

18th EAUN Meeting in London

Meeting gathers 350 delegates for latest research and practical insights

Over 350 urology nurses from Europe and around the world gathered in London to learn updates and practical insights in a programme that featured practical workshops, courses, as well as state-of-the-art lectures on cancer management and follow-up, kidney failure and rare diseases, among other topics.

The following report is an overview of the wide-ranging programme that took place from March 25 to 27:

Following the welcome remarks by Stefano Terzoni (EAUN Chair), Chris Chapple (EAU Secretary General) and Jane Taylor (BAUN Honorary President), the three-day event acknowledged the difference between specialist nursing and nursing specialists during the plenary session. In the first session on Saturday morning the potential role of specialist nurses, nurse-led clinics and future challenges were explored by Jerome Marley (IE) and Philippa Aslet (UK).

In a session on Sunday afternoon, organised in collaboration with the British Association of Urology Nurses (BAUN), current issues in urological care were taken up. Chaired by Jane Taylor and Paula Allchorne (EAUN Board member) the session noted that urological nurses are using advanced nursing practices throughout Europe despite the differences in culture and clinical approaches.

Jane Brocksom opened the session by highlighting the importance (despite common perceptions and the UK's decision to exit the EU) of European links, cross-country communication and collaboration, which are essential to foster relations and ensure the advancement of research, education and networking of clinical practice. The next three speakers all demonstrated in their presentations how nurses in advanced roles can provide cost-efficient, effective, patient-centred care that would also ensure quality in nursing care. Using research-based medicine to design and re-model services, they also emphasised the importance of collaborative work.



Training psychomotor skills in the Robotics HOT Course for nurses

In the following three patient care improvement presentations (by Pauline Bagnall, United Kingdom, Lone Aarvig and Kathrine Melchiorsen both from Denmark) the speakers highlighted the very similar aims despite the equally different approaches by specialist nurses to improve patient care, regardless of their country of origin. Obviously, we all strive to achieve this common goal despite the variations across Europe. As the EU motto states "In varietate concordia" or 'United in diversity.'

A remarkable range of topics that cover many key issues in urological nursing were presented, as well as two collaborative EAUN-European School of Urology (ESU) courses which addressed the 'learning curve in urological surgery' and 'urinary diversion'.



The gathered presidents and representatives of 11 European urology nurses societies after a fruitful meeting with the EAUN Board in London



Jane Brocksom presenting on the consequences of Brexit

Urostomy and urinary diversion

The latter, the ESU Course on "Urostomy/urinary diversion: Clinical pathway for the management of patients who undergo a cystectomy", drew a high attendance and was well appreciated. The entire patient care pathway was examined; ranging from pre-operative counselling to side-effects and post-surgical follow-up. One of the presenters, Kyla Rogers (UK, Mitrofanoff Support President) gave good learning insights from the patient perspective. Health care workers did not take her seriously and she had to wait for a long time before she finally got help. Her case is a good example that second opinion has benefits and that a health care worker should encourage patients in difficult cases to ask for a second opinion. It is frustrating for a urologist, for instance, not to be able to help a patient, and asking a colleague for some help should not be perceived as failure.

Follow-up after surgery

There is a high rate of cystectomy patients who get complications. Thus, side-effects over time such as erectile dysfunction, sexual problems for women and fatigue should be properly attended to. The patients need follow-up by an oncology nurse or other specialist nurses following surgery. Finally, the need for investing in further research regarding side-effects over the long-term became apparent, and this topic should be emphasised in the training and education of health care professionals, particularly doctors.

In the thematic sessions important oncology topics were covered such as testicular cancer, NMI bladder cancer, a survivorship care programme in surgical oncology, lymphedema after lymph node dissection and many others.

In the session on testicular cancer care, the delegates were given updates on the importance of supporting men at key stages of their disease and about ethical challenges that health professionals encounter with this type of patients.

