

Female genital mutilation

Challenges for professionals

17th International
EAUN Meeting
12-14 March 2016, Munich, Germany



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Female Genital Mutilation (FGM) is recognised worldwide as a fundamental violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women.

FGM involves violation of rights of the children and violation of a person's right to health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death.

Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies (Okeke 2012).

World Health Classification of FGM

There are four main types of FGM. These are:

- **Type 1**, also known as "clitoridectomy," is the excision of the clitoral prepuce (or "hood") and may also involve excision of all or part of the clitoris;
- **Type 2** is the excision of the clitoris and may also involve excision of all or part of the labia minora (the smaller, inner vaginal lips);
- **Type 3**, also known as "infibulation," involves excision of part or all of the external genitalia and the stitching or narrowing of the vaginal opening, and
- **Type 4** refers to all other genital procedures (WHO 2014).

FGM has no medical or health benefit and the procedures are irreversible and their effects last a lifetime, although the health impacts of FGM may be reduced in some cases.

Reasons behind FGM

Communities that practise FGM put forward many reasons and beliefs for the practice. Some of the most common beliefs about FGM are that it promotes chastity, prevents promiscuity, promotes cleanliness and helps to secure a good marriage for one's daughter. Some people also believe that FGM is a

religious obligation. This is not true, FGM is not in the Bible or in the Koran; it has nothing to do with religion.

Most communities that practise FGM believe they are doing the best for their daughters and they sometimes do not see FGM as a form of abuse. This can be challenging to professionals and it is our legal duty to provide information to these communities and help to safeguard girls that might be at risk of FGM.

Who performs FGM?

FGM is commonly performed by traditional birth attendants, local women or men, or female family members. Such individuals do not have formal medical training and usually perform FGM without anaesthesia or sterilisation.

It is not uncommon for those who perform FGM to cut or damage more of the genital area than they intend. For example, an unskilled person may intend to perform Type 1 FGM, but do more damage to adjacent organs resulting in Type 3 FGM.

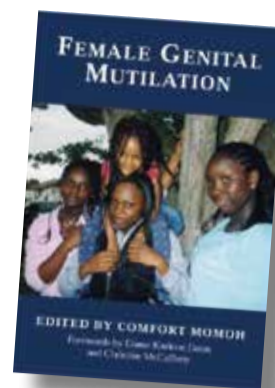
Dangers

FGM can be potentially very dangerous for women's health and psychological well-being. It can lead to severe health problems, and in some cases, to death. FGM causes gynaecological, urological, and obstetric problems in women. Indeed, FGM doubles the risk of the mother's death in childbirth and increases the risk of the child being born dead by three to four times.

During and immediately after the FGM procedure, women can experience significant pain and may suffer haemorrhage, shock, infection, urine retention, and injury to adjacent tissue, and ulceration of the genital region. In extreme cases, women may die from severe haemorrhaging.

Key facts

- FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and



"Female Genital Mutilation" was published by Radcliffe Medical Press (2005)

problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.

- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women (UN 2016).

Role of professionals

Professionals have a pivotal role to play in identifying, sharing information and reporting cases of FGM. Professionals must assess risk of FGM and treat it as a child abuse-safeguarding and make referrals of under 18 years of age to the police-101. This is a legal requirement and responsibility.

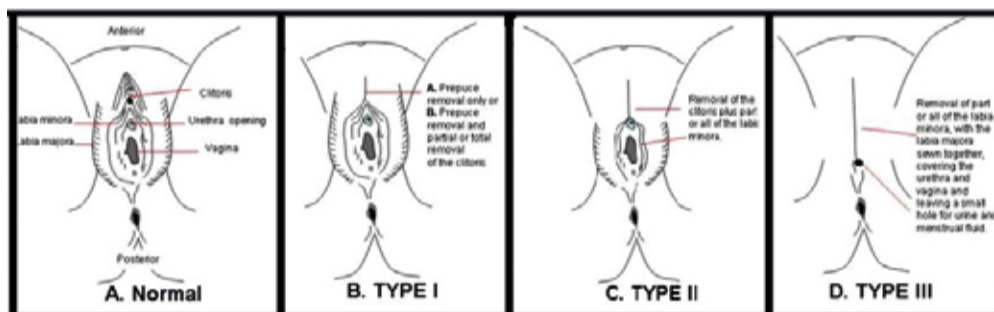
Risk assessment

Indicators that FGM may already have occurred included absence from school or other activities with noticeable behaviour change on return. Physical indications include recurrent urinary tract infection, pain or frequenting toilet.

