Over 350 urology nurses from Europe and around the world gathered in London to learn updates and practical insights in a wide-ranging programme that took place from March 25 to 27.

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 Terzeni (EAUN Chair), Chris Chapple (EAU Secretariat General) and Jane Tayor (BAUN Honorary President), the three-day event acknowledged the difference between specialist nurses 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 Alet (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 Allchorn (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 emphasise the importance of collaborative work.

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 presentations (by Pauline Bagnall, United Kingdom, Lone Aarvig and Kathrine Melchiorsen both from Denmark) the speakers highlighted the very similar.

Urology and urinary diversion

The latter, the ESOU Course on “Urology/Urinary diversion: Clinical pathway for the management of patients who undergo a cystectomy”, drew a high attendance and was well appreciated. The entire patient pathway was examined; ranging from pre-operative counselling to side-effects and post-surgical follow-up. One of the presenters, Rylja Rogers (UK, Mirtistaff 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 get 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’s frustrating for a urolologist, 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 urology 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, NNT 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 after surgery, urinary diversion and the importance of communication. Moreover, it was noted that participants very much aware of each other’s role and this topic should be emphasised in the training and education of health care professionals, particularly doctors.

The 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 microorganisms, and the issue of patient education in a challenging environment (or poor patient literacy). Furthermore, the session covered information 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 Abeg Nakahoso of WelSpect HealthCare, who supported the production of the pocket guidelines. Participants were offered copies of the pocket guidelines besides learning key take-home messages.

Debbie Watson (NL) and Brian McGowan (IE) debated the controversial issues 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 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 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 ERSU ESU hands-on training course for nurses on Robotic skills and communication was held with the support of Memic Technologies, JD 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 ERUIS.

Overall, the 27 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.eaunst.org

Training psychologist skills in the Robotics HOT Course for nurses.

For the paper:

Prize for the Best EAUN Nursing Research Project – September 2016


For the paper: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

Second Prize for Best EAUN Poster Presentation

Newman D.K., O’Conner C., Clark L. (Coeur D’Alene, Idaho, Milwaukee, Philadelphia, United States of America)

For the paper: ’Experiences from men with prostate cancer’

Third prize for Best EAUN Poster Presentation

Schmutz M.E., Ragge A-H., Jakulsen K., Sønksen J., Østereng P. (Copenhagen, Herlev, Denmark)

For the paper: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

Price for the Best EAUN Nursing Research Project – September 2016


For the paper: ‘Quality of life in prostate cancer patients: a survey of patient reported outcomes’

Price for the Best EAUN Nursing Research Project – September 2016


For the paper: ‘Quality of life in prostate cancer patients: a survey of patient reported outcomes’

Price for the Best EAUN Nursing Research Project – September 2016


For the paper: ‘Quality of life in prostate cancer patients: a survey of patient reported outcomes’

For the poster: ’Transition from hospital-based supervised exercise to unsupervised exercise in the community’

First prize for Best EAUN Poster Presentation


For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

For the poster: ’Experiences from men with prostate cancer’

For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

For the poster: ’Experiences from men with prostate cancer’

For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

For the poster: ’Experiences from men with prostate cancer’

For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’

For the poster: ’Experiences from men with prostate cancer’

For the poster: ’A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer’
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 difficulties 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 penile haed 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.

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

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 panelists 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 and otherwise of treating CT-diagnosed Bosniak 3 cysts were also discussed. The general consensus was to closely follow these patients pending 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 incidentally detected tumours 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.

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 my 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 session 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 Treindler. Treindler 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 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 dehydration, starvation, and immune compromise.

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.

In the novel imaging arena.

The same panel format was used to explore the potential risks and benefits of the various renal and urological cancer 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 calcified 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 less sexual intercourse while the stent was in place, than those with traditional stents.

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 to 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 pattern was used to explore the potential risks and benefits of the various renal and urological cancer 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 calcified 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 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!
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, there is an unmet need. 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 aims of the ERUS-ENAU Robotic Urology Nursing Meeting are 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 programme format 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 to give their state-of-the-art lectures on state of the art lectures on state of the art lectures on state of the art concepts. Our experts will include the latest research in our field of expertise and expectations.

The programme format 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 aims and objectives of the meeting include:

1. **Definition of the operating room nurse in robotic surgery**
2. **Enable the participant to take part in discussions on how robotic surgery affects the patient**
3. **Address the importance of a skilled robotic team and team efficiency in the operating room**
4. **Enable the participant to take part in discussions on how robotic surgery affects the patient**
5. **Enable the participant to take part in discussions on how robotic surgery affects the patient**
6. **Enable the participant to take part in discussions on how robotic surgery affects the patient**

Don’t miss it!

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

Register now at www.erus17.org

---

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

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 return home completely updated on the latest developments 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 bladder cancer - R.P. Meijer (NL)
- **Module 3a**: Neo-adjuvant chemotherapy & chemoradiotherapy - t.b.c.
- **Module 3b**: Immunotherapy - t.b.c.
- **Module 4**: Intravesical therapy - S. Vahr (DK), K. Chatterton (GB), W.M. Do Bliek (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

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), Beate Thaft-Jensen (DK), Susanne Vahr (DK)

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