIEF-5 score and the 14-item Hospital Anxiety and Depression scale. At twelve months treatment choice changes were recorded and patients were assessed for treatment choice regret using Clark’s validated two-item regret questionnaire. Statistical analysis was performed using the Mann Whitney and Fishers’ exact tests. Results were compared to a control population of 41 men who did not undergo additional ED counselling.

Results
Results and limitations: 8/41 (19%) men changed their treatment choice, opting for brachytherapy rather than RP. Only 1/41 in the control population changed their decision prior to surgery. At one year, one patient (2%) in the intervention group expressed regret at his treatment choice (RP) compared to eight (20%) in the control group (p=0.03, two-sided Fisher’s exact test); ED was identified as the major cause of this regret. Although sample size is a limitation of this study statistical significance was achieved, practice has changed at our institution with all patients now receiving ED counselling as local standard of care.

Conclusions
Pre-operative demonstrations of ED therapies can optimize decision making in prostate cancer and help reduce long term regret.
PARAMETERS IMPORTANT FOR PATIENT RECOVERY UNDERGOING RADICAL RETROPUBIC PROSTATECTOMY

Gruschy L., Nielsen S.T., Andersen M.B.
Rigshospitalet, Dept. of Urology, 2112, Copenhagen, Denmark

Introduction & Objectives:
Background: Patients undergoing radical retro pubic prostatectomy often experience temporary as well as longer lasting urinary incontinence following surgery. This has implications for Quality of life. Urinary incontinence may be assessed by questionnaires and by pad testing. Aim: The aim of this study was to evaluate the time to regain continence following surgery and compare the results of questionnaires and pad testing, respectively, in the assessment of urinary incontinence. Furthermore we want to identify parameters important for patient recovery.

Material & Methods
50 patients who underwent radical retropubic prostatectomy in the period Oct. 2008 to June 2009 were invited to participate in the study. Preoperatively patients recorded their physical activity and lifestyle related factors, i.e. smoking and drinking habits. Patients filled in questionnaires recording the time to regain normal physical, social capabilities and urinary continence at 4, 6, 8, 10 and 12 weeks following surgery. Further 35 consecutive patients from the initial cohort, who had more than 6 months follow-up, were asked to fill in the same questionnaire once more and underwent a 24 hours pad test.

Results
Mean age at surgery was 64 years, 12 patients had either uni- or bilateral nerve sparing procedures. 30 patients had lymphadenectomy performed. No correlation between either pre- or per operative parameters and the time to recovery could be demonstrated. Only the degree of patient reported urinary incontinence correlated to time to recovery. Following 12 weeks 70% of the patients reported that they were as continent as preoperatively. Following 6 months pad test demonstrated that 29 of 35 (83%) patients had urinary leakage < 12 g. Continence 6 months following surgery were strongly correlated to pad test.

Conclusions
Urinary continence following radical prostatectomy seems to be the cornerstone in the process of regaining preoperative social and functional capacity. Patient reported continence 6 months following surgery strongly correlates to the results from pad tests. Pad tests can be omitted in patients stating continence.
During this symposium we will introduce the first once-yearly LH-RH agonist subcutaneous implant containing histrelin acetate and will discuss its practical use within the nursing community.

LH-RH agonists have become the standard of care for hormonal therapy in the palliative treatment of advanced and metastatic prostate cancer. However, to date, they have only been available as 1-, 2-, 3- and 6-monthly preparations.

With real-world presentations from the nurse and patient perspective, this will be one of the first opportunities to learn more about how this new treatment option could benefit both groups as it becomes available in Europe.
ENURESIS IN CHILDREN; PREVALENCE AND QUALITY OF LIFE

Savaser S.S.¹, Kizilkaya Beji N.K.B.², Aslan E.A.², Gozen D.G.¹

¹Istanbul University Florence Nightingale School of Nursing, Dept. of Pediatric Nursing, Istanbul, Turkey, ²Istanbul University Florence Nightingale School of Nursing, Dept. of Obstetric and Gynecologic Nursing, Istanbul, Turkey

Introduction & Objectives
Enuresis, which is one of the most common problems in childhood, is defined as involuntary voiding in children over the age of five. Prevalence of enuresis is between 3.1% and 24.4%. There are multiple factors in the etiology of enuresis. Enuresis can cause the loss of self esteem in children, change relations with family and friends and decrease the success in school. It is reported that whole understanding of the effects of enuresis on children is possible by gathering direct data from the children. There have been some studies on the prevalence of enuresis in Turkey. However, no study was found about the emotional and social impacts of enuresis that evaluates the effects by gathering data directly from children. The study aimed to establish the prevalence of urinary incontinence in children aged 11-14, and evaluate the emotional and Social impacts of enuresis using in depth interviews on a group of students who reported urinary incontinence.