If concern or worried that a girl might be at risk of FGM, please call your local helpline.

Intercollegiate recommendations (2013)

1. Treat FGM as a child abuse;
2. Document and collect information;
3. Share that information systematically;



4. Empower frontline professionals;
5. Identify girls at risk and refer them as part of child safeguarding obligation;
6. Report cases of FGM;
7. Hold frontline professionals accountable;
8. Empower and support affected girls and young women (both those at risk and survivors; and
9. Implement awareness campaign.

FGM and the law

FGM is a crime in the UK and has been a specific criminal offence since the Prohibition of Female Circumcision Act 1985 came into force on 16 September 1985. The 1985 Act was replaced by the Female Genital Mutilation Act 2003. It's also illegal to take abroad a British national or permanent resident for FGM, or to help someone trying to do this. There is up to 14 years in prison for carrying out FGM or helping it to take place.

The FGM protection orders and the Serious Crime Act 2015 allows judges to remand people in custody, order mandatory medical checks and instruct girls believed to be at risk of the practice to live at a particular address so that authorities can check whether they have been subjected to it. Victims are also given lifelong anonymity.

Key facts

- FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
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Convention and Charter

- Convention against Torture and other cruel, Inhuman or Degrading Treatment or Punishment.
- The African Charter on the Rights and Welfare of the Child, 1981
- African Charter on Human and Peoples' Right (the Banjul Charter) and it's Protocol on the Rights of Women in Africa.
- The convention on Elimination of All forms of Discrimination Against women 1979 - The Vienna Declaration and Programme of Action 1993
- The Beijing Declaration on Women's Right 1995 and the United Nation Convention on the Right of the Child 1989.

European Association of Urology Nurses

EAUN in Munich: My experience

Poster Sessions reflect the dynamic work of urology nurses

17th International
EAUN Meeting
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The 17th EAUN meeting was particularly interesting for me as it highlighted a range of interesting topics and features that were applicable to my field of urological nursing and which enabled me to apply current practices. For the purpose of this article the one session I felt had a significant impact on my practice and thought process was the poster sessions. The variation in topics showcased that as autonomous practitioners in the field of urology we feel the need to explore these areas further. It also highlighted the sheer dedication and determination to move forward in our practice and thinking.



As an audience we appreciated the novice to expert speakers, this in itself sums up the nature and objective of this session. The variation in topics of interest by participants highlighted the wide spectrum in the roles of Nurse practitioners in different parts of the world - from the different approaches to evaluating areas of practices, setting up and delivering new services, bringing forward new agendas and stimulating new ideas for the future in urological nursing. It allowed the presenters the platform to showcase their areas of interest and the dedicated work it entailed to highlight areas we are moving forward in for urology nurse practitioners. At the same time it also provided the audience the grounds in which to scrutinise such practices, question practices and ideas and show support for

the presenters. I believe the idea of the poster session is to encourage urological nurses to become autonomous practitioners, build on our existing service provision, challenge the need for change and our existing thinking. To be inspired by our fellow colleagues both on a national and international level in order to challenge practices and at the same time work towards consistency amongst urology nurse practitioners and encourage forward thinking. It was particularly impressive to observe the social networking these sessions provoked. Direct links were forged with speakers and audience participants, exchanging of service provision and ideas were genuinely given and received, contact links were made to ensure ideas were followed through and services could be forged in a similar fashion. The



sheer enthusiasm the poster sessions generated showed the scope of hard work and determination by the dedicated participants and organisers alike, of course without the interested audience the success of the session would not be possible. This simple realisation I believe is a powerful tool in gaining momentum for expansion in service provision and roles of urology nurse practitioners in our arena.



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Thematic session in Munich

Issues in nursing care for teenagers in transition to adulthood

17th International
EAUN Meeting

12-14 March 2016, Munich, Germany



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The Benign Section of the EAUN held an exciting thematic session discussing the challenges regarding teenagers in transition into adulthood. I was delighted and honoured to present the service I deliver within Guys and St Thomas NHS Trust incorporating Evelina London.