Nurses looking for practical topics for their daily practice benefited from the sessions which tackled topics such as nursing solutions in difficult cases, challenges with urine incontinence, acute and chronic kidney failure, challenges in testicular cancer care, the urology nurse as patient advocate, stoma care of a patient with trisomy and autistic tendencies, among many other issues.

This year, the state-of-the-art lectures covered challenges in nursing practice such as the counselling of patients with acute and chronic kidney failure, drug resistant micro-organisms, and the issue of patient education in a challenging environment (or poor patient literacy). Furthermore, the delegates were informed on developments such as a Danish nurse-driven survivorship clinic and urodynamic studies with air-filled catheters performed in Belgium (shown during the video session on Sunday).

Guidelines session

In a well-attended Guidelines session on Saturday, Susanne Vahr updated the delegates on the latest research regarding intermittent catheterisation. She handed over a new edition of the EAUN guidelines on intermittent catheterisation (a very handy pocket version) to Maria Aberg Hakansson of Wellspect HealthCare, who supported the production of the pocket guidelines. Participants were offered copies of the pocket guidelines besides learning key take-home messages.

Debby Watson (NL) and Brian McGowan (IE) debated the contentious question of whether patients are

capable of choosing or deciding on the best treatment, an issue which sparked a lot of discussion and cordial laughter. The session was formatted in the style of the 'Westminster House of Commons' debate where only 'Hear, hear' comments can be heard. This new session format was very much appreciated and will be repeated next year in Denmark.

E-health and empowerment was another interesting and current topic. The use of a webcam as a consultation tool was of course unheard 20 years ago. But, today, informing patients for them to go online and download hospital instructions and information is now quite normal, and which leads to reduced paper use and postal costs.

Using a webcam system to provide language translator service works efficiently in medical consultations. However, the electronic world also presents some challenges since whenever patients consult "Dr. Google" the information they get may not



Full meeting rooms at the sessions in London



Opponents and Speaker of the House Mr. Ronny Pieters at the 'Westminster session'

always be accurate. This can lead to potential conflicts or misunderstanding between the patient and medical professionals. The key messages in the session reminded the delegates of the crucial and yet tricky role of electronic tools.

For nurses working in the operating theatre there was also a lot to gain from this meeting, particularly in sessions such as in the ESU course on the learning curve in urological robot-assisted surgery and a hands-on robotics skills training.

Robotic skills training

A first, the ERUS-ESU hands-on training course for nurses on Robotic skills and communication was held with the support of Mimic Technologies, 3D Systems and Stan Institute. The session took up the demanding team work in the operating room and made the participants very much aware of each other's role and the importance of communication. Moreover, it was possible to test and improve psychomotor skills by performing various team exercises. The course was very successful and to follow up on this success the EAUN is currently organising a three-day meeting on robotics in Bruges, Belgium in conjunction with ERUS17.

Overall, the 17 posters and presentations in the two poster sessions were of a very high level and provided evidence-based results, as well as practical information that could be used in every day practice. This fulfils the session's goal to serve as a platform for knowledge sharing. All presented abstracts, posters and lecture slides can be found in the Resource Centre at www.eaun17.org.

The EAUN Scientific Committee is working to have equally interesting poster sessions in Copenhagen and is ready to provide support to all colleagues who are interested to join the abstracts sessions next year. Don't miss this opportunity!

Abstract submission is open from 1 July until 1 December 2017 at www.eaun18.org

18th International
EAUN Meeting

London, United Kingdom
25-27 March 2017

EAUN Award Winners

First prize for Best EAUN Poster Presentation

Schmidt M.L.K., Midtgaard J., Ragle A-M., Avlastenok J., Sønksen J., Østergren P. (Copenhagen, Herlev, Denmark)
For the poster: 'Transition from hospital-based supervised exercise to unsupervised exercise in the community: Experiences from men with prostate cancer'

Second Prize for Best EAUN Poster Presentation

Newman D.K., O'Connor C., Clark L (Coeur D'Alene, Idaho, Milwaukee, Philadelphia, United States of America)
For the poster: 'Is re-use of intermittent urethral catheters safe and preferred? Real world data from the United States'