Material & Methods
The data of this descriptive and cross sectional research were gathered from 2750 primary school students between 11-14 ages in Istanbul. The data of the study were analyzed using frequency, chi square and regression analyses.

Results
The overall prevalence of urinary incontinence was 8.6% and decreased with age. Urinary incontinence was significantly more common in male children and those who had frequent urinary infections, whose first degree relatives had urinary incontinence problem in childhood and who reported low socioeconomic level in the family.

Conclusions
The results of studies on this theme are similar and consequently we can conclude that enuresis is a problem of school age children. Emotional and social impacts were evaluated using in depth interviews on a group of students who reported urinary incontinence. It is usually stated that qualitative researches are needed on this problem. School screening programs should be conducted with children and their families, and counseling must be provided about the treatment of children with urinary incontinence.

Note. This study was supported by The Support Programme for Scientific and Technological Research Projects of TUBITAK (Programme Cod: 1001 Project No: 107S062)

Keywords: Enuresis, quality of life, early adolescent, risk factors
REALIZATION OF A PEDIATRIC PATHWAY IN AN ADULT UROLOGICAL DIVISION: A BET FOR NURSE


1Umberto Parini Hospital, Dept. of Urology, Aosta, Italy, 2Ospedali Regionale, Dept. of Urology, Aosta, Italy

Introduction & Objectives
Until 2008, in Aosta (I), the commonest paediatric urological pathology was managed by different professional figures: adult urologists, andrologists, general surgeons, while all main pathology was transferred to far main paediatric Centres. In late 2008 we betted over a paediatric urological pathway into our Urological Division, thanks to the presence of a paediatric urologist and a dedicated team of anaesthetists. Four nurses already employed in Urology were involved: a paediatric nurse, a midwife and two urological nurses. Herein we present the results after one year.

Material & Methods
The initial goals: SKILLS: paediatric approach, “no pain” venipuncture, bladder catheterism, methods of distractions (toys, candies, balloons, bubbles, etc...) OUTPATIENT: a nurse for each ambulatory; separate children and adults; file-rouge paediatrician/urologist/nurse/family; minimal bureaucracy DAY HOSPITAL: nurse involvement in diagnostic pathway (Nuclear Medicine, Radiology) OPERATORY ROOM: familiarise with methods of premedication and with the “preoperative” stress; pediatric operatory lists avoiding the mix between children and adults TERRITORY: human relation with the paediatricians, presting to the paediatricians the pathway and a team with nurses and doctors. UPDATE: stages, Courses, Congresses, Scientifical activity

Results
After one year: SKILLS: complete autonomy of all 4 nurses in venipuncture in children > 3 years. Two nurses always present during venipuncture. (7-8 / month) OUTPATIENT: 5 ambulatory/month (60-70 children), separated by the Urological ward with a nurse present. Project “Ambulatory of fantasy” DAY HOSPITAL: active participation during the diagnostic exams (blockage of child, catheter management, etc...) and during interdisciplinary clinical meetings. (4 children/month) OPERATORY ROOM: a nurse present during the perioperative phase. Two scopes: tranquillise the parents (a “friendly known face”) and continue the training in venous accesses. Two lists/month dedicated for children (1 for children < 3 years) with hospitalisation in Paediatric ward. TERRITORY: contacts between nurses and family and between nurses and paediatricians before the urological visit. UPDATE: 1 stage in Strasbourg; 2 congresses in Aosta; three impacted international publications; attendance to three Paediatric Urological courses in Turin; attendance to two international Congresses (EAU Barcelona 2010, SFCP Paris 2010).

