

16th EAUN Meeting in Madrid

Practical suggestions help enhance patient care throughout Europe



By Alba Leon

Urology nurses from Europe and around the world gathered in Madrid to learn about the latest in patient treatment in a programme that featured practical workshops, courses, as well as state-of-the-art lectures on cancer detection and follow-up, sexual rehabilitation and treatment for incontinence, among other topics.

The following is an overview of the varied and wide-ranging programme that took place from March 21 to 23:

The three-day event acknowledged the importance of a common knowledge and training framework for urology nurses across Europe. The treatment of urological diseases is a multi-professional effort, in which nurses play a key role. However, the level of education and practical training varies widely among countries. Having a urological nursing standard is therefore crucial to improve the quality of urological care throughout Europe.

Mr. Drudge-Coates, EAUN Chair: "Underpinning this goal are common education standards or a framework which must be created across Europe if consistent and quality nursing care is to be achieved.

During the plenary presentations it became clear that the level of education and practical training in urology nursing differs widely among European countries and, as such, significantly impacts the role and responsibilities of nursing professionals in the region.

Moreover, it was highlighted how the EAUN is supporting the idea of a common training framework for Specialised Urological Nurses in cooperation with the European Specialist Nurses Organisation (ESNO). The focus on fostering and addressing standards of care underscored the need for urology nurses to conduct studies and actively disseminate research findings in a bid to strengthen evidence-based nursing practices.

The session ended with a discussion on the benefits of providing core educational programmes to urology nurses and how this could be used to create a common ground in Europe. An example cited was the use of online urology nursing courses, where convenient access to structured training and skills evaluation are expected to provide benefits.

The discussion reflected the current need for the EAUN to further boost its initiative in developing an online channel where core urology nursing courses

can be offered. The plan is to offer these online courses later this year, as part of the EAUN's educational commitments."

The courses, workshops, and state-of-the-art lectures gave ample opportunity for the nurses to engage in practical discussions on some of the most challenging situations they encounter in their daily interaction with patients. The sharing of best practices provided not only food for thought, but also a re-examination of current nursing approaches. Solutions generally highlight a more active patient involvement.

Nursing guidance

On the third and last day of the 16th EAUN Meeting presentations included topics such as pelvic floor exercises, diagnostic tools for prostate cancer, and sexual rehabilitation.

In a workshop on pelvic floor rehabilitation, Aoibhin McGreal (IE) shared practical tips on teaching pelvic floor muscle exercise and techniques to patients who have undergone radical prostatectomy. Her recommendations focused particularly on the so-called 'difficult patient.' She mentioned that in many cases instructions on how to correctly carry out the exercises are difficult for the patient to follow, if they are given at all. In her view, the quality of the exercise would benefit from clearer prompts, and from encouragement and guidance to check whether patients are performing the pelvic floor muscle exercises correctly.

More importantly, the exercise programme should be as personalised, functional, and progressive as possible to promote not only compliance but also physical comfort. "Maybe it is not that they are difficult patients, maybe it is that we are not teaching them the right way," McGreal concluded.

Wendy Naish (GB) presented data from a small study carried out in Croydon, England. Naish looked at 47 men, who had radical prostatectomy, over a period of three years. The study asked about the information they had received on pelvic floor muscle exercises related to post-radical prostatectomy incontinence.

Based on self-reported incontinence established through questionnaires at four to six weeks after the operation, and then after three and six months, her team established that pelvic floor muscle exercises actually did help reduce incontinence episodes, and the number of incontinence products used. "The key is to start early, review how patients are doing, and figure out how often patients need to be seen," according to Naish.



A full meeting room in Madrid at the EAUN Guidelines workshop

In two state-of-the-art lectures Steven Joniau (BE) and Timur Hasan Kuru (DE) discussed the role of prostate specific antigen (PSA) and imaging, respectively, to diagnose and follow-up on prostate cancer patients. While both are non-invasive, the PSA method remains controversial and not in small measure because it detects slow-growing, non-life-threatening cancers which do not benefit from treatment. PSA results may cause stress in patients and may even lead to patients feeling like they are not getting the appropriate treatment. Regarding Magnetic Resonance Imaging (MRI), the procedure is slowly becoming a guideline-approved way, as PET scanning, to facilitate active surveillance.

