

2nd ESUN Course on Neurogenic detrusor overactivity

Managing OAB: Insights and best practices in Rome



Stefano Terzoni, Rn, PhD
EAUN Chair
Milan (IT)

s.terzoni@eaun.org

urologist of the hospital. The course took place under the patronage of IPASVI, the Italian National Board of Nurses, and was supported by an educational grant by Astellas Pharma Europe Ltd., which enabled the delegates to attend at very reduced fees.

The course provided an overview of the pathophysiology of lower urinary tract dysfunction in OAB and neurogenic detrusor overactivity, relating to neurophysiological mechanisms, and current evidence-based management strategies. EAU

Twenty-four nurses from 11 European countries attended the two-day 2nd European School of Urology Nurses (ESUN) Course on Neurogenic detrusor overactivity and overactive bladder in Rome, Italy last November 4 and 5.

The participants, selected by the organisational committee from 40 applicants based on their curriculum, benefited from quality lectures and insightful clinical cases on neurogenic detrusor overactivity and overactive bladder (OAB).

"The cases included relevant information about symptoms and patient characteristics, and the delegates were asked to indicate the proper nursing approach for each situation, presenting their solutions to the audience..."

The course was hosted by the San Giovanni Addolorata Hospital, with logistic support from AIURO (the Italian Association of Urology Nurses, chaired by Rosina Ceccarelli, RN) and Dr. Gianluca D'Elia, chief



Wendy Naish discussing the assessment and management of the impact of OAB on daily life



Dr. Bertil Blok (NL) during his lecture on 'Disorders of the urinary tract'

Secretary General Prof. Christopher Chapple discussed the neurophysiology of the lower urinary tract and the onset mechanisms of neurogenic detrusor overactivity and OAB. Wendy Naish, Nurse Consultant, Continence (UK) discussed the impact of such problems on quality of life and potential management strategies, with practical suggestions for patient assessment and examples of nursing records.

On the second day, Prof. Enrico Finazzi Agrò (chair of the Italian Society of Urodynamics or SIUD) and Prof. Giulio Del Popolo (former chair SIUD) closely examined urodynamics, and provided detailed information on when to use it and how to avoid artifacts in neurologic patients. Lisette Van De Bilt, Nurse Specialist Urology, and member of the EAUN Scientific Committee lectured on management strategies such as sacral neuromodulation and percutaneous tibial nerve stimulation.



Twenty-four nurses from 11 countries attended the latest state-of-the-art course on OAB, with the organisers, Dr. Stefano Terzoni and Rosita Ceccarelli (front row, right)

The participants were then divided into groups to analyse clinical cases of real patients. The cases included relevant information about symptoms and patient characteristics, and the delegates were asked to indicate the proper nursing approach for each situation, presenting their solutions to the audience with help from Van De Bilt and Prof. Del Popolo.

Social programme

The social dinner presented an opportunity for participants to share experiences, exchange points-of-view, and establish new contacts. All delegates received the full address list of participants for optimal networking. Additional course materials were also provided in digital format.

Launched by the EAUN in 2015, the European School of Urology Nursing introduced in that year a successful course on urinary tract infections, which has already been repeated in a Dutch version organised by the V&VN Urologie (Dutch urology nurses association). The course on neurogenic detrusor overactivity and overactive bladder is the second of a series of initiatives, and the organisers are currently looking into other interesting topics. To further improve the quality of the course, the EAUN welcomes suggestions and ideas for potential topics. For comments and inquiries contact us at: eahun@uroweb.org.

We look forward to see you at the International EAUN Meeting in London!



Speakers Profs. Del Popolo and Finazzi Agrò with the organisers.

European Association of Urology Nurses

EAUN-CUAN ties enter new phase

EAUN opens collaborative training school for nurses and signs membership agreement



Lawrence Drudge-Coates
Urological Oncology
Clinical Nurse
Specialist
Past Chair, EAUN
London (UK)

l.drudge-coates@eaun.org

After two years of careful planning, this November saw, EAUN membership and the opening of a collaborative training centre for urology nurses in China, finally come to fruition, as part of the EAUN's goals to expand links with urology nurses overseas.