Conclusions
A Pediatric Urological activity is feasible in a peripheral Hospital, becoming great opportunity for the population, with minimal costs. Advantages for urological nurses: widening of skills; overcoming of the fear to approach the child; great human and professional satisfaction approaching the “complex child-parents” with; pediatric mentality; integration of the technical skills of an Adult Urological Division (Endoscopy, Laser, Robot, Urological experience) with a pathway “children-sized”.
FEARS, PAIN AND ANXIETY DURING BILATERAL VASECTOMY UNDER LOCAL ANAESTHESIA


1Hospital Universitario De Fuenlabrada, Dept. of Urology, Fuenlabrada, Madrid, Spain, 2Universidad Nacional De Educacion A Distancia, Catedra De Psicopatologia, Madrid, Spain, 3Hospital Universitario De Fuenlabrada, Dept. of Postsurgical Unit, Fuenlabrada, Madrid, Spain

Introduction & Objectives
Bilateral vasectomy under local anaesthesia is a very popular intervention for male sterilization. Nevertheless, anxiety and fears can be above the expected for simple surgical procedures. In this field, nurse-delivered psychological support has been proved effective. In this study we tried to quantify pain intensity during vasectomy and to disclose whether or not psychological factors could be involved in pain tolerance. Additionally, pain increase (or decrease) after the second intervention was evaluated and related to psychological factors.

Material & Methods
In our department a nurse-managed unit checks whether patients meet the local criteria for vasectomy. Operations are conducted by seven urologists with the assistance of surgical nurses. To approach variables of personality and anxiety, self-administered PSWQ, ASI and PANAS questionnaires are used at inclusion in the surgical waiting list and immediately before the intervention. The standard procedure involves infiltrating the scrotal skin and the tissues around the vas on one side with 4.5-5 ml of local anaesthetic (1% mepivacaine) followed by the vasectomy procedure on the same side through a 1cm long incision. Pain intensity is evaluated using the VAS scale. The procedure is then repeated for the other side and pain evaluated again. On average, the procedure on each side lasts 10 minutes. Intra- and inter-individual variations in pain intensity after right and left vasectomies were tested using univariate and multivariate statistical models. VAS difference between both interventions acted as dependent factor for all analyses.

Results
Fifty-five patients were evaluable. Pain intensity after first and second interventions averaged 2.85 and 3.81 (VAS), respectively. Only 12% of the variance in pain increase (or decrease) could be explained by intraindividual changes ($r^2$ 0.12, <0.01). Conversely, 79% of the variance in pain intensity was explained by interindvidual factors ($r^2$ 0.79, p<0.001), that is, by differences in patients’ characteristics. No clear-cut relationships could be identified between psychological factors and variations in pain increase (or decrease) after right and left vasectomy (p=ns). Only pain intensity at first intervention (it being right or left) positively correlated with pain increase at second intervention ($r^2$ 0.69, p<0.001). In other words, the higher the VAS score at first intervention, the higher the pain at second operation.

Conclusions
Vasectomy is a moderately painful procedure when performed under local anaesthesia. Pain differences between first and second interventions exist but are limited, perhaps thus explaining the null effect of psychological aspects. More work on individual personality profiles is needed before implementing nurse-delivered psychological support before male sterilization.
NURSING TRAINEE WARD FOR UROLOGY PATIENTS

Jansen W.C.
Nki-Avl, Dept. of Urology, Amsterdam, The Netherlands

Introduction & Objectives
In the Netherlands the nursing education is divided in two levels the MBO-V (level 4) and the HBO-V (level 5). Until now it was not possible for students of the MBO-V level to gain work experience and for HBO-V students only a few trainee places were available in our hospital. In our view the training of nurses is a shared responsibility of the schools and of the hospitals. In the near future a shortage of nurses will occur. For reasons mentioned above, the hospital opened a nursing trainee ward in which the students are the main working force of the unit. It’s not common practice that students of these levels are stationed on an oncological nursing ward.