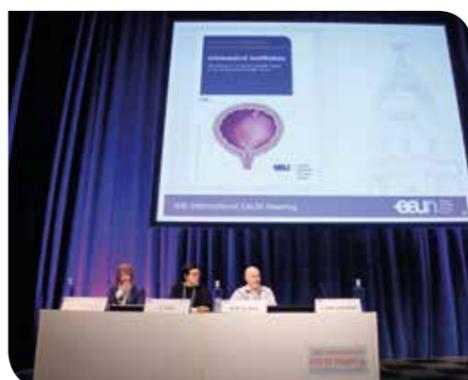
According to Kuru, however, possible treatment pathways, rather than just observation, can also be done with MRI. Research results are promising, although not conclusive yet, but technology is developing quickly.

Female sexual assessment and rehabilitation is an often neglected topic, but it was extensively examined during a European School of Urology

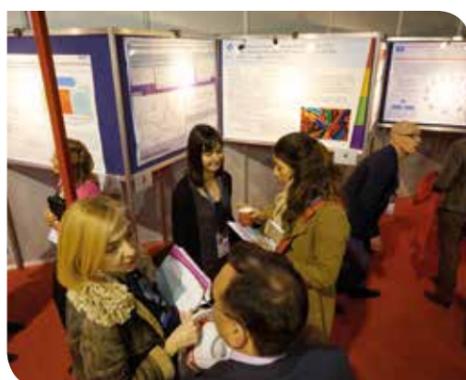
(ESU) Course, where the importance and best practices regarding patient questionnaires were shared, particularly in terms of how to apply a questionnaire with a sound methodology.

Although medical personnel are not always free in their choice of questionnaire, nurses were encouraged to understand the needs of the patient not only in terms of questions but also in the administration of the questionnaire, to improve patient care. The session ended with nurses sharing case studies on various problems they faced when attempting to start a programme of sexual assessment and rehabilitation with trauma patients.

Lack of communication, shame and embarrassment, and trust issues are chronic issues in the daily work of a nurse, and overcoming these remain a challenge. However, as the case studies illustrated, nurses can get through to patients and help them improve their sex life and their life in general. To do this, nurses must seek to obtain as much information as possible, be diligent and respectful of the choices made by those in their care.



Introducing the new EAUN Guidelines



Interesting discussions at the Poster Viewing sessions



Mr. D.J. Ralph speaking on sexual dysfunction at the Men's Health Workshop



Mr. Drudge-Coates, EAUN Chair, opens the first Plenary Session

Call for Papers

The International Journal of Urological Nursing - The Official Journal of the BAUN



The International Journal of Urological Nursing is clinically focused and evidence-based and welcomes contributions in the following clinical and nonclinical areas: • General urology • Clinical audit • Continence care • Clinical governance • Oncology • Nurse-led services • Andrology • Reflective analysis • Stoma care • Education • Paediatric urology • Management • Men's health • Research

There are many benefits to publishing in IJUN, including:

- Broad readership of papers—all published papers will be available in print and online to institutional subscribers and all members of the British Association of Urological Nurses
- Fast and convenient online submission—articles can be submitted online at <http://mc.manuscriptcentral.com/ijun>

- Fast turnaround—papers will be reviewed and published quickly and efficiently by the editorial team
- Quality feedback from Reviewers and Editors—double-blind peer review process with detailed feedback
- Citation tracking—authors can request an alert whenever their article is cited
- Listed by the Science Citation Index Expanded™ (Thomson ISI)

For further information and a free sample copy go to: www.wileyonlinelibrary.com/journal/ijun



16th International EAUN Meeting

16th International EAUN Meeting
21-23 March 2015, Madrid, Spain

EAUN Workshop at Madrid Congress

Indwelling catheterisation: Trouble shooting and quality of life issues



Ms. Veronika Geng, RN, MNsc, ICP
Workshop Chair
Manfred-Sauer-Stiftung
Lobbach (DE)

veronika.geng@msstiftung.de

On Sunday morning, March 22, around 120 nurses attended in Madrid the workshop **“Troubleshooting and quality of life in indwelling catheterisation,”** which aims to give participants insights into the management and care of patients with indwelling catheters as well as managing complications, troubleshooting and quality of life (QoL) aspects.

Susanne Ohlhorst, educated as a Master in Nursing science from the University Hospital in Zürich, Switzerland, gave an excellent overview on the problems encountered with the use of an indwelling catheter. One of her main messages in case of indications for indwelling catheters was to use intermittent catheterisation, postoperative, instead of indwelling catheterisation, whenever possible!