European Association of Urology Nurses



Mr. Lawrence Drudge-Coates delivers the opening speech at the new collaborative training school on behalf of EAUN chair Mr. Stefano Terzoni

In his role as former EAUN chair, the author attended the First Affiliated Hospital at Zhejiang University School of Medicine in Hangzhou, host city and venue of the recent G20 summit, to formally open the only collaborative training centre for nurses in China. The collaborative project is a first not only for the EAUN but also for nursing in China, marking it as a real and unique achievement.

The formal opening of the collaborative training centre was attended by the heads of the university and medical deanery, vice chair of the Chinese Urology Association (CUA) Professor Xie and Head of the Chinese Urological Nursing Association Committee (CUAN).

It was an honour for me to finally open the centre after many years of negotiations and hard work. This represents the first ever collaborative centre for training in China and I'm delighted that urology nursing is the first. The centre will provide key training opportunities for urology nurses not only in the locality, but across China.

In acknowledgement of his efforts to develop the centre and academic work in urology nursing, the author was honoured by the university as a visiting professor and co-director of the training centre. The honour also reflects and acknowledges the crucial role played by the EAUN and its partnership with CUAN.



Signing of the board membership agreement CUAN & EAUN: Mr. Lawrence Drudge-Coates Past EAUN chair & CUAN chair Ms. Wei He



Members of the CUAN board with Professor Zhang-Qun Ye during the formal signing ceremony of the membership agreement

A 1,000-km journey by train took the author to the annual CUA conference in Tianjin in northeast China, for the signing of the CUAN board membership with the EAUN. The signing was an auspicious occasion, with a packed house, standing-room-only attendance. In attendance was former CUA president Prof. Zhang-Qun Ye who lauded the closer partnership with the EAUN.

To finally formalise the agreement and with the EAUN-CUAN entering a new phase in its partnership, the author is grateful to all those who made this key achievement possible, and also for the hospitality and friendship shown throughout the visit.

Patient empowerment in urology

Delivering patient information – An inter-professional approach



Franziska Geese
Advanced Practice Nurse
University Hospital Berne, Inselspital
Dept. of Urology Berne (CH)
franziska.geese@insel.ch

WHO as "(...) a process through which people gain greater control over decisions and actions affecting their health," (WHO, 1998).

At present, nurses and urologist are still working towards realising the empowerment strategy of the WHO. Implementing a patient-centred pathway is only possible when we as health care professionals know the individual needs of our patients. But how does that work?

Two approaches are necessary. On the one hand, researchers have to perform phenomenological studies to understand patients' experiences with urological illnesses. On the other hand, opportunities for inter-professional communication, among urologists, nurses, psychologists, social workers etc., support empathy for each profession. With these two approaches health professionals can indirectly empower patients through adapting care pathways. Direct patient empowerment can be performed, for example, through the development of a website where evidence-based illness information is available.

The EAU adopted this strategy to create an inter-professional working group, called "Patient Information" in 2012 to promote need-oriented patient information. The website (<http://patients.uroweb.org>) is accessible for patients and health professionals who are looking for resources to support their patients.

"The EAU adopted this strategy to create an interprofessional working group, called "Patient Information" in 2012 to promote need-oriented patient information."

As a Clinical Nurse Specialist for patients with prostate cancer I feel privileged to be part of this inter-professional working group and to improve the care offered to patients with urological illness. During the past years the working group, beside other topics, has created information leaflets, posters about

urinary incontinence, bladder cancer, prostate cancer, kidney cancer, erectile dysfunction, kidney ureteral stones, nocturia, benign prostatic enlargement and overactive bladder syndrome. The information is based on EAU and EAUN guidelines and prepared for use in all European countries rather than to one specific country or system.