Third prize for Best EAUN Poster Presentation

Avlastenok J., Rud K., Køppen H., Føns F., Østergren P. (Herlev, Denmark)
For the poster: 'A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer'

Prize for the Best EAUN Nursing Research Project – March 2017

E. Van Muilekom, S. Horenblas, S. Ottenhof, J. Kieffer (Amsterdam, The Netherlands)
For the paper: 'Quality of life in penile cancer patients: a survey of patient reported outcomes'

Prize for the Best EAUN Nursing Research Project – September 2016

R.N. Knudsen, E. Grainger, M. Svejstrup, B. Jensen, H. Kruse Larsen, J. Bjerggaard Jensen (Aarhus, Denmark)
For the paper: 'Quality Assurance Project: Nephrostomy catheters and bandages'

Best EAUN Nursing Research Project Prizes supported with an educational grant from Wellspect HealthCare

For photos please check page 8.

32nd Annual EAU Congress

EAU17 LONDON
24-28 March 2017
Cutting-edge Science at Europe's largest Urology Congress

34th World Congress of Endourology

Thought-provoking sessions on urological practices



Sue Osborne
Urology Nurse
Auckland (NZ)

sue.osborne@
waitematah.govt.nz

In November 2016, I had the pleasure of attending the 34th World Congress of Endourology in the culturally rich city of Cape Town, South Africa. Many of your urologic colleagues were also in attendance with a strong representation from the United Kingdom and Europe.

We were blessed with day after day of blue skies, making the pre and post session views of Table Mountain and Victoria and Alfred Harbour quite spectacular. The South African hosts were friendly and welcoming, and the entire experience was a real pleasure.

The congress programme was varied with the main plenary and poster sessions allowing me plenty to pick and choose from to suit my advanced nursing practice interests. The timetable also included topics specifically relevant to the African continent, but of importance to all of us, like the 'save the rhino' presentation given by Karen Trendler. Trendler is a passionate speaker, personally involved in rehabilitating young rhinos orphaned by poaching. She explained how the highly-skilled staff at the rhino calf orphanage aims to achieve healthy, viable, self-sustaining rhinos that can be successfully released back into the wild.

This process starts with the initial rescue and recovery of the rhino calves from the wild, a very challenging procedure. They have often been alone for days before they are located and have developed blood sugar abnormalities, temperature control issues, dehydration, starvation, and immune compromise. She stated that the rhino calves also commonly exhibit symptoms of post-traumatic stress disorder. Urologically they have a high incidence of UTI and cystitis, and can also develop a burst bladder as they are often too weak to stand and they are anatomically unable to urinate if lying down. It was a most interesting presentation and food for thought on how the world's population needs to strongly support anti-poaching activities and the work organisations such as hers are doing to preserve a species on the verge of extinction.

Another interesting African-based presentation was by Prof. André Van Der Merwe, Head of Stellenbosch University's division of urology in South Africa. He informed the audience of how traditional circumcision practices often result in disfigurement and complications leading to organ loss. Young men are naturally deeply traumatised by these events with psychological illness and even suicide not uncommon in this group. In response, and as part of a pilot study, Van Der Merwe's team performed the world's first penis transplant in December 2014. It was for a 21-year-old man whose penis had to be amputated after he developed severe complications from a circumcision.

Prof. Van Der Merwe explained how the surgical team had spent many months researching the techniques used by face transplant surgeons before attempting the penis transplant. They used the same type of microscopic surgery to connect the blood vessels and nerves in the nine-hour operation. After nearly two years, the young man has regained all urinary, reproductive and sexual functions with his transplanted organ, and he considered the successful surgery as having changed his life, significantly improving his psychological well-being and self-esteem.

"..those patients with stents with strings had less sexual intercourse while the stent was in place, than those with traditional stents."

