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system and competence build-up, both clinical and academic. She also advocated the need for a structured and EU-wide defined robotic nursing training, not an easy task but an achievable one at that.

On a similar note but from a different take, was Jane Petersson's presentation titled "Training and education to become RNFA". Again, the need for a clear and structured robotic nursing training regime was covered extensively in this presentation with an outline of her work towards achieving it. The importance of a structured and mentored "hands-on approach" was well-described with practical examples of what has been achieved in her practice.

After a quick coffee break, again it was Dezita Taylor's turn for another easy-to-relate to, eye-opening presentation, titled "Avoiding complications in Robotic Surgery". This time round, she focused on standard operating procedures applicable to avoiding complications. Simple measures yet so effective, based on a rich experience build-up and careful analytic approach on what went wrong, why and control measures to avoid it.

The next presentation by Veronica Ramirez (OR nurse, MSc. Karolinska University Hospital Sweden) focused on a very specific yet very important topic- complication avoidance. Her presentation titled "Position-related extremity symptoms after robotic-assisted laparoscopic cystectomy" was built upon her evidence-based study focusing on this subject. With far reaching complications, if not well prepared for, she took us into an evidence-based approach, built upon data collected on the subject. The choice for the correct type of consumable system, plus patient positioning needs are part and parcel of what is required for the desired intervention outcome, thus avoiding long-lasting painful complications.

### Insightful presentations

The day progressed with presentations from a non-nursing background, starting off with a two-part presentation by Prof. Erdem Canda (Ankara University Hospital, Turkey). Session one was titled "Port placement for robotic assisted radical prostatectomy & radical cystectomy; know your anatomy and how to avoid external and internal conflicts". It was well presented, making constant references to actual complications and how to best avoid them by proper assessment and well-placed entry ports. The second part, was as interesting and well presented as the first, this time titled "Managing rectal injuries during robotic assisted surgery; what to do when things go wrong". Again, this was backed up by extensive visual and pictorial references of situations one wouldn't like to encounter, but inevitably will in the course of such interventions and how to rectify the situation.

Another presentation followed that also focused on complication awareness and problem-solving. Dr. Victor Corona Montes (Mexico City, Mexico) discussed "Complications during robotic assisted urology surgery. What to do when something goes wrong" which followed the same high-level presentation seen during the day. Experienced clinical complications were well presented, with situations that any experienced robotic surgery team may be exposed to but will quickly react to if well trained. The need for a thorough drill regime for such situations was an important take home message to all present that day.



Harold Omana (UK) demonstrates OR instruments at the ORSI Academy in Melle (BE)



Around 100 nurses attended the robotic nurses' programme in Bruges

For the first and only time during this day, we had a very valid presentation from a "non-surgical" point of view. It was Dr. Geert Vandembroucke (OLV Hospital, Belgium) who gave us a valuable insight on what theatre nurses seem to take for granted, with his presentation titled "Anaesthesia for patients undergoing robotic surgery - what all OR nurses and RNFA's should know". This presentation clearly underlined the fact that there are less visible aspects of robotic surgery but of which all team members must know due to their severity and implication to our patients.

After the lunch break, the afternoon session kicked off with Dr. Markus Aly (Karolinska University Hospital, Sweden) and his presentation "Radical prostatectomy: Which patients do we meet in the OR/ Latest research on the topic of PSA and diagnosing with fusion biopsies, factors deciding whether the patients will undergo surgery or have optional treatment. Handling postoperative complications". The title actually says it all and it took the theatre nursing community into areas that they seldom are involved in, but nevertheless, need to understand and appreciate. It gave the audience an insight on what is the current and accepted norm and what may the next steps be as deciding factors for best treatment options.



HOT training in small groups at the venue in Bruges

Up next was Dr. Rafael Sanchez-Salas (Institute Mutualiste Montsouris, France) with "Bladder Cancer: Diagnosis and treatment. Factors deciding illeal conduit or neobladder. Challenging case. Quality of life after surgery". This was also an interesting presentation, excellently described and well presented with interesting insights going beyond that to which robotic surgery nurses would be directly involved in.