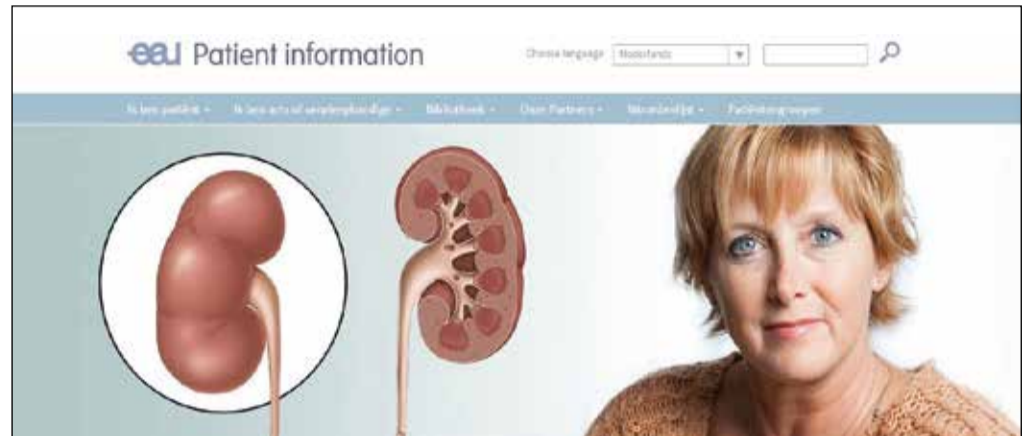
More information including animated videos is planned in the coming months and will soon cover all topics addressed in our guidelines. How to navigate the website and the patient information in clinical settings will be discussed at the Patient Information Special Session at the Annual EAU Congress next year in London.



Prof. Dr. Thorsten Bach
Chairman Patient Information Group
Asklepios Klinik Harburg
Dept. of Urology Hamburg (DE)
t.bach@asklepios.com

In 1998 the WHO defined an empowerment initiative to support patients, vulnerable groups and give direction for health professionals. Empowering in health promotion is defined by the

European Association of Urology Nurses



Asia-Pacific Prostate Cancer Conference

Insights and best practices in prostate cancer care from Down Under



Sue Osborne
Urology Nurse
Auckland (NZ)
sue.osborne@waitematah.govt.nz

PSA at diagnosing prostate cancer. It also performed better at predicting aggressive prostate cancer (Gleason 7 / ISUP 2 or above). Inter-observer variability in interpreting MRI scans was noted to be a potential weakness of this screening approach. The pilot study results were however adequate enough to prompt the research team to roll-out the first randomised clinical trial of MRI versus PSA for prostate cancer screening in a general population.

Sessions on MRI studies

In a further MRI-focussed session UCLA Urologist Dr. Rob Reiter asked if prostate biopsies were really needed in men with an elevated PSA but negative multiparametric MRI scan result. He reported that MRI will miss 20% of Gleason 4+5 (ISUP 5) lesions if they are small, so there is a risk that a negative MRI scan could falsely reassure a man whose prostate harbours a potentially life threatening cancer. He stated that where clinical suspicion remains due to elevated PSA velocity and density, a prostate biopsy should always proceed. Dr. Reiter went on to advocate the usefulness of MRI in selecting active surveillance patients, stating that a negative MRI together with low-risk prostate biopsy features significantly reduces the likelihood of missing a significant prostate cancer.

With New Zealand having recently acquired our first 68Ga-PSMA scanner, I was particularly interested in sessions that explored how this imaging modality is influencing clinical practice overseas. The conference programme included many sessions focussed on the clinical relevance of PSMA scans in evaluating high-risk prostate cancer patients prior to treatment choice, as well as for men with biochemical failure following primary treatment, and in assessing disease burden and treatment response in castrate resistant prostate cancer. This relatively new modality brings promise in all of these scenarios, but the need for clinical trials to evaluate clinical outcomes was stressed throughout the meeting.



Ms. Osborne in front of the Melbourne Convention and Exhibition Centre on the banks of the Yarra River

It has become a tradition for me to regularly attend the Asia-Pacific Prostate Cancer Conference since my advanced nursing practice focuses mainly on prostate cancer and this multidisciplinary meeting consistently ticks all the boxes for updating knowledge from medical, nursing, allied health, general practice and translational science fields.

I was fortunate to be a participant in the 2016 meeting, which ran from 31 August to 3 September at the Melbourne Convention and Exhibition Centre on the banks of the Yarra River. This wonderful venue was ideal for the plenary sessions, breakout 'stream' presentations, workshops and trade displays, all housed conveniently in a bright and airy space. The riverside, central city location offered wonderful walking and cycling routes, as well as renowned shopping spots and restaurants to visit during education down-times. This year's conference programme once again reinforced the expert opinion and evidence that underpin our local practices, as well as giving me a preview of emerging technologies and scientific breakthroughs. Let me summarise some of the thought-provoking sessions I attended.

