

New EAUN guidelines to benefit bladder cancer patients

EAUN workshop to launch new guidelines on bladder instillations



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treatment and patient education. The skills a nurse must possess to manage this procedure extend beyond the clinical setting but also touch on education and social skills since the treatment pathway also includes the guidance of patients during a treatment course that often takes several weeks (with possible repeat procedures).

In the European Union, the age-standardised incidence rate for bladder cancer is 27 per 100,000 for men and six per 100,000 for women (Ferlay et al., 2008a). Bladder cancer incidence has dropped in some registries, possibly reflecting the decreased impact of causative agents, mainly smoking and occupational exposure (Bosetti et al., 2011). Mortality from bladder cancer has also decreased, possibly reflecting an increased standard of care (Ferlay et al., 2008b). Approximately 75% of patients with bladder cancer present with a disease confined to the mucosa (stage Ta, CIS) or submucosa (stage T1). These categories are grouped as non-muscle-invasive bladder tumours.

Non-muscle invasive bladder cancer (NMIBC) has a high prevalence due to low progression rates and long-term survival in many cases (Burger et al., 2013). From the prognostic viewpoint, NMIBC falls into one of three categories: low-risk, intermediate-risk and high-risk for progression and recurrence according to the European Organization for Research and Treatment of Cancer criteria (Babjuk et al., 2013). Based on tumour risk category, the EAU Guidelines recommend a specific intravesical treatment (Babjuk et al., 2013).

The EAUN guidelines aim to provide recommendations on behavioural conduct, evidence-based and shared by experts for an optimal treatment regimen. These recommendations must support the clinical decisions

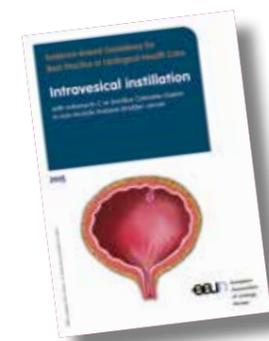
of the professional based on his experience, enabling him to evaluate and personalise the assistance given to the patient, while considering clinical settings and conditions, patient preferences and available resources.

Guidelines development

The process of guidelines development began in September 2013, with the creation of the team, coordinated by Susanne Vahr (DK), an expert colleague who has worked on guidelines development, and composed of five other nurses, namely, W. De Blok (NL), B. Thoft Jensen (DK), N. Love-Retinger (US), B. Turner (UK), G. Villa (IT) and urologist Jan Hrbáček (CZ). Each panel member developed a part of the guidelines, which was then shared and discussed with the other members. The final version was then subjected to external blinded review.

The written guidelines are made up of three parts. The first part is methodological and explicitly described the process used for writing guidelines and the definitions of terms. The second and principal part included chapters regarding indications and contraindications to intravesical instillation, and the alternatives to the use of bacillus Calmette-Guérin and mitomycin C. These are followed by chapters on care pathway and safety.

In these chapters, the European Safety Regulation, risk factors and exposure are presented, which are very important for the safety of nurses, healthcare workers, and patients. The succeeding chapter focused on education prior to instillation, followed by the management principles on nursing interventions, including insightful recommendations for treatment management (patient assessment, preparation of intravesical medication, administration, and patient education). The next



chapter explained the recommendations regarding complications and side effects of BCG and mitomycin C, how to reduce risk of side effects and manage side effects. The final chapter summarised the literature on patient quality of life.

The third part of the guidelines consists of documents, which help the nurse understand what has to be documented. Aside from examples there is a glossary section with abbreviations and an appendix, including many useful recommendations presented in summary tables and lists, such as a checklist of patient information, management options for side effects (associated with intravesical BCG), examples of training documents, and detailed step-by-step documentation of the procedures for BCG and mitomycin C instillation.

Digital copies of the new guideline are available at the EAUN website: <http://nurses.uroweb.org/nurses/guidelines/> and paper copies can be ordered at eaun@uroweb.org.

Due to space constraints the reference list has been omitted. Interested readers can send a request for the complete list at EUT@uroweb.org.

The chance to participate in developing the EAUN Intravesical instillation in non-muscle invasive bladder cancer guidelines has inspired me since being part of an international group of expert colleagues is a once in a lifetime opportunity!

The EAUN, among its many important roles, is active in the development, implementation, and revision of the guidelines used by nurses who work in urology. A lot of work has been done in recent years to assist colleagues with guidelines distribution and implementation. Among the published guidelines, of particular interest are those about intermittent urethral catheterisation in adults, continent urinary diversion and transrectal ultrasound guided biopsy of the prostate. The majority of these guidelines has also been translated to other languages and is periodically submitted to a rigorous process of revision and update. The guidelines are also available free of charge via the EAUN's website.