My exciting role involves managing a clinical commitment in both paediatric and adult urology; ensuring patients receive an individual, time-appropriate seamless transition to adult services. I hope that my passion for addressing the practical challenges often associated with this client group was evident in the delivery of my session.

I have over 12 years' experience as a Clinical Nurse Specialist (CNS) and four years ago initiated the Young Onset Urology (YOU) service at Guys and St Thomas NHS Trust. My unique post as the Urology CNS supporting young adults as they prepare for transition to Adult services is the first of its type in the United Kingdom. I am based in adult urology but also have a clinical commitment in paediatrics where I first meet patients, and then assist in their transition to adult services. My role also provides ongoing support to patients, their caregivers and families.

The transition of healthcare from paediatric to adult services has become ever more significant during the past 20 years as care delivery has become more complex. Advances in paediatric medical and surgical management, and greater availability of treatment

options have increased life expectancy for this client group. As a result, roles have developed to proactively manage this transition period and facilitate the transfer of care from paediatric to adult services. There is also recognition that encouraging the development of patients' independence and involving them in their treatment options and decision-making are vital components in maintaining treatment compliance and providing ongoing support.

The session opened with clear outline of the aims and objectives for discussion. It allowed time to introduce the Young Onset Urology client group consisting of patients with childhood complex urological conditions, including patients with congenital conditions such as bladder extrophy, cloacal anomalies, spina bifida, posterior urethral valves, hypospadias, and patients with neurogenic bladders. A number of these children have had reconstructive surgery in childhood. They are at risk of bladder dysfunction, metabolic disorders, neoplastic changes and potential deterioration in their renal function. It is therefore imperative that these young people require ongoing care as they move on from children services. My aim was to define and acknowledge the client group and demonstrate the importance of



Winifred Nugent during the lively discussion in the teenager transition session

maintaining good health and preventing deterioration in renal function, all of which was positively received by the audience.

The challenges often associated with this client group and their families were discussed and the positive benefits of the CNS role, providing clinical expertise in both paediatrics and adult services were clearly demonstrated. The early identification of transition patients, relationship forming, confidence and trust building are considered as key to maintaining patient engagement and compliance with treatments and follow-up and continuing client and family engagement.

The session generated lively discussion with exceptional interaction from audience and panel members, demonstrating the positive benefits of a key worker to support young adults during the time of transition into adulthood. I provided evidence-supporting transitions as a multi-dimensional and multidisciplinary approach with consideration to health, psycho-social, educational and vocational needs. The need for individualised seamless transition was highlighted.

I have built and developed my service with user involvement and demonstrated this with results of surveys and discussed about how this data was used in the development of patient information and in benchmarking and shaping the service. I also discussed the need to formalise and develop a transition pathway. The audience reacted positively and I was delighted to encourage them to develop similar pathways. The audience were curious to know how discussions are facilitated between adult and paediatric teams. There was open conversation on the role of the multi-disciplinary team meetings in identifying patients requiring transition which facilitated a forum to discuss conditions and previous treatments received by patients.

Questions about the age at which patients are transitioned were asked. Several opinions and debate followed. It was agreed that transition should be viewed as a process not a single event and that early identification of patients requiring transition was of



Kate Fitzpatrick (Chair) and Hanny Cobussen in discussion with the author

paramount importance. I explained the benefit of being reviewed in paediatric services prior to transition, from patient and caregiver's point of view, and describe the reassurance offered to patients as a result of this review.

I have previously presented the YOU service at the European Society of Paediatric Urology, (ESPU) incorporating ICCS, raising awareness of this client group and highlighting the importance of providing ongoing support as they enter adult life.



Ms. Vestermark poses a question

European Association of Urology Nurses

Sharing best practices

Session examines best practices in major surgical care

17th International
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12-14 March 2016, Munich, Germany



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Nursing collaboration started in 1993 with first the International Nursing Conference, a dialogue between the University of Jordan and the Institute of Health and Caring Science in Sweden.

The results of this abovementioned meeting led to cultural exchanges, job satisfaction, establishment of nursing councils, empowerment of the nurses, strengthening nursing care, increasing knowledge and skills needed to care for patients and the development of curriculum that included nursing issues.