Canadian urologist Dr Robert Nam presented a provocative session outlining a pilot study at his centre examining whether MRI is feasible as a prostate cancer screening test. The clinical trial was advertised in a Toronto newspaper for a week which surprisingly elicited 300 responses for only 50 places in the study. Dr. Nam commented that the protocol was attractive to men as it included a free MRI to screen for prostate cancer. The potential downside was the requirement to proceed to prostate biopsy regardless of the MRI findings, but this did not seem to be a big deterrent to recruitment.

During the study each man underwent a PSA test, digital rectal examination, 3-T multiparametric MRI and finally a prostate biopsy. The pilot study results observed that MRI was nearly three times better than

Belgian Prof. Bertrand Tombal presented an excellent summary session entitled 'Evaluating new imaging in prostate cancer'. He noted that clinicians are looking for imaging modalities that offer improved diagnostic accuracy and assessment of treatment response. He stated that the ideal imaging technique would have high diagnostic value, be reproducible, affordable, minimise radiation exposure, be 'one step', with high efficacy for monitoring treatment response. He stated that the individual benefit of imaging will be influenced by an assessment of the modalities negative predictive value- that is, those patients you don't treat who should have been treated -and its positive predictive value- that is, those patients you treat for no benefit. In this context while he noted that 68Ga-PSMA scan is a significant advance on the traditional CT and bone scan imaging modalities, the technique still appears to miss approximately 20% of prostate cancer lesions, leaving clinicians with many difficult patient-focussed questions to answer.

The nursing programme was again excellent in its diversity and calibre of speakers. There were many highlights to share from this interesting stream, so I have written a further column to be included in a



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future edition of this newspaper. Needless to say I returned home with revitalised passion for our speciality, feeling rested from the break away from daily routines, in a city that offers so much to see and do. I would like to acknowledge the Prostate Cancer Foundation of New Zealand for their educational scholarship facilitating my attendance and to the conference organisers for an excellent event. I am sure I will be back!

Call for Papers

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Helen Attard Bason, Rn
Urology Department
Mater Dei Hospital
B'kara (MT)

helen.attard-bason@gov.mt

For the last five years I have been working as a charge and urology ward nurse at Mater Dei Hospital in Malta which is the country's only acute general university teaching hospital that offers full-range hospital services.

Since my nursing registration in 1982, I have always worked in the acute general hospital of Malta although for 28 years I worked mainly in the obstetrics, gynaecology and Neonatal Intensive Care departments. Thereafter, I worked at the Adult Urology Department.

Mater Dei hospital provides an extensive range of specialist services including urology. The Department of Urology has four consultants, two wards with 36 beds, a nurse-led outreach service and a pre-operative assessment unit. Our urologists use the general outpatients department and operating theatre for outpatient's visits and surgical interventions. We do not have a urology department that caters specifically for procedures related to urology since other minor interventions such as flexible cystoscopies, prostate biopsies and ESWL are done at the day care theatre. Urology Ward 2, where I am assigned, is an 11-bed inpatients mixed ward and I am supported by 11 senior professional nurses who have a vast experience in urology and a support staff. We have a 1:6 patient-nurse ratio allocation.

For the last five years, since I started working in the urology department, I had been running the Intravesical therapy and the bisphosphonate treatment for prostate cancer patients with bone metastasis. My aim is to further develop this service especially with regards to the training of the staff who administers such a therapy. Although my staff are very competent and have the necessary expertise to administer treatment, they are still not recognised as competent practitioners to administer intravesical treatment as required by international guidelines.

EAUN Fellowship

My applying for EAUN fellowship was motivated when I realised that delivering the highest standard of urological nursing can be best achieved through the exchange of best practices and the application of guidelines in hospital practice, one of the main goals of the EAUN. Moreover, I believe that having the opportunity to observe a nursing team in another European country is a great learning experience which can help improve one's own practice and nursing skills.