Holistic nursing care

The most recent EAUN guidelines tackled intravesical instillation with mitomycin C and bacillus Calmette-Guérin (BCG) in non-muscle invasive bladder cancer, a topic of debate among nurses, particularly with regards to safety during

EAUN intensifies links

Chair visits CUA Meeting in Ningbo

By Lawrence Drudge-Coates

Clinical Nurse Specialist, Uro-oncology, EAUN Chair, London (UK)

As chair of the EAUN it was my great privilege to be invited to attend this year's annual Chinese Urology Nursing Meeting in Ningbo, a seaport city in the northeast of Zhejiang province, People's Republic of China.

A meeting made possible by the gracious invitation of the chair Ms. H.E. Wei and fellow committee members of the Chinese and Hong Kong Urology Nursing Associations, Mr. Larry Tsang and Mr. Gilbert Lui. Over 200 delegates attended the meeting over the two days, representing only a fraction of the expanse of Chinese urology nursing across such a vast country.

The purpose of my visit was to continue and grow the unity and collaboration previously started by fellow colleagues in the EAUN, this unique opportunity providing key insights into urological nursing practice in China and the commonalities in practice and issues faced by urology nursing across different continents.

Unlike the previous meeting where overviews of the EAUN were presented, as chair I supported the meeting with a presentation on bone metastases in urology cancer and the role of the urology nurse, as part of our ongoing commitment to share expertise and practice, which was well received. This provided an opportunity to highlight the EAUN bone health course, one of our first online educational initiatives.

Members of the CUA & CUAN



CUA President: Prof. Yin-Hao Sun (left), Prof. Li-Ping Xie (third from left) and Ms. H.E. Wei (CUAN chair) right



Committee members of the CUAN

With translators, language did not prove to be of any hindrance although my Mandarin I hope will improve with time.

Uniquely for this year the meeting was initially chaired by the key figures in the Chinese Urology Association (CUA), CUA President Prof. Ying-Hao Sun, and the CUA Ex-President Prof. Zhang-Qun Ye, the Chinese Urology Association of Nurses (CUAN) coming under the umbrella of the CUA. In the opening address Ms. Wei (CUAN chair) thanked the EAUN for its continuing engagement with the CUAN and its plans for further collaboration and group membership and outlined the programme of the day.

The EAUN's mission remains and importantly is not only to support and encourage the development of urology nursing within Europe, but also to collaborate with national societies across the globe in support of the development and application of high-quality urology nursing practices. The next and important step in this collaborative chapter I believe, is to welcome the CUAN as group members and these discussions are moving forward. Our continued collaboration offers huge potential for the sharing of clinical practice and education, and with that the opportunity to develop education programmes across two great urology nursing organisations. We have a lot to learn from each other and I look forward to an exciting and successful union.

My thanks go to Ms. H.E. Wei (chair) and the CUAN committee for its hospitality and very warm welcome and to Mr. Larry Tsang and Mr. Gilbert Lui for making this all possible.

EAUN offers first ESUN course

New nursing perspectives on CAUTI issues

By Hiske Visser and Paula Mourik

Onze Lieve Vrouwe Gasthuis, Dept. of Urology, Amsterdam (NL)

Under the auspices of the EAUN's educational activities, the European School of Urology Nursing (ESUN) offered its initial course in Amsterdam in the Netherlands from May 8 to 9 this year, and in this report two participants describe their impressions:

We are two registered nurses from Amsterdam and we were privileged to be part of this training.

The course took up urinary tract infections (UTI) and catheter related urinary infections (CAUTI's) as the main topic. To prepare for this course we read articles and current guidelines on the topic. The course agenda was made up of eight lessons and the lecturers were given 50 minutes to discuss and present their topics after which a Q&A session followed.

Before the use of antibiotics became widespread in the 1950s, our bodies used its natural immune system to fight infections. But with the growing dependence on antibiotics, this has led to growing resistance to the point that nowadays patients become more vulnerable to the threat of multi-resistant infections.

A cause of alarm among experts is that with the growing resistance, a clear solution to this threat has not yet been found, certainly a worrying prospect to everyone.

The way we handle this problem requires more attention. Among the most important measures are the following:

1. Prevention of infection;
2. Avoiding overtreatment with antibiotics; and
3. Right time, right dose and the right indication of antibiotics.

A major challenge

The main challenge is how to decrease the number of UTI cases. Reducing the use of indwelling catheters and the

number of days using an in-situ catheter will minimise infection risks. It has been noted that in-situ catheter use increases infection risk by 5% on a daily average.

Thus, it is advisable to set-up a policy that recommends daily or regular checks of indwelling catheter. UTI is now the second most common infection after pneumonia, and 70% of UTI cases are catheter-related (CAUTIs).

Nurses play an important role in educating the patient and healthcare workers. They can highlight and promote the importance of prevention. Moreover, we also have the professional obligation to actively implement the EAUN's guidelines on catheter use.

Some of the content and information in this course were known to us but we also learned new insights and benefited from the exchange of views. Certainly, we can use this knowledge to make an inventory and help in the review of our own protocols. We also valued the opportunity to meet our colleagues from other European countries and the enthusiastic interaction with them helped us gain new perspectives.