After a quick coffee break, Dr. Frederiek d'Hondt and OR Nurse Hilde Cammu (OLV hospital Belgium)

discussed "How to ensure patient ethics and patient safety during Live Surgery - what are the EAU standards". We were invited to look into the ethics of live surgery broadcast with a burning question - "Are we being educated or entertained?". For the first time for many in the audience, the procedure to follow for an ethically conducted live surgery, was well covered and aptly explained.



Luc Bols (Intuitive) demonstrates new Xi features

### Challenging cases

Last but not least Mr. Ben Challacombe (Guy's Hospital, UK) presented his "Kidney cancer: Diagnosis and Treatment. Focus on partial nephrectomy, challenging cases and surgical case". This last presentation was also evidently well received by the audience, with well-placed visual references to difficult situations, what was done to overcome them and practical advice.

This year's ERUS-EAUN Robotic Nursing meeting had also a hands-on side to it. Again, with support of Prof. Mottrie, we had something special to offer to our nursing participants - a visit to ORSI Institute. We all hear about it but few of us ever get the opportunity to visit. Due to the large request, we were divided into groups. Half of the visit was dedicated to an introduction on difference between consumables used in the latest DaVinci models as opposed to the older generation with special reference to the de-docking technique. The second part was downstairs with the actual DaVinci systems where we had the opportunity to try out what we had been briefed on before. The newest hardware instalment from DaVinci was more intuitive, with respect to many aspects of the previous machine, and also offers more options and ease of user interface.

Another well received hands on session was from STAN Institute, again not possible without ERUS support. It covered the importance of communication skills that basically mimic those used in aviation between control towers and aviators. Simulation experience was also a great eye opener on how difficult it is to control such hardware. This becomes very evident in situations where one team member has a 3D view of the work area yet needs to interact with the rest who are looking at a 2D image without the benefit of depth perception.

From the post meeting feedback received, we can say that all the hard work paid back in dividends in the way of high-quality take-home new knowledge and greater appreciation of what it takes to be efficient, safe and competent in this ever-demanding sphere of high-end urology surgery.

**Robotic surgery is, by far, one of the best and most advanced examples of combined competencies, forged together in theatre and moving forward as an effective team. It has pushed the boundaries of what was thought to be the known limit, just over a decade or so ago, to new heights and more is yet to come. Theatre nurses are intrinsic members of any effective robotic surgery team, thus their training and contribution to robotic surgery best practice, should not be underestimated.**

As soon as ERUS - many months before the set date for the Bruges event - invited EAUN to put together a nursing meeting, work started immediately. No stone was left unturned by Linda Söderkvist (robotic-experienced nurse and EAUN Board Member) and Jane Petersson (RNFA, Denmark) who worked very hard to invite excellent speakers to address a wide range of salient topics. Also noteworthy was the undivided support from ERUS especially from Prof. Mottrie and Dr. Van Der Poel, who were instrumental for the success of the event.



Dezita Taylor (UK) gave an interesting presentation about human factors, and the importance of team training and efficiency in the OR. Around 100 nurses attended the robotic nurses' programme in Bruges

Jane Petersson and Hilde Cammu (OR Nurse, Belgium) gave the welcome remarks and a quick outline of the programme, followed by my presentation, "Introduction to EAUN - now more than ever". I highlighted the importance of coming together, getting organised, and moving forward in a concurred pathway to build upon what has been achieved. The EAUN is an ideal and well-placed platform from where all involved can contribute to a better harmonised evidence-based educational pathway.

Dezita Taylor (Lecturer in OR practice, Birmingham City University) quickly followed with her presentation titled "Human Factors in Robotic Surgery, team training and OR efficiency," which was a welcoming, no-nonsense wake-up call on robotic surgery from a nursing point of view. She aptly took the audience through what, from a nursing perspective, can and will go wrong when one ventures into robotic surgery without the necessary training and coherent team build-up. Robotics is not something that one mentions on a Friday and wheel in theatre a DaVinci on a Monday. This has happened in the past, possibly still does with not so pleasant outcomes. Most of what she outlined must have rang home with many in the audience and yes, we are not alone in some predicaments, and yet there are solutions out there.