Finding out what differentiates the uro-oncology practice at Antoni van Leeuwenhoek (AVL) Hospital from our practice at Mater Dei Hospital was high on my agenda since this will inform my work with urology cancer patients. Furthermore, I also believe that as the complexity of the healthcare delivery system increases, the need to intensify the knowledge through research, networking and exchange of best practices is crucial. I had applied for the Netherlands because AVL Hospital specialises in uro-oncology and I would like to apply the best standards of care in our department. Besides I also believe that crossing the borders across the EU to experience another environment in healthcare systems would eventually benefit my organisation and help me build contacts for learning and practice exchanges.

First, I would like to mention the remarkable organisation of my visit at AVL hospital, which was well-prepared by Ms. Corinne Tillier, a Uro-Oncology Clinical Nurse Specialist (CNS) responsible for localised prostate and renal cancer patients, and who also chairs the EAUN's Scientific Congress Office. I had also worked with CNS Jolanda Bloos-van der Hulst who is responsible for bladder and penile cancer patients and current chair of the network uro-oncology nurses in North Holland. Working with Corinne and Jolanda were Eva Offringa, a CNS student (another year and she will have the title of MANP-

Master Advanced Nursing Practice – good Luck Eva!) and CNS Erik Van Muilekom, past president of the EONS. My fellowship programme schedule from September 26 to 30 consisted of the following:

Monday:

- MRSA tests.
- Review of patient post-robotic prostatectomy
- Observing Corinne during a telephone help-line service (all urological patients who will be having treatment at AVL can call, either for counseling or urological emergency issues that the CNS has to resolve.
- Fast-track renal cell carcinoma followed by MDT meeting.

Tuesday:

- MDT meeting before fast-track prostate carcinoma.
- Fast-track prostate carcinoma.
- OR urology surgery – Robotic prostatectomy (RALP – Da Vinci Robot)
- Prostate biopsy – day care surgery.

Wednesday:

- Bladder instillation/ cystoscopy
- OR – Penectomy and Sentinel lymph node biopsy

Thursday:

- Fast-track bladder cancer.
- Followed patient from the consultation with the CNS until the consultation with the urologist (with all the necessary investigations required such as flexible cystoscopy, PET/CT scan)

Friday:

- Urology ward

The host institution

The Netherlands Cancer Institute and the Antoni van Leeuwenhoek (AVL) Oncology Hospital is the only dedicated cancer centre in The Netherlands and maintains an important role as a national and international centre of scientific and clinical expertise, development and training. The Antoni van Leeuwenhoek Hospital has 185 medical specialists, 45 Clinical Nurse Specialists, 180 beds, an outpatients clinic with around 106,000 visits, 12 operating theatres and 11 irradiation units for radiotherapy. This oncology centre offers a state-of-the-art oncology specialists' consultation that is made up of a multi-disciplinary team (consisting of an oncology and urology clinical nurse specialists (CNS), a clinical urologist, a clinical oncologist, radiologists, radiation oncologists and a pathologist). Such services are integrated with compassionate care for clients visiting the AVL hospital. The urology ward is integrated within the surgical department and deals with conditions related to both female and male pelvic organs (urology and gynaecology).

It is impressive how nursing care in this hospital is provided in a friendly, caring and a quiet environment, and there is an emphasis on effective communication especially with the patients and their families. Although there was a time when I could not understand what was being said with the patient because of the language barrier, I, however, noted the sense of satisfaction and collaboration within the nurse-patient relationship. All the staff made me feel welcome and they also tried to explain (in English) what was being said so that I can understand and follow the conversation.

Effective communication was also evident between the physician and the uro-oncology nurse specialist at AVL. A close working relationship exists between nurses and physicians. There is a physician-nurse team collaboration environment with an open



Me and my host Ms. Corinne Tillier, who perfectly organised my observational visit



Ms. Attard Bason visiting the harbour of Rotterdam (NL)

attitude, mutual respect and trust which facilitates the decisions taken by the CNS. This mutual collaboration was also evident during the multidisciplinary meetings that were held regularly to plan care and treatment. As an outside observer and with the language barrier, it was difficult for me to identify who was who during the meeting because all the members had collaborated well together. However, the CNS whom I was observing gave a quick account of the patient's history. She also has the task of informing her clients about the decisions taken on their care pathway. The CNS has an important role in the care pathway starting from the first referral and down to the follow-up and any post-surgical intervention. I had followed the CNS during a telephone advice line and during a CNS-led pre-admission clinic where newly referred patients can discuss their concerns and when their care pathway would be explained before any other investigations and surgical interventions are performed.