Material & Methods
We started a unit for 12 students of both levels. Most patients admitted have an urological oncological illness. Those patients mostly have prostate-, bladder-, penile-, or kidney cancer. The treatments involved are: robot prostatectomy, TUR-T or TUR-P, cystectomy, radio frequent ablation of tumour, or voiding problems after treatment. A partnership was formed with two of the main nursing schools in the area. The nursing trainee ward is organised as a self-sufficient ward where students learn from each other and their coach. Apart from direct patient care, they are also responsible for the coordination of the unit, duty rosters and daily scheduling. The trainee ward is a qualified internship for level 4 and level 5 nurses. The students are supernumerary and are supported by a coach. The coaches are nurses of the oncology department, specially trained. The competency-based education is guaranteed by coaches and trainees employed on 1 unit. The unit is fully operational and functions as planned. Quality of care and education on the ward is measured in research programs.

Results
The trainee unit has proven to be a fully functional ward with mainly urological patients. A new challenge for experienced oncology nurses is being offered to coach students. As a result employees experience a higher job satisfaction. Basic nursing skills, such as hygiene, catheter care, patient education and other basic urological principals are taught in daily practice. At the same time, knowledge of new urological procedures can be taught at the ward such as robot prostatectomy and RFA.
After finalising the traineeship, the student will have an exemplary experience to fall back on. Research shows that students often continue to work on their final internship. By offering additional placements in a trainee ward, we expect that trainees will continue working with us after their certification. Afterwards they are offered top specialise in oncology nursing. This will save recruitment costs.

Conclusions
Patients with an urological illness prove to be a suitable group for a trainee nursing ward. In our institute we have shown that a nursing trainee ward does not impair quality of care and patient safety. It improves the quality of the nursing traineeship and increases the number of dedicated urology nurses.
EFFICACY OF TELE-NURSING CONSULTATIONS AFTER RADICAL PROSTATECTOMY

Jensen B.T., Kristensen S.
Àrhus University Hospital - Skejby, Dept. of Urology, Århus, Denmark,

Introduction & Objectives
It is well-known that the incidence of prostate cancer has been increasing revealing higher demands for public health care regarding surgery and related urology care. To enable future demands concerning postoperative care, fast track pathways have been introduced in prostate cancer care. However fast track leaves less time for education and information of the patient. To optimize resources postoperative tele-nursing is an option to secure safe rehabilitation and patient satisfaction despite fast track.

Material & Methods
This study is a prospective randomised controlled trial. A random sample of 100 consecutive patients referred to radical prostatectomy (RP) was randomised to either tele-nursing or standard care follow up. In 70 patients a robot assisted RP was performed and 30 patients have had an open RP.

The inclusion will end in December 2009. The randomisation has been controlled by an extern data management office. Data have been collected from medical records and questionnaires 2 weeks postoperatively in all patients. In the tele-nursing group an additional telephone consultation have been performed 4 days postoperatively. The study was approved by the national ethic committee.

Results
The results will be reported as differences in variables concerning aspects related to postoperative problems. Moreover differences in handling daily activities and social implication are evaluated. Finally patient reported outcomes regarding the utility of the concept and recommendations for the future will be presented.

Conclusions
Depending on the efficacy and the interpretation of efficacy tele-nursing will be standard care in urology nursing. Due to the design results will be transferable to European hospital setting.
LIVING WITH INCURABLE PROSTATE CANCER - THE WIFE’S PERSPECTIVE

Bruun P.¹, Pedersen B.D.¹, Osther P.J.², Wagner L.¹

¹University of Southern Denmark, Research Unit of Nursing, Institute of Clinical Research, Faculty of Health Sciences, Odense, Denmark, ²Hospital Littlebelt, Department of Urology, Fredericia, Denmark

Introduction & Objectives
Prostate cancer accounted for 12% of all diagnosed cancers in Denmark during the period 1996-2000. The disease can be characterized as a chronic illness with a significant impact on both the patient and his family. Research in this field to date has predominantly focused on the man’s experiences in coping with the disease while research concentrating on the family’s experiences following the husband’s/father’s cancer diagnosis is lacking. The focus of this study is to analyze the daily experiences, shared through narratives, of wives with a husband suffering from prostate cancer.

Material & Methods
Five wives of men diagnosed with incurable prostate cancer and referred to The Urological department of Hospital Littlebelt for treatment. The study assumes a phenomenological-hermeneutic approach, using Ricoeur’s theories on narratives and text interpretation. Informants are interviewed three months after the husband/father is informed of his cancer diagnosis, and again after ten months. The interview guide contains open-ended questions that, for example, pinpoint the wife’s thoughts and actions during the husband’s illness. Data analysis is done in three stages, namely a naïve analysis, followed by a more structured analysis, and concludes with critical interpretation and discussion.