One excellent presentation was followed by another one, this time from Kate Furbur (Specialist OR Nurse, American Hospital of Paris). Her presentation, "Standardizing a European curriculum for nurses working with robotic surgery, a reality or a utopia?" was an apt subject to follow the previous one. Kate built her argument on better robotic nursing training based on her personal journey on the subject. Starting off some years back, from a less ideal situation where little training was available, she described her experience and pathway to a structured

# 3rd ESUN Course "Bladder Cancer in Depth"

Amsterdam hosts comprehensive course on Bladder Cancer care



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Organised by the European School of Urology Nursing (ESUN) and the EAUN's Bladder Cancer SIG Group, the 3rd ESUN Course "Bladder Cancer in Depth" was held in Amsterdam, The Netherlands, from October 27 to 28 last year.

Educational grants from sponsors involved in the treatment and care for bladder cancer patients made it possible for the first time to invite 50 urological nurses from around the world to participate in this spectacular ESUN event. Like in previous courses, the



After sharing experiences and local challenges, each group works on a plan to implement the knowledge gained

European Association of Urology Nurses

The programme covered the following sections:

- Module 1: Principles of treatment of non-muscle invasive bladder cancer - K. Hendricksen, Amsterdam (NL)
- Module 2: Principles of treatment of muscle-invasive and metastatic bladder cancer - R.P. Meijer, Utrecht (NL)
- Module 3a: Neoadjuvant chemotherapy and chemoradiotherapy - R.P. Meijer, Utrecht (NL)
- Module 3b: Immunotherapy - H. Pappot, Copenhagen (DK)
- Module 4: Intravesical therapy - Moderator: S. Vahr Lauridsen, Copenhagen (DK)
- Patient safety issues - K. Chatterton, London (GB)
- Nurse safety issues - W.M. De Blok, Utrecht (NL)
- Everything you always wanted to know about BC but did not have the opportunity to ask
- Module 5: Patient's perspective and unmet needs in bladder cancer - C. Paterson, Dundee (GB)
- Module 6: Group work Part 1: Connect with nurses from your country and prepare questions
- Module 7: Adherence to treatment - H. Pappot, Copenhagen (DK)
- Module 8: Clinical health promotion in relation to bladder cancer - B.T. Jensen, Aarhus (DK) & S. Vahr Lauridsen, Copenhagen (DK)
- Module 9: Nursing role from haematuria to cancer - K. Chatterton, London (GB)
- Module 10: Group work Part 2: Discuss items to teach back home, create a programme with teacher, make a financial plan, present the plan

only requirement to apply for an ESUN course is to motivate your application.

Despite growing public awareness, bladder cancer care is still an area in urological nursing which deserves attention through education and knowledge of the actual growing body of evidence. The core of bladder cancer care is complex and requests from members and congress attendees during recent years inspired us to offer the "Bladder Cancer in Depth" course. A multi-professional faculty provided the attendees with excellent presentations on the basics and recent evidence in bladder cancer care.

The faculty prioritised interactive sessions to provide attendees the chance to network, share experiences and explore the possibilities of upgrading the quality of care in their own institutions. The round-table discussions were intense and each group (based on geographical area) provided concrete suggestions for

quality improvement and how to approach implementation aspects at their local hospitals.

This dynamic part of the course was very interesting for the organisers and will be an integral part in future ESUN courses. The best project design was awarded



Discussing how to upgrade the quality of care back home



The organisers, Willem De Blok, Bente Thoft Jensen and Susanne Vahr pose before the course

with a small prize. It was difficult to pick the very best work or proposal but the Irish group came up with a short and realistic project that convinced the organisers of the potential for immediate implementation and benefit for the patient. We look forward to the report from the Irish group! Also noteworthy was the synergistic effect of seeing dedicated and enthusiastic nurses in a roundtable discussion, examining best care and challenging their own practice.