We thank the EAUN and sponsors for this wonderful course and we look forward to the ESUN's future activities.



1st ESUN Course – Urinary Tract Infections

Amsterdam, 8-9 May

Supported by an educational grant from Wellpect HealthCare

European School of Urology Nursing (ESUN)



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During the 17th International EAUN Meeting in Munich (12-14 March 2016), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. A winner, chosen from the final nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

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Detailed submission criteria and rules for both submissions can be found at the congress website.

Submission deadline: 1 December 2015

For more information please contact the EAUN at eaun@uroweb.org.

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Jean Bothwell
Clinical Nurse
Specialist, Urology
Waitemata District
Health Board
Waitemata (NZ)

conference schedule. It would have been a shame to merely be a passive spectator!

The ANZUNS programme ran over two days while my full registration entitled me to attend concurrent medical sessions and additional content through the medical programme. The content was so robust that it led me to dilemma at times when I ended up in two sessions almost at the same time!

My conference began prior to the official opening of the meeting when I attended the Advanced Urological Nursing Professional Development (ANZUNS) workshop. This focussed on providing a greater understanding of the selection of different investigations, and interpretation of findings. Yvette Sullivan, nurse practitioner from Queensland, provided a comprehensive description of urological investigations, both pathological and radiological. There was a selection of three workshops for nursing delegates, others being Uro-Oncology (which this year focussed on renal cancer) and General Urology. This workshop aimed to educate on identifying high risk / frail / co morbid patients prior to urological surgery.

The keynote speaker for the ANZUNS opening session was Elizabeth English, Senior Credentialed Stomal Therapy Nurse at the Royal Adelaide Hospital. In 2013 she led a team of stomal therapy nurses to Kenya to establish the first Stoma, Wound and Continence Program in Eastern Africa. She returns annually to teach in ongoing programs and to ensure sustainability of this project. Her presentation showed the disparities in care between private and public hospitals, the latter with poor hygiene, hand washing and two patients sharing a single bed – including sharing with a dying patient. Schistosomiasis (bilharzia), cloaca and exstrophy are common conditions in Kenya. Elizabeth is obviously passionate about her work and keen to continue (despite funding issues) offering her knowledge and skills in developing nations.



Adelaide Convention Centre

There were 12 podium presentations for the ANZUNS awards. These are ten-minute presentations and all were of a very high standard. There was a wide range of innovative practice and audit outcomes presented, ensuring a good quality of transferable knowledge for delegates to take back to their workplace. I was delighted that the winner of both the most innovative paper and best new presenter awards was Jacinta Townsend, from Counties Manukau District Health Board in Auckland, New Zealand. Her paper titled 'A little thing called a bladder diary' was about creating a new diary and format for her organisation which has now been published for wider use in her District Health Board area.

The best poster prize was for the study titled "Development of a pathway of care for men undergoing Radical Retropubic Prostatectomy in a private healthcare setting," won by Kerry Santoro of the Calvary Hospital, North Adelaide.

Other sessions provided learning on Chronic Pelvic Pain (or Persistent Pelvic Pain), vulval condition/diseases, stress urinary incontinence and slings. The Female Urology Forum closed with a panel discussion which consisted of case presentations, followed by panel and delegate discussion on stress incontinence, underactive bladder, overactive bladder, pelvic pain and urinary retention.

I have had a long association with our society and it was a real pleasure to meet so many familiar faces – 'networking' is such a key part of these meetings. The Industry Exhibition area displayed the 170 USANZ posters with topics including endourology/ stones, LUTS/BPH, oncology, uro-oncology and reconstructive urology. There were also three ANZUNS posters. The trade strongly supported the conference with 56 excellent exhibition stands displaying a wide range of urological medication and products.

Overall it was a great meeting in a city new to me. It was an excellent opportunity for my husband and me to tick Adelaide off our 'bucket lists', while updating my urological knowledge. The next meeting is planned for April 16 to 19 next year at the Gold Coast in Queensland, Australia.

Over the past six years, I have increased both my interest and involvement in the assessment of urinary incontinence as clinical nurse specialist in urology. I was particularly interested in attending the various 'Female Urology' sessions in the USANZ part of the conference. Prof. Philip Van Kerrebroek (NL) presented on investigation and management of nocturia. Among the key points were:

- Each void is preceded and followed by sleep;
- Accurate bladder diary is important – 60% may improve with lifestyle advice;
- No evidence of benefit from the use of diuretics;
- 85% of elderly population will have nocturnal polyuria;
- Desmopressin gives >50% reduction in output but requires close monitoring of sodium levels; and
- Sleep apnoea is a major cause of nocturia.

He also discussed the role of neuromodulation- in functional pelvic problems – to 'rebalance' the problem area; sites for stimulation include anogenital, transcutaneous (TENS), percutaneous nerve and sacral nerve. He mentioned a 50% success rate at five years for sacral nerve stimulation.

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