Results
The results of the analysis showed one main theme; coping with life and three sub-themes:

Aspects of loneliness
- Women experience different aspects of loneliness when their husband is diagnosed with incurable prostate cancer.
- A self-inflicted loneliness which can lead to isolation and over time to a state of complete prostration that makes it difficult to cope with life.
- A self-imposed loneliness which makes sense in the light of an obligation to care, but which does not make sense if it over time leads to the suppression or disregard of one’s own needs.

Informal care
- Informal care can over time be perceived as a dilemma because of an imbalance between taking care of the husband and taking care of oneself.

Relationships
- The strength to cope with life through mutual love in the family and a strong faith is over time found in the relation.

Conclusions
Wives of men diagnosed with incurable prostate cancer experience over time different ways of coping with life.
DOES CLAMPING OF THE HEMATURIA CATHETER BEFORE REMOVAL DECREASE THE FEELING OF UNPLEASANTNESS AND INCREASE SATISFACTORY VOIDING IN PATIENTS WHO HAVE UNDERGONE TRANSURETHRAL RESECTION OF THE PROSTATE?

Hjuler A, Christiansen S.

Regionshospitalet Randers, Urologisk Sengeafdeling, Randers Nø, Denmark

Introduction & Objectives
In the urologic ward we treat patients who have undergone transurethral resection of the prostate (TUR-P). After surgery the patient has been fitted with a hematuria catheter. This catheter is thicker and stiffer than a normal catheter. In our experience patients worry a lot about the removal of this catheter. Therefore we investigated, with use of a visual analog scale (VAS), how unpleasant removal of the hematuria catheter was. Our hypothesis was, that clamping the catheter half an hour before removal could decrease the feeling of unpleasantness. Furthermore we would like to investigate if this could promote spontaneous voiding. Spontaneous voiding plays a major part in deciding when the patient can be discharged. Accelerated discharge is a benefit in terms of the economics of the ward [1], and of the national healthcare system as such. [1] Staying one night in hospital currently costs app. 400 euro.

Material & Methods
Forty consecutive patients participated in this study. All of these had undergone a TUR-P. After surgery they had been fitted with a hematuria catheter. We only included men between 40 – 90 years of age. The men were all able to speak and understand Danish. We excluded patients with mental illnesses, prostatic cancer and patients that already had a catheter prior to the operation. Twenty had the catheter removed by following the wards standard (control group) and 20 had the catheter clamped 30 minutes before removal (intervention group). In both groups VAS was used to measure the feeling of unpleasantness.

Results
The average feeling of unpleasantness in the control group was 3.55 and in the intervention group 4.15. No significant difference was therefore detected in terms of the feeling of unpleasantness. Ten patients in the control group and 11 patients in the intervention group achieved a satisfactory voiding[1] during the late morning. The rest of the patients in both groups achieved a satisfactory voiding during the afternoon. Patients who had the catheter clamped could not benefit from early discharge. [1] Satisfactory voiding is: >/=150 ml (no or only mild hematuria). The residual urine, measured by ultrasound, might not exceed the voided volume.

Conclusions
Unfortunately we could not prove any benefit of clamping the catheter before removal after TUR-P, neither on the feeling of unpleasantness. In terms of early discharge we must also conclude that it was not beneficial for the national economics of the healthcare system. Further investigation is needed and our new hypothesis is that the hydration of the patient might have influence on voiding when the catheter is clamped before removal.
ASSESSMENT OF NURSES’ SUPPORT PROGRAM FOR SELF-REMOVAL OF URETHRAL STENTS WITH EXTERNAL STRINGS BY PATIENTS AT THEIR HOME GUIDED BY TELEPHONIC ASSISTANCE

Shafir A., Yarsko N., Bar-Adon T.
Tel-Aviv Sourasky Medical Center, Dept. of Urology, Tel-Aviv, Israel

Introduction & Objectives
Internal urethral stents are commonly placed following ureteroscopic procedures to avoid postoperative obstruction. Internal stents with external strings were introduced in order to diminish patient inconvenience related to cystoscopic removal. Even though their use precludes cystoscopy, stent removal is usually performed in the office. The aim of our study was to assess the feasibility and safety of stent self-removal by patients at their home with telephonic assistance and ways to improve their cooperation with this approach.