The learning outcome of the course and the projects for improving standard of care was impressive, and was only made possible with the contributions of the interactive participants and highly motivated speakers. Thank you to all attendees and speakers who chose to spend a weekend with us. We hope to repeat the success next year.

Ideas for future ESUN courses from members are welcome and please note that ESUN courses are accredited with 8 points by Accreditatiebureau Verpleegkundig Specialisten Register (Accrediting agency of the Specialist Nurses Register in The Netherlands) and the Accreditatiebureau Kwaliteitsregister V&VN Register Zorgprofessionals (also in the Netherlands).

# EAUN-EUSC Workshop on ERAS protocols after cystectomy

Nurses share practical insights on ERAS protocols



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This year the 6th Emirates International Urological Conference (EUSC) in Abu Dhabi in November 2017 was held in conjunction with the World Congress on Videourology & Advances in Clinical Urology. It was the third time that the EAUN had the pleasure to participate in the conference with a nurses' workshop.

The conference was attended by about 800 participants with the nurses' workshop attracting 50 nurses.

Radical cystectomy is a complex procedure involving lymphadenectomy, cystectomy and harvesting bowel tissues to use in a urinary diversion. More than 60% of the patients undergoing radical cystectomy experience at least one complication within the first three months post-operatively and following Enhanced Recovery After Surgery (ERAS) protocols might improve postoperative outcomes. In 1997 the first paper from Henrik Kehlet described the impact of the surgical stress response to organ dysfunction and how the stress response could be minimised. The surgical stress response is induced by surgery and is a complex response with an increase in catabolic hormones and a reduction in anabolic hormones, hyper-metabolism and altered carbohydrate and protein homeostasis. All these responses enhance the risk of complications.

Knowing that more than 60% of the patients undergoing radical cystectomy experience complications, the surgical stress response is a problem. ERAS protocols aim to minimize the physiologic and psychological stress effects during and after surgery.

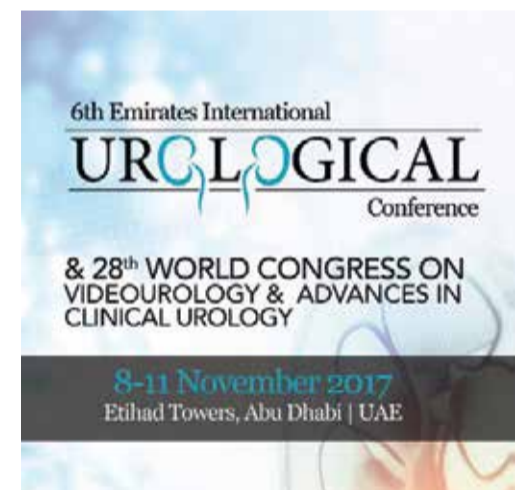
During the last decade there is a growing awareness regarding the importance of nursing interventions in ERAS. Thus, the workshop aimed to present the rationale of ERAS protocols, as well as the key principles for involving the patient in lifestyle changes and self-care. Looking at nursing interventions, information and assessment of the patient are the most important factors, preoperatively. At preadmission the first risk assessment should be made already in the out-patient clinic and include nutrition, physical activity, smoking, alcohol and education on how lifestyle habits influence surgical outcome.

The lectures also presented the EAUN recommendations for urostomy and neobladder management as well as the principles of surgical wound care. Pre-operative stoma education has



Demonstration of how to assess the patient using the Urostomy Education Scale

been shown to significantly reduce "delayed discharge" due to better patient self-care. One of the sessions in the workshop introduced the Urostomy Education Scale which is a validated and evidence-based tool to document patients' level of stoma self-care skills.



As shown in this photo there was a great interest on how to assess the patient using the Urostomy Education Scale. The introduction to the materials used during the workshop such as catheters and urostomy bags was done by Coloplast and WellSpect HealthCare representatives.