Thought-provoking sessions

One of many thought-provoking plenary sessions was a panel presentation where urologists from a variety of settings presented their views on the optimal management of different small renal masses. The panellists presented rationales for active surveillance, renal mass biopsy, partial nephrectomy and ablative techniques. The factors that influenced their decision-making included: size and characteristics of the mass on imaging; renal biopsy findings if performed; and patient's age and co-morbidities. The merits (or otherwise) of treating CT-diagnosed Bosniak 3 cysts were also discussed. The general consensus was to closely follow these patients although the tendency in young, fit patients was to treat Bosniak 3 lesions as there is a 50-60% chance that they will in fact be renal cell carcinomas.

This session followed on well from the previous presentation expounding the value of 'more diagnosis and less treatment' of small renal masses. American urologist Ralph Clayman noted the increase in the number of incidentalomas being detected due to the large number of CT scans now performed annually. He reported that more than 30% of diagnosed renal

masses are smaller than 3 cm, presenting urologists with (in his view) a strong indication to biopsy these lesions so that they know exactly what they are dealing with.

He commented that there are many reasons as to why fewer biopsies are performed than perhaps one would expect. These include a perception that the results won't change the management plan, the risk of tumour seeding, the risk of false positive and false negative results, the risk of complications from the procedure, and the lack of infrastructure in medical centres to enable the procedure to be conducted safely. Clayman then went on to use literature and personal experience to dispute these reasons, urging the audience in his closing statement to get a tissue diagnosis with biopsy then decide whether or not to treat. Other speakers were less convinced that biopsy was always necessary. The general consensus appeared to lean towards the first issue Clayman raised - whether tissue diagnosis would change the treatment plan.

A session on novel imaging of renal masses added to the discussion with a report on the potential merits of performing a Sestamibi SPECT/CT scan to determine the histology of renal tumours. This scan can differentiate benign oncocytomas from other renal tumour histologies with excellent specificity and sensitivity. This raises the possibility of its use for pre-treatment stratification of patients presenting with an indeterminate renal mass in the future, pending confirmatory studies. Another imaging modality presented as having promise is PSMA scans, for the imaging of metastatic clear cell renal cell carcinoma. Large prospective studies were called for in the novel imaging arena.

The same panel format was used to explore the potential risks and benefits of the various renal and ureteric calculi treatment modalities. It was an excellent presentation using case discussions to illustrate varied clinical scenarios. The points made during the discussions clarified my thinking in this

area of practice, leading me to increased confidence in my ability to educate and support calculi patients back in my hospital.

Another useful session discussed strategies to reduce ureteric stent discomfort. Stent omission after ureteric stone treatments is associated with an increased risk of unplanned medical visits due to complications, including pain. Speakers reported that alpha-blockers prescribed with anticholinergics are more effective for stent discomfort than a single agent. Tadalafil has also been shown to help. Study results disappointingly indicated that patient education regarding stent-related symptoms did not reduce patients overall discomfort. Patients were reported to have a strong preference for stents with removal strings over those requiring cystoscopic removal. The data indicated however those patients with stents with strings had less sexual intercourse while the stent was in place, than those with traditional stents. In our unit we use both types of stents; it seems it might be timely to explore our patient's preferences prior to their placement!



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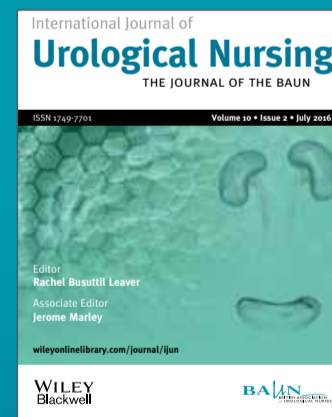
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Inviting all robotic urology nurses to Bruges

Increase your knowledge of procedures, competences and team work in the OR

There is no harmonised training for nurses and RNFAs at this moment and this meeting aims to fill this gap with a high quality nurses programme. The 2017 edition of the ERUS-EAUN Robotic Urology Nursing Meeting in Bruges is a unique meeting for nurses and RNFAs working in robotic urology. By collaborating with EAU and ERUS we are able to provide an educational programme based on best practice with a very high standard.