Learning points

From this experience not only have I reached my objectives but have also reflected on the importance of networking in nursing. This fellowship has also helped me in analysing the level of care that we deliver in our country compared with other European countries. Furthermore, sharing information whether

it is clinical, administrative or research-based is necessary and can benefit or help improve our healthcare system. I have also realised that through networking, we can break our comfort zones and become key players in healthcare.

One important observation that I had was the fast-track cancer diagnosis which in Malta is only applicable for colorectal cancer. If introduced locally within the urology specialty, this system can be beneficial because not only will it minimise the waiting time for the patient to receive treatment but it will also reduce patient anxiety which follows after a cancer diagnosis.

Throughout the fast-track service after patients are referred by other hospitals or their GP, and within the first 24 hours of referral, the CNS will organise everything for the patient including the appointment for assessment, the required scans/ MRI and biopsies after which the results are discussed in an MDT meeting. These are very often done within the same day and during the MDT a treatment plan is prepared and proposed to the patient. It means that patients in one day would know the definitive diagnosis and stage of her/his disease and which treatment the MDT has advised. This minimises the trauma and anxiety for patients and their families. Every year about 210 patients with bladder cancer, 60 with penile carcinoma, 680 with prostate cancer and 160 with renal cell carcinoma are seen at AVL hospital's fast-track urology cancer pathway.

Finally, I would like to thank everyone, especially all the team members involved in organising my visit at AVL hospital, for their warm welcome, and particularly Corinne Tillier who really went out of her way to mentor me and make my visit truly productive. The experience I gained will surely boost my knowledge with regards uro-oncology and the way I organise patient care. I would really encourage everyone to apply for a fellowship programme. Last and not the least, my sincere gratitude to the EAUN for this great opportunity.

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

European Association of Urology Nurses

ERUS EAUN Robotic Nurse Meeting in Bruges, Belgium

A new educational platform for operating room nurses



Linda Söderkvist, RNFA, RN, CNOR, MSc.
EAUN Board Member
Karolinska University Hospital
Stockholm (SE)
l.soderkvist@eaun.org

one of the surgical specialities that have the longest experience in robotic-assisted surgery.

As a fast-growing field already from the start, the European Robotic Urologic Society became a section within the EAU structure in 2011, and next year the 14th EAU Robotic Urology Section (ERUS) meeting will be held in Bruges, Belgium.

ERUS has become the educational platform for urologists to gain in-depth knowledge in robotic-assisted urological surgery. Next year, ERUS will also involve nurses working in the operative settings by offering a three-day congress on the three most common urological diseases such as prostate, bladder and kidney cancers. The meeting will take place on September 25 with a programme that includes the nurse's role in robotic-assisted surgery, lectures on human factors in robotic surgery, team efficiency in the operating room, and how to avoid and manage surgical complications.

The meeting aims to improve the competencies of both junior and senior nurses. Interactive sessions followed by hands-on simulator training and courses will be available for nurses who are seeking a more confident and safe way of working in the operating room during surgery. Prominent urologists will give presentations and provide practical insights.

The ERUS EAUN Robotic Nurse Meeting also aims to build an educational platform for nurses for them to network and actively take part in the latest developments and research in robotic-assisted urology surgery. We expect this meeting to provide crucial skills to nurses, both practical and theoretical, enabling them to take a more active role in the robot-assisted surgical team.

The Special ERUS-EAUN Robotic Urology Nursing Meeting starts with a one-day special nursing programme followed by HOT sessions for less experienced nurses. The following days the regular ERUS live-surgery programme will be attended.

In 2004 a group of physicians gathered in France to look into the latest technology that enabled surgeons to perform surgery with robotic-assisted technique, this meeting became the very beginning of ERUS. This rather new field of performing minimally invasive surgery with the help of a robot was already introduced in 1999, when the first surgical system entered the market.

Some might say this is the greatest development in medical technology since the laparoscopic boom in the late 1980s and beginning of 1990s. Laparoscopy was a milestone in surgical care and quickly became a popular, widely-used operating technique around the world. The minimally invasive technique led to shorter hospital stay and a more rapid postoperative recovery for the patient.