She underscored the complications of catheterisation and said that around 30% of all patients with short-term catheters have urinary tract infections (UTI). UTIs account for 30% of all hospital-acquired infections. Leakage occurs in 11% and urethral strictures and erosions between 3% and 17% (Hollingsworth, 2013).

The complications of long-term catheterisation are described as follows: One UTI per 100 catheter days.

Patients with indwelling catheters are three times more likely to die, to be hospitalised or to require antibiotics. Urosepsis often follows on a traumatic manipulation of the indwelling catheter and the risk of bladder stones and bladder carcinoma is elevated (Drinka 2006).

To avoid leakage or catheter bypassing, nurses have to find out the reasons for the leakage. These may include kinks in the tube, UTI, blockage, hyperactive detrusor or hypersensitivity to latex. Aspects to consider and avoid leakage could include an increase in fluid intake, lemon-based drinks, the use of a valve instead of a continuous flow, or by changing the material – silicone instead of latex-- and bladder instillation with mild acid solution. These options are not evidence-based but experienced-based.

Ohlhorst’s take-home message was that avoiding complications caused by indwelling catheters is one of the most important nursing tasks. To find alternatives for indwelling catheters and a thorough education of patients are two main factors on how to avoid complications.

The second part was a presentation from Mirjam Kappert, advanced nurse practitioner (Doetinchem, Netherlands). She discussed *“Living with a catheter; what patients, caregivers and nurses should know.”* She cited a quote from Roger Dawson who said: “It is not how long life is but the quality of our life that is important.”

Kappert focused on shared decision-making, an approach “...where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options and achieve informed



Mrs. Mirjam Kappert, Nurse Practitioner (NL)

preferences” (Elwyn, 2010). Kappert described how to achieve this in actual practice and her take-home message emphasised the importance of always helping patients make decisions based on their wishes and the goals they have set out for themselves. For nursing teams this implies they have to act consistently and use the nursing process as a basic tool. The sessions ended with a short discussion with the audience.

Below are summaries of some of the highlights and issues discussed during the workshop:

- 28% of physicians are not aware whether their patient has a catheter or not (Toughill 2005) and it has been established that a daily assessment whether the catheter is still necessary will reduce the risk of UTI;
- In response to a query, posed to the workshop audience, asking if their hospitals has a rule requiring a daily assessment to find out if catheter use is needed, only four people in the audience raised their hands;

- To the question regarding use of evidence-based guidelines in daily practice, about 20 nurses responded in the affirmative;
- To the query whether nurses use the EAUN guidelines as a guide for their hospital’s standards, only five nurses responded in the affirmative. Since the EAUN Guideline was launched in 2013, or two years ago, good compliance or a high rate of actual adaption has not been achieved.

An important message we can learn here is the need for the EAUN to take two steps backward and discuss how we can close the gap between theoretical evidence and nursing practice.

For the next conference we will have to consider how to implement guidelines into actual nursing care or in general hospital practices, and how we integrate theoretical findings in nursing care education. Obviously, there is still a lot of work for us to do.

See you next year when we will present to you the new EAUN guidelines on male external catheters.



Mrs. Susanne Ohlhorst, Master in Nursing Science (CH)

EAUN Award Winners

First Prize for the Best EAUN Poster Presentation

C. Paterson, A. Robertson, A. Smith, G. Nabi (Dundee, United Kingdom)

For the poster: *“A systematic review of the empirical evidence identifying the unmet supportive care needs of men living with and beyond prostate cancer: Are we there yet?”*

Supported by an unrestricted educational grant from AMGEN (Europe)

Second Prize for the Best EAUN Poster Presentation

L. Lydom, T. Thomsen (Copenhagen, Denmark)

For the poster: *“Beyond one’s depth – he experience of postoperative complications following radical cystectomy”*

Supported by an unrestricted educational grant from AMGEN (Europe)

Third Prize for the Best EAUN Poster Presentation

E. La Cognata, B. Necchi, L. Caiazza, A. Crescenti, M. Boarin, G. Villa (Milan, Italy)

For the poster: *“Nutritional status and postoperative functional outcomes in patient undergoing radical cystectomy: A prospective observational study”*

Supported by an unrestricted educational grant from AMGEN (Europe)

Prize for the Best EAUN Nursing Research Project

H. Syhler (Copenhagen, Denmark)

For the Project Plan: *“Improving male patients coping with urinary incontinence after prostatectomy.”*

16th International EAUN Meeting

16th International
EAUN Meeting
21-23 March 2015, Madrid, Spain

Apply for your EAUN membership online!