Material & Methods
The study comprised a consecutive series of 80 post-ureteroscopic patients left with internal stents with external strings. The nurses’ support program included supply of written instructions regarding the stent and its care, and ways to perform basic activities and to confront possible related complications. In addition, verbal guidance and explanation have been provided until the final removal of the stent. This group was statistically compared with a matched group of 80 patients treated similarly but not participating in the nurses’ support program. The comparison included demographic and clinical data, performance status, acceptance and success rate of self-removal and satisfaction as reported on questionnaires filled telephonically.

Results
The comparison groups were similar in terms of average age, stone size, operative time, complication rates and hospital stay. The self-removal rate in the study and comparison groups was 95% and 81%, respectively (p=0.007). Patients who refused self-removal were significantly younger (average 27 vs 56 years, p<0.001) and mostly males (89% vs 11%, p<0.0001). Patients in the study group reported significant less anxiety (75% vs 88%, p<0.05), reduced discomfort (75% vs 93%, p<0.01) and improved self esteem (81% vs 50%, p<0.001). Patients in the support program resumed significantly earlier sexual activity (average 10 vs 40 days, p<0.0001).

Conclusions
Nurses’ support program for self-removal of stents by patients at their home significantly improves patients’ understandings and acceptance. It promotes patients’ self-care, diminishes stent related discomfort, negative influence on patient self esteem and physical limitations. It allows for early resuming of sexual activity. Considering the positive results of this study, we are in course of establishing specific nurses’ support programs for other urological interventions.
PROFILE OF UROLOGY NURSES IN TURKEY

Ozbas A.O.¹, Aslan E.A.², Kanan N.K.¹

¹İstanbul University Florence Nightingale School of Nursing, Dept. of Surgical Nursing, Istanbul, Turkey, ²İstanbul University Florence Nightingale School of Nursing, Dept. of Obstetric and Gynaecologic Nursing, Istanbul, Turkey

Introduction & Objectives
Urology Nurses Association was established in 2006 and currently has 130 members. Due to the lack of specialization in nursing in our country, the number of nurses working in the field of urology and their needs are unknown. The study was performed to determine the individual characteristics and professional needs of nurses working in the field of urology.

Material & Methods
The data of this descriptive, cross-sectional study were collected between November 2008-2009. Among the participant nurses in a National Congress of Urology Nurses and six regional training sessions from the activities of our association, nurses who were working actively in urology clinics and volunteered to participate in the study were included in the sample. A questionnaire consisting of 27 questions which was developed by our board of directors were used for data collection.

Results
Totally 123 nurses were determined to be in accordance with the inclusion criteria and analysis was performed on this sample. Almost all of the participants, including nurses from all regions of the country, were women and their mean age was 32.37±7.38. Also, 58.5% of the respondents’ were married and 80% had children. Nurses had different levels of education in nursing. Almost all of the nurses reported to be in middle or high economic level, 93.5% did not have any major health problem. Participant nurses were mainly working in urology services (69.1%) and in the operating room of urology (26%). The average duration of working in nursing was 11.8±8.42 years, while it was 5.57±6.08 years in the field of urology. Nurses were asked if they had received any postgraduate education and it was seen that 62.6% did not participate in any education so far. Of the nurses, 81.3% did not have in any education related to their nursing education in urology. When their membership of Urology Nurses Association was asked, it was determined that, only 13.8% of them were members, but 70.9% wanted to be members. So far, 10.3% of nurses participated in research in their field, but 78.1% reported to be willing in this regard. 91.1% of the nurses could use computer and 71% of them had e-mail addresses. When they were asked about the difficulties of being a urology nurse, they often reported difficulties in giving care to male patients, ensuring the privacy of patients, giving postoperative care and education. Nurses expectations from the association were to continue education, support specialization and maintain communication to be informed about the developments.