Laparoscopy was the precursor to what would again revolutionise the performance in surgical technique-robotic-assisted surgery. Superior to laparoscopy, robotic-assisted surgery presented an enhanced vision due to a wider scope, and also enabled the surgeon to work in 3D. Unlike in laparoscopy, the surgeon controls the instruments with an endowrist technique, allowing the instruments to move just like the human hand. Urologists saw the potential in using this technique in urological surgery and embraced the new technology early on. Today, urology surgery is

European Association of Urology Nurses

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ERUS17

14th Meeting of the EAU Robotic Urology Section

26-27 September 2017, Bruges, Belgium

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18th International EAUN Meeting

25-27 March 2017, London, UK



Early registration deadline: 16 January 2017



Stefano Terzoni,
Chair EAUN



Corinne Tillier,
Chair SCO

A varied, in-depth EAUN programme in London

An in-depth and comprehensive Scientific Programme awaits urology nursing specialists at the 18th International Meeting of the European Association of Urology Nurses to be held from 25 to 27 March 2017 in London, the United Kingdom, with a variety of challenging issues to be closely examined by cancer experts, urologists and other healthcare professionals.

Onco-urology care

"When we planned the Scientific Programme, we aimed to focus not only on urology nursing, in general, but also on uro-oncology nursing care. Some examples are the sessions *"Challenges and Opportunities in Geriatric Onco-urology Care,"* and the exciting *"Tomorrow is Already Today: Urology healthcare in the near future and illiteracy and health literacy in patients,"* said EAUN board member Corinne Tillier (NL) who led in organising the EAUN Scientific Programme.

"We also wanted to deeply go into specific topics in sessions such as *"Advanced urodynamics and Drug-resistant microorganisms in urology: An avalanche is coming?"* to address core and urgent issues," added Tillier.

That a lot of careful preparation went into creating a thorough three-day programme is reflected in the new segment called *"Westminster House of Commons Session,"* which posed the provocative statement *"This house believes that patients do not know what treatment is best for them."* Aimed to trigger a lively debate and ferret out insights and best practices in patient education, nursing communication, patient advocacy, among other issues, Tillier said the session should provide various viewpoints on these topics.

"Other highlight topics are *"The urology nurse as patient advocate: Forgotten role?"* A few years ago we often heard the view that nurses play an important role as a patient's advocate. Nowadays, patients, through the internet and patients groups, are very well-informed of the latest treatment innovations. Thus, we should ask: Are urological nurses still the patient advocate? Do patients still need us?" commented Tillier.

Antibiotic resistance

Another focus in London is the ongoing demand for nurses to be well-informed and thereby help in addressing antibiotic resistance. Tillier noted that two years ago the EAUN meeting in Madrid examined this challenge. "Resistance rates of most uropathogens against antibiotics are still high, especially with multidrug resistance. And now-- two years later-- we are wondering if this threat or urological time bomb has indeed exploded," she said.

Responsiveness to current and controversial issues is another feature that distinguishes the EAUN's programme, which fulfils the EAUN's goal to provide continuing education and skills training to its members.

Fostering the highest standards of urological nursing care throughout Europe and facilitating the continued development of urological nursing in all its aspects remains a top priority of the EAUN, according to Tillier, as she noted that they consulted the EAUN membership to provide suggestions in terms of topic selection.

Needs of nurses

"It is important to respond to the needs of nurses. We have asked the nurses and nurses' associations for specific subjects and we have received so many enthusiastic replies that it could be possible to organise a six-day congress instead of three days," said Tillier. Providing a responsive programme is not only the priority as nurses also need to look into best practices, anticipate change and evolve considering the fast-changing developments that occur in urological healthcare.

"Urology care is in constant flux and there are always areas for improvement. As urology nurses we have to help in the delivery of innovative care which doesn't only include new technologies such as robotics but also the way we approach the patient. I believe this is the strength of all the EAUN meetings- to inform and motivate its members on how best to tackle this evolution," Tillier said.



For detailed information and updates of the Scientific Programme, visit the EAUN's meeting website at: www.eaun17.org

in conjunction with
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