Introduction to the catheter material

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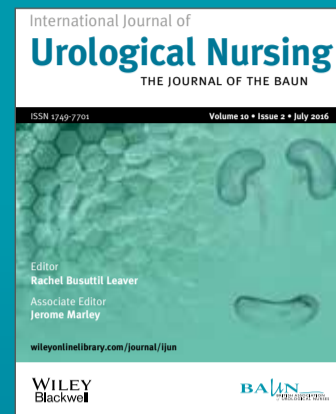
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19th International EAUN Meeting

**eaun18**

17-19 March 2018, Copenhagen

## EAUN18: Hub for urology nurses participation

International meeting to spur on more cooperation

The growing involvement of nurses is the focal point of the upcoming 19th International Meeting of the European Association of Urology Nurses (EAUN18) in Copenhagen, Denmark. "EAUN18 is THE congress of urology nurses. It is fully dedicated to them. And I see it as an annual 'family meeting' as we belong to one big family of urology nurses," said Ms. Corinne Tillier, Chair of the Scientific Programme Committee.

### New updates

Since the previous EAUN Congress, the scientific committee has delivered significant changes with an extra focus on the urology nurses' practice and concerns, and to increase interaction during sessions.

"At EAUN18 in March, participants can look forward to more innovative sessions, new developments in treatment and technologies. They can still enjoy the congress staples such as the popular and well-attended sessions of the Guidelines, difficult cases, and poster sessions," stated Ms. Tillier.

She added, "We have listened to the nurses' suggestions regarding themes and sessions. The national societies were very helpful, too. Based on their feedback, we have included two Thematic Sessions from the special interest groups (SIG): SIG continence and SIG bladder cancer. They selected the "Management of chronic bladder problems" and "The evolution and management of BCG" as the theme of their sessions. This way, we can satisfy what they have hoped to see at an international nurses' meeting."

### Core objectives

EAUN18 encourages nurses to actively participate. "Regardless of which country we come from, we can learn a lot from each other," said Ms. Tillier. "Through

an exchange of ideas and examination of current programmes and practices at EAUN18, we can merge the best of what we know and this will benefit everyone in the end."

The international meeting will also continue to address and fulfil the current and future needs of urology nurses and patients. "Our goals as nurses include optimisation of our daily clinical practice; further enhancement of our knowledge and skills through new evidence-based practice; and prioritisation of patients' needs. For example with the sessions on "Men's health" and the ESU course on "Immunotherapy" EAUN18 would help us accomplish that," stated Tillier.

### Urgent and controversial issues

Two of the most notable sessions at EAUN18 are "Thematic Session 9: Complementary or alternative medicine in urology", and "Specialty Session 3: Creating OUR Nursing Urology Curriculum - at the 'no fairy-tale café'".

Nurses see an increased use of Complementary or alternative medicine (CAM) among their patients. "About 75% of cancer patients don't inform their doctors about their CAM use but can talk openly to us nurses about it. CAM use could have serious consequences as some herbal remedies or vitamins interact with certain medications. This is exactly why we need to address the CAM use and acquire more information to deal with the issue."

EAUN Scientific Congress Office Member and lecturer, Mr. Jerome Marley, said that currently there is no existing curriculum for nurses that can provide structure to meet their future needs. He equates the needed curriculum to a map that "highlights the



Stefano Terzoni, Chair EAUN



Corinne Tillier, Chair SCO

key content for urology nursing that can be used by individual countries to guide local education; enhance the role of urology nurses; and fulfil the specific needs of each country."

He mentioned four key questions to deliberate whether the creation of such a curriculum is necessary and why or why not; delivery of the curriculum in a way that it is applicable and fitting to various practices in different countries; if collaboration is necessary and if so, who should collaborate; and how should the finalised curriculum be used. Based on these questions the views of the delegates will be heard and noted, since the development of the curriculum, a cooperation of the EAUN, BAUN, the Ulster University, and individual urology nurses, needs to be supported by the whole European urology nursing community.

### Interested to know more about EAUN18?

Please visit the official website at [www.eaun18.org](http://www.eaun18.org) for more information on its Scientific Programme, industry sessions, the must-attend courses organised by the European School of Urology, and much more.

Join us in Copenhagen!



Registration is open online until 26 February 2018

Registration in Copenhagen opens 13 March 2018

in conjunction with **EAU18**

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