During Thematic Session 9 in Munich, in the presentation "Sharing practice across the pond", N. Love-Retinger (US) discussed the advantages and challenges in international collaboration with regards cancer treatment trials. The most important advantages are the continuous exchange of competencies for patients with common cancers and rare tumours, the broader applicability of research results and the more rapid dissemination of advances in cancer treatment. Despite the benefits there are also challenges that pose difficult barriers, such as the different levels of infrastructure support for cancer clinical trials among countries, different rules,

variability in funding and scientific review processes and the differences in drug distribution issues.

Examples of international nursing collaboration are projects-in-progress in Denmark and in the US. The first project, a prospective randomized controlled trial, examines the efficacy of a multi-professional rehabilitation programme in radical cystectomy pathways (Aarhus University - Denmark). The focus of the second project is the evaluation of the adherence, impact on length of stay and complications in pre-operative nutritional intervention in radical cystectomy (Memorial Sloan Kettering Cancer Center, New York, USA).

This second project provided some educational interventions during the preoperative period (nutritional education, physical education, health related quality of life, baseline measurements, demographics) and collected some data during hospital stay and at discharge (co-morbidities, Body Mass Index, six-minute walk, caloric and protein intake, supplements, dietary diary, exercise programme, evaluation of preoperative programme, health-related quality of life).



The second lecture of the thematic session was covered by Mrs. He, Chair of Nursing Committee, Chinese Urological Association, from Wuhan (CN)

The session and its focus on the two projects were very interesting because it showed the importance of using evidence in practice and how they impact on and improve clinical practice. My experience in Munich was an incentive for me to look at my own practice and helped me reflect on and identify some aspects in my clinical practice which need improvement or closer examination. Participating at the EAUN Meeting in Munich also promotes a continuous exchange of experience among one's peers.

The session also yielded insights regarding the pathways in major urological surgery, the promotion



of multi-professional intervention following the pre-operative phase, evaluating adherence practices and the monitoring of outcomes (complications, length of stay, patient satisfaction).



Mrs. N. Love discussing international collaboration and challenges

"It was a great experience to visit the University Hospital of Munich. We saw their newly built operation theatre, and wauw, some surroundings!"

Annette, Maysa & Rikke
Århus University Hospital, Denmark

High quality poster sessions

Italian research bags top prize with study on bladder cancer patients

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practice. Balin enrolled 193 nurses in four hospitals in Israel, and found statistically significant differences in favour of urology nurses in terms of knowledge and correct management (e.g. meatal care), and regardless of age and work experience. Balin's work provided objective data on the well-known, but often underestimated, problem of providing evidence-based education and applying guidelines in non-specialist clinical settings; for this reason, her work won the third prize.

The second prize was awarded to Mrs. Franziska Geese (CH), with her poster "Changing perspective! Patients with prostate cancer and their partners giving an insight into their experiences of disease and optimal potential of an advanced practice nurse counselling support program in Switzerland". Geese presented a very interesting programme of support provided by an Advanced Practice Nurse with a psycho-oncological approach, before radical prostatectomy and during follow-up sessions, with positive results and high satisfaction levels reported by patients and partners.

Finally, the first prize was granted to Mattia Boarin (IT) who presented the poster titled "The early implementation of oral diet in patients undergoing radical cystectomy improves postoperative outcomes." The study reported on the results of a preliminary study on 23 patients with ileal conduit, and examined bowel function, mobilization, personal hygiene, tolerance of oral feeding, quality of sleep, intensity of pain, post-operative complications (e.g. bleeding) and length of stay.

The other posters also addressed important topics such as urinary tract infections, prostate cancer survivorship pathways, patients' information on erectile dysfunction and incontinence, catheter blockage at home, bladder exstrophy, shockwave therapy, urodynamics in neurogenic bladder, stoma siting, nurse-led prostate clinics, nephrostomas, TRUS biopsies, and sexual health. All the posters presented are accessible for free download



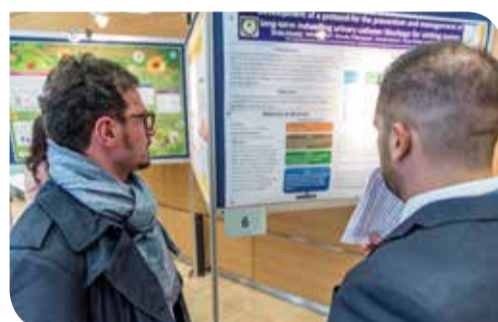
in PDF format from the EAUN website (www.eaun.uroweb.org).