The aim of the ERUS-EAUN Robotic Urology Nursing Meeting to become the educational platform for OR nurses and RNFAs working with robot-assisted urology surgery. The programme will include the latest research in our field of expertise and also look ahead at what the future will bring. The meeting will offer theoretical in-depth knowledge and optional hands-on training for nurses working in robot-assisted urology surgery (for hands-on training separate registration applies).

The first day will be completely dedicated to the operating room nurse / assistant role in theory and practice and includes state-of-the-art lectures on safe positioning, avoiding

complications, radical prostatectomy, kidney and bladder cancer, amongst others. Team training, trouble shooting, ethics and educational video presentations are some of the other important topics that will be discussed with the audience by highly skilled and experienced speakers.

On day 2 and 3 the nurse delegates will attend the lectures and live surgery sessions of the regular ERUS programme, to return home completely updated on the latest developments in the field.

Aims and objectives

- Increase the understanding of the bedside role of the nurse in the operating room
- Offer extensive in-depth knowledge of the most common urologic procedures such as prostate cancer, kidney cancer and bladder cancer as performed today
- Deepen the knowledge of the patient's pathway from diagnosis to surgery
- Increase awareness of the importance of having the right competences in the operating room

- Define the role of the operating room nurse in robotic surgery
- Enable the participant to take part in discussions how to handle minor and major complications in robotic assisted urology surgery
- Address the importance of a skilled robotic team and team efficiency in the operating room, including crucial knowledge on how robotic surgery affects the patient
- Inspire both OR Nurses and RNFA's in their daily work in the operating room to achieve a higher satisfaction and joy in their field of expertise

Don't miss it!

Register before 15 June 2017 and benefit from an early fee!

Register now at www.erus17.org

More information: www.erus17.org/special-meetings/erus-eaun

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Bladder cancer in depth

3rd Course of the European School of Urology Nursing
27-28 October 2017, Amsterdam, the Netherlands

Join us at the 3rd ESUN course in Amsterdam

50 places
available

Are you looking for an update in the field of bladder cancer? Do you appreciate a state-of-the-art lectures and applicable recommendations from Europe's top experts? Are you an experienced practising nurse specialist who treats bladder cancer patients and teaches other health care professionals to treat them?

If so, you will most certainly want to join us at the 3rd ESUN Course in **Amsterdam 27-28 October 2017**. 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, who will train you with the purpose to help you spread the latest insights in the field.

The preliminary programme consist of the following modules:

- Module 1 - Principles of treatment of non-muscle invasive bladder cancer - K. Hendricksen (NL)
- Module 2 - Principles of treatment of muscle-invasive and metastatic bladder cancer - R.P. Meijer (NL)
- Module 3a - Neoadjuvant chemotherapy & chemoradiotherapy - t.b.c.
- Module 3b - Immunotherapy - t.b.c.
- Module 4 - Intravesical therapy - S. Vahr (DK), K. Chatterton (GB), W.M. De Blok (NL)
- Module 5 - Patient's perspective and unmet needs in bladder cancer - C. Paterson (GB)
- Module 6 - Group work - Part 1
- Module 7 - Adherence to treatment - t.b.c.
- Module 8 - Prevention of bladder cancer - B.T. Jensen (DK), S. Vahr (DK)
- Module 9 - Nursing role from haematuria to cancer - K. Chatterton (GB)
- Module 10 - Group work - Part 2

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 26 June to receive an application form, the application deadline is 30 June 2017. A selection will take place based on experience, work environment and educational background. An accreditation application in The Netherlands is pending. For more info please visit eaun.uroweb.org

We are looking forward to receiving your application!

The Organising Committee:

Willem De Blok (NL), Bente Thoft Jensen (DK), Susanne Vahr (DK)

This course is supported with an educational grant from Medac and Bristol-Myers Squibb

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19th International EAUN Meeting

eaun18

17-19 March 2018, Copenhagen

Abstract and Video Submission
Difficult Case Submission
Research Project Plan Submission

Deadline: 1 December 2017

in conjunction with
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