Would you like to receive all the benefits of EAUN membership, but have no time for tedious paperwork?

Becoming a member is now fast and easy!

Go to www.eaun.uroweb.org and click EAUN membership to apply online. It will only take you a couple of minutes to submit your application, the rest - is for you to enjoy!

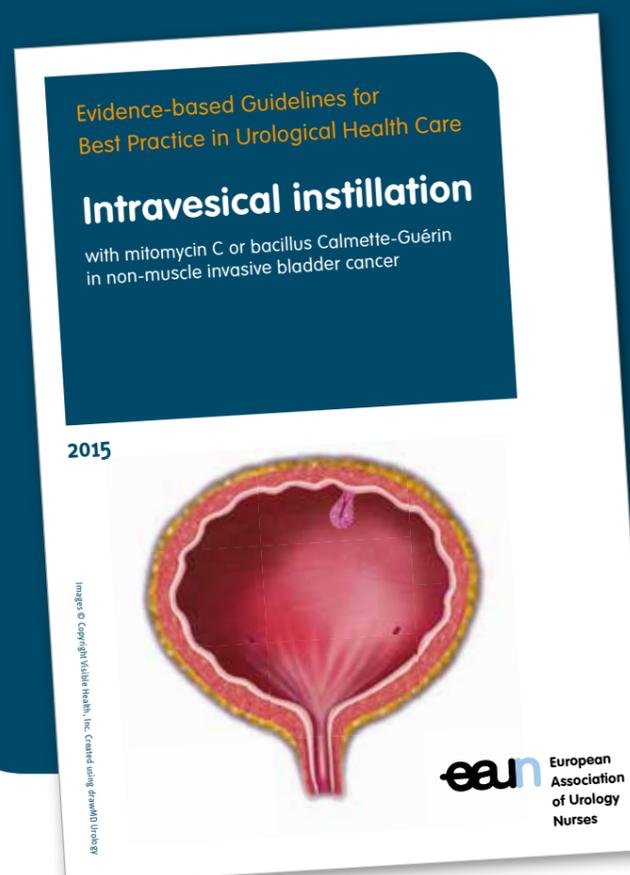
www.eaun.uroweb.org



European
Association
of Urology
Nurses

The latest EAUN guidelines publication is now online!

Visit www.eaun.uroweb.org/nursing-guidelines for a free download or to order a printed copy



European
Association
of Urology
Nurses

Applying guidelines in actual clinical nursing practice

Prudent antibiotic use in men who had prostate biopsies



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

Sue.osborne@
waitemataadhb.govt.nz

While New Zealand local microbial environment and resistance patterns vary somewhat from those of the Northern Hemisphere, the evidence-based principles for treatment of urological infections certainly apply. As outlined in the Urological Infections Guideline, prescribing decisions should be guided by a prudent use of available antibiotics, based on local pathogen and susceptibility profiles. These principles apply not only for treatment of urological infections but also in the area of prophylaxes.

EAU Urological Infections guidelines note the high risk of infection associated with transrectal prostate biopsy and strongly recommend antimicrobial prophylaxis. The document stresses the need to carefully assess risk factors for sepsis including an individual's risk of carrying resistant bacterial strains (i.e. fluoroquinolone (FQ) resistance). As detection of FQ resistant *E.coli* and ESBL *E.coli* or *Klebsiella sp* in our setting is relatively common, the Waitemata District Health Boards Urology and Infectious Diseases Departments implemented regional guidelines whereby all men undergoing transrectal prostate biopsy have rectal swabs taken prior to the procedure. A targeted single dose of prophylactic antibiotic is then prescribed in response to the rectal swab culture result. At present the oral antibiotic regimes in use are Ciprofloxacin monotherapy, Ciprofloxacin with Cotrimoxazole or Fosfomycin.