Overall, the posters provided evidence results, as well as practical information that could be used in everyday practice and this fulfilled the objective of the sessions which aim to serve as a platform for knowledge sharing. All presented abstracts, posters and webcasts can be found in the Resource Centre at www.eaun16.org. The EAUN Scientific Committee exerts efforts to come up with interesting poster sessions and is ready to provide support to all colleagues who are interested to join the abstracts sessions in London next year. Don't miss this opportunity! Abstract submission is open from 1 July until 1 December 2016 at www.eaun17.org

Two moderated poster sessions took place during the 17th EAUN Meeting in Munich but due to the higher number of high quality abstracts, an extra unmoderated session was organised, for the second time in the history of the EAUN's annual meeting.

We had presenters from across Europe and beyond, with some from Israel and Japan, giving the sessions a broader view of urological nursing. This year, thanks to the support by AMGEN, the three best posters were awarded a grant of 500, 300, and 200 euros respectively.

The third prize was awarded to L. Balin (IL), whose poster entitled "Choice and insertion of the urinary catheter: comparison of urology vs. internal medicine department nurses" addressed education in clinical



European Association of Urology Nurses

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EAUN Award Winners

First Prize for Best EAUN Poster Presentation

Boarin M., Rancoita P.M.V., Crescenti A., D'Onghia R., Gianandrea E., Villa G. (Milan, Italy)
For the poster: "The early implementation of oral diet in patients undergoing radical cystectomy improves postoperative outcomes."

Second Prize for Best EAUN Poster Presentation

Geese F., Willener R., Zehnder S., Spichiger E. (Berne, Switzerland)
For the poster: "Changing perspective! Patients with prostate cancer and their partners giving an insight into their experiences of disease and optimal potential of an advanced practice nurse counselling support program in Switzerland."

Third Prize for Best EAUN Poster Presentation

Balin L. (Karmiel, Israel)
For the poster: "Choice and insertion of the urinary catheter: Comparison of urology vs internal medicine department nurses."
Prizes supported with an educational grant from AMGEN

For photos please check page 8.

18th International EAUN Meeting

25-27 March 2017, London



Abstract and Video
Submission

Difficult Case
Submission

Research Project
Plan Submission

Deadline:
1 December 2016



in conjunction with
EAU17

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eaun European
Association
of Urology
Nurses

Neurogenic detrusor overactivity and Overactive bladder

2nd Course of the European School of Urology Nursing
4-5 November 2016, Rome, Italy

Join us at the 2nd ESUN Course in Rome

Are you looking for an update in the field of neurogenic detrusor overactivity and overactive bladder? Do you appreciate hands-on and applicable recommendations from Europe's top experts? Are you an experienced practising nurse specialist who treats these patients and teaches other health care professionals to treat them?

If so, you will most certainly want to join us at the 2nd ESUN Course in Rome, 4-5 November 2016. This course combines all the best features of an educational event - interaction, group work, latest updates and established evidence-based recommendations. We have invited renowned experts in the field, from a theoretical and practical point of view.

The preliminary programme consist of the following modules:

- Module 1 - The physiology of bladder control
- Module 2 - Disorders of the lower urinary tract
- Module 3 - Pathophysiology of OAB symptoms
- Module 4 - The impact of OAB on daily living
- Module 5 - Diagnosis of OAB and neurogenic detrusor overactivity
- Module 6 - Management of neurogenic OAB
- Module 7 - Management of neurogenic detrusor overactivity
- Module 8 - Group work

Registration fee for the full course is €100 for EAUN members and €130 for non-EAUN members.

The EAUN covers your hotel arrangement for one night and reimburses your flight or train ticket.

Please send an email to eaun@uroweb.org before 27 June to receive an application form, the application deadline is 1 July 2016. A selection will take place based on experience, work environment and educational background. For more info please visit eaun.uroweb.org

We are looking forward to receiving your application!

Stefano Terzoni
EAUN Chair

This course was supported with an educational grant from ASTELLAS

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