Conclusions
It was determined that, urology nurses had different levels education in nursing, they were not active about participating in scientific research, following current developments and organization, but they were very enthusiastic on that issues. Urology nurses have to be supported in education and research by taking their expectations from the association into consideration.
ESU Courses CD 2010 edition

All EAUN members are entitled to take home a copy of the European School of Urology (ESU) Courses CD. This CD contains summaries of the ESU courses that will be given in Barcelona. More information on the courses can be found in the EAU Programme Book.
No two women have the exact same needs. LoFric® Sense™ is the new women’s catheter that combines medical and lifestyle advantages to better suit you and your patients. With a catheter tube length that allows for complete emptying and attractive packaging, activation and handling, LoFric Sense ensures safer and easier catheterisation wherever, whenever. Discover all the ways LoFric Sense benefits you and your patients.

Contact your Astra Tech representative or visit us at www.lofricsense.com

- Safe – comfortable, complete emptying and proven safe for long-term use.
- Hygienic – before, during and after use.
- Convenient – functional design from storage to disposal.

Smarter design, safer catheterisation. Now that makes Sense.
Optimising patient benefits in bladder cancer management

Time 07:45–08:45
Room Birmingham
Venue Fira Gran Via, Barcelona

Monday 19 April 2010

GE Healthcare
Visit a hospital abroad for 1 or 2 weeks - expenses paid!

- Only EAUN members can apply, limited places available
- Host hospitals in Belgium, Denmark, the Netherlands, Sweden, Switzerland and the United Kingdom
- A great way of widening your horizon

For application forms, rules and regulations and information on which specialities the hosting hospitals can offer please visit the EAUN website.

T +31 (0)26 389 0680  F +31 (0)26 389 0674  eaun@uroweb.org  www.eaun.uroweb.org
# Membership Application Form

**European Association of Urology Nurses**  
**Membership Application Form**

**I wish to apply for:**

- [ ] Full membership  
  - € 30 /year
  - A copy of my registration certificate is enclosed

- [ ] Affiliate membership  
  - € 30 /year
  - A copy of my curriculum vitae is enclosed

- [ ] Corresponding membership  
  - € 30 /year
  - A copy of my registration certificate is enclosed

Please note: Applications that are not accompanied by the proper documents will be returned to sender.

**All members receive:**

- Free subscription to European Urology Today
- `Good Practices in Health Care` booklets
- Reduction of congress fees
- Free access to the European Urology website
- Eligibility to participate in Fellowship/Exchange programme

**Membership categories**

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full membership</td>
<td>Open to all certified European nurses and allied health care professionals working in urology nursing. Eligible to vote at the General Assembly.</td>
</tr>
<tr>
<td>Affiliate membership</td>
<td>Open to all European students, scientists or others who have an interest in urology nursing. Not eligible to vote at the General Assembly.</td>
</tr>
<tr>
<td>Corresponding membership</td>
<td>Open to all certified non-European nurses, allied health care professionals and students with an interest in urology nursing. Not eligible to vote at the General Assembly.</td>
</tr>
</tbody>
</table>

**Fast and easy electronic membership application**

Preferred way of application for EAUN Membership is through our website: [www.eaun.uroweb.org](http://www.eaun.uroweb.org)

Click on the Membership banner or on the link at the EAUN page to go to the electronic membership form.

After filling out your details you must upload a digital passport photo (JPG) and a digital Proof of Status (PDF or Word file) to be able to complete your application.

For queries concerning electronic membership application please contact the Membership Office at membership@uroweb.org.

---

**Personal data**

- [ ] Student  
- [ ] Health care professional  
- [ ] Other  
- [ ] Mr.  
- [ ] Mrs.  
- [ ] Miss  
- [ ] Ms.

**Family name:**

**First name:**

**Date of birth:**

**Nationality:**

**Institution:**

**Department:**

**Address:**

**Postal code / Zip:**

**City:**

**Country:**

**Telephone (office):**

**Fax (office):**

**E-mail (office):**

**Home address:**

**Postal code / Zip:**

**City:**

**Country:**

**Telephone (home):**

**Fax (home):**

**E-mail (home):**

To which address do you wish your EAU correspondence to be mailed?

- [ ] Work  
- [ ] Home

Please return this original application to:

European Association of Urology Nurses / membership department  
PO Box 30016  
6803 AA Arnhem  
The Netherlands  
Tel: +31 (0)26 38 90 674  
E: eaun@uroweb.org

---

[www.eaun.uroweb.org](http://www.eaun.uroweb.org)