"The document stresses the need to carefully assess risk factors for sepsis including an individual's risk of carrying resistant bacterial strains"

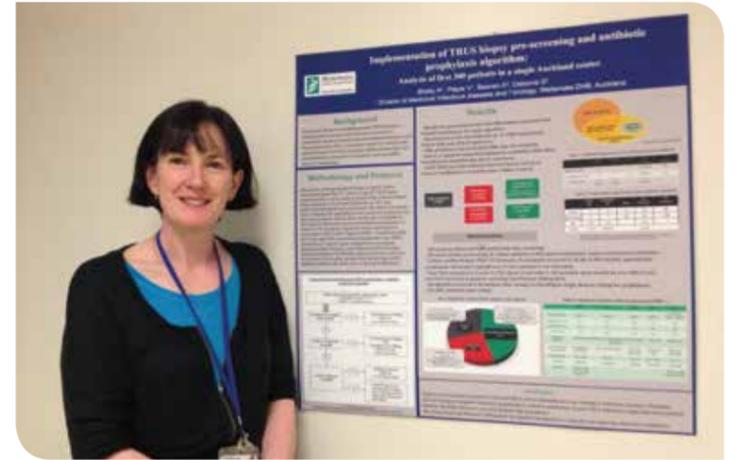
At Waitemata District Health Board, the urology clinic nurses prospectively collect data on every patient who undergoes a transrectal ultrasound-guided prostate biopsy, including recent travel history and antibiotic use. When men present for their prostate biopsy

results (10-14 days post-procedure) data is again collected, this time recording any uncomplicated urinary tract infections or urosepsis events (positive blood cultures) that occurred post-biopsy.

Data is also captured on men who experienced clinical symptoms of infection without positive cultures. Results from the first 300 patients were recently presented in a poster presentation at the Australasian Society of Infectious Diseases Annual Scientific Meeting (March 18 to 22) held in Auckland. Data analysis revealed our population's ESBL prevalence rate to be 8.3% (60% ESBL also FQ resistant). One in 11 men required prophylactic antibiotics other than ciprofloxacin monotherapy. Through the use of targeted antibiotics no ESBL infections occurred post-transrectal prostate biopsy.

Such audits enable our team to contribute to the national and international evidence-based that will inform future prophylaxis guidelines. The data collection process requires diligence, enthusiasm and the collective will of many. Analysis of the data requires similar characteristics, as well as thorough and close scrutiny to ensure the data is 'brought to life' and contributes to patient care decisions moving forward.

Excellence in patient care drives the content of our organisations newsletters. It is the main goal of the EAU/EAUN guidelines and has been the focus of most, if not all, of the 2015 EAUN congress sessions.



The poster with the infection data on men who undergo prostate biopsy presented at the Australasian Society of Infectious Diseases Annual Scientific Meeting in Auckland last March

Kia Ora from your urological New Zealand nursing colleagues. We hope you had a highly successful congress in Madrid. It has been four years since I joined in Vienna, yet my memories of a very worthwhile, stimulating meeting are still vivid. I hope to join another EAUN annual meeting but it can be challenging to get release time and funding to attend even local meetings, let alone meetings held on the other side of the world!

My EAUN membership remains important to me, as does my membership to our national organisation the New Zealand Urological Nurses Society. Both organisations regularly publish a newsletter to provide a vehicle for networking with colleagues, as well as new information on urological topics, case studies and literature reviews.

You can be very proud of the comprehensive EAU and EAUN guidelines which are excellent evidence-based resources available for consultation when planning care for urological patients and when preparing teaching sessions. I recently delivered a case review to a group of non-urological nursing colleagues, evaluating the care delivered to an elderly lady with recurrent urinary tract infections. When critiquing the care delivered I used the recently updated EAU Urological Infections guideline as a reference.

I sincerely hope those of you who were at the meeting have benefited from the lectures. And who knows maybe I can join next year!

EAUN Board

Chair	Lawrence Drudge-Coates (UK)
Chair Elect	Stefano Terzoni (IT)
Past Chair	Kate Fitzpatrick (IE)
Board member	Paula Allchorne (UK)
Board member	Simon Borg (MT)
Board member	Erica Grainger (DK)
Board member	Corinne Tillier (NL)
Board member	Susanne Vahr (DK)
Board member	Giulia Villa (IT)

www.eaun.uroweb.org

European Association of Urology Nurses

17th International EAUN Meeting

12-14 March 2016, Munich, Germany



DEADLINES

Abstract Submission

Difficult Case Submission

Research Project Plan Submission

1 December 2015



in conjunction with
EAU16

www.eaun16.org



eaun Fellowship Programme



Visit a hospital abroad!
1 or 2 weeks - expenses paid
Application deadline: 31 August 2015

- 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 Fellowship 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

European
Association
of Urology
Nurses