Nurse-led flexible cystoscopies
Reducing anxiety in patients, building trust in disease management

As a nurse cystoscopist, some of the most vital aspects in care management of patients suffering from non-muscle invasive bladder cancer (NMIBC) include continuity of care, timely follow-up, and having a specific point of contact. These allow patients to have trust and confidence in the management of their disease.

I carry out a weekly flexible cystoscopy list solely for NMIBC patients who require surveillance post treatment and have undergone transurethral resection of bladder tumour, intravesical Bacillus Calmette-Guérin (BCG), chemotherapy and radiotherapy follow-up. This group of bladder cancer patients, requiring surveillance are unique; they adhere to strict follow-up guidelines and need regular surveillance flexible cystoscopies, which can lead to lifelong care.

Hospital attendances can involve the fear of the cancer recurring, anxiety and worry about pain. Having spoken to regular patients, I am aware that they find comfort in knowing they see the same person every time they go to the clinic. I find that they are more comfortable and open to talk about their concerns in these clinical settings.

Men with metastatic (advanced) prostate cancer have a variety of supportive care needs including physical issues, communication, psychological/emotional needs, intimacy and sex, and information (Patterson et al 2017).

In addition, we know from the work presented by Afshar et al at the EUAAN Meeting in Copenhagen in 2012 that patients with a urological malignancy are five times more likely to commit suicide than those in the general population and that the ratio of suicide attempts to completed suicides was lower in patients with prostate cancer than that in the general population (1:7 vs. 1:25). The specialist nursing role in advanced prostate cancer is multi-faceted and requires careful planning.

The specialist nurse role in advanced prostate cancer is varied, but may include:

- Support at diagnosis and during treatment decisions;
- Improving adherence and managing non-adherence to treatment;
- Monitoring treatments, response or progression and referral as appropriate;
- Proactive management of side effects and metabolic effects;
- Crisis management and rescue work;
- Support groups and education events;
- Finance and practical advice; and
- Advanced care planning and palliative care.

Support group
Our support group (Prostate Life) has been running for over 10 years at Guys and St Thomas’ Hospital. It is open to any man who has been treated for prostate cancer at our hospital (regardless of treatment or stage). Numbers typically increases each year and numbers of attendees have increased year on year. The group also has an email distribution list where members are kept up to date with information about meetings, news and information.

The meetings have a standard format: we start with an educational topic followed by the support element where members are able to talk amongst themselves or ask for specific advice. Refreshments are provided which adds to the relaxed and friendly environment. Some of the attendees have sent in their comments about what the support group has meant to them. Below are some testimonials:

“I have found the Support group extremely useful... The ability for new patients to be able to talk with men who have undergone treatments and explore how they have been affected by our experiences with which add to the relaxed and friendly environment. All of the attendees have sent in their comments about what the support group has meant to them. Below are some testimonials:

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“Providing forums where men can get information and support has been successful and rewarding for staff as well as patients.”

Staying Healthy on Hormones Seminars
We know that there is a need for support and education for men on ADT around side effect management. Providing metabolic effectives, and support, most education and support is given in 1:1 consultations or on the phone, often in the context of a nurse-led consultation with health treatment and information given in this way is not always retained and referrals are often not taken up when advice regarding side effects and healthy living were given in the context.

The aims of the seminars were to understand treatment and its side effects, and offer advice regarding side effect management, to suggest simple lifestyle changes to mitigate longer term metabolic effects, to encourage patients to engage with primary care and take an active part in their monitoring and care (improve self-efficacy).

A total of 306 men and 34 friends/partners have attended the seminars and 295 evaluations have been completed. The evaluations have been extremely positive with most men finding the sessions useful, and all men saying that they would recommend the seminars to other men on hormone therapy.

Advanced prostate cancer club
Without dedicated education and support we can offer to men, as we use non-medical interventions and activities to provide a safe space to get to support and discuss challenging issues.

Reference
Patterson et al 2017 "Unmet Supportive Care Needs of Men with Locally Advanced and Metastatic Prostate Cancer on Hormonal Treatment. A Mixed Methods Study.”

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Recently, I attended the BAUS conference held at the BT Convention Centre in Liverpool, England last June 25 to 27. I was joined by a few urological colleagues from New Zealand and Australia, but accents were predominantly British and European. There were around 950 names on the published delegates list but I was unable to ascertain the breakdown of medical staff, nursing and allied health workers.

I was very much looking forward to this, my first British conference given the similarities between the New Zealand healthcare system and the National Health Service. I was not disappointed, finding the conference sessions stimulating and relevant to our healthcare environment. I particularly enjoyed the thought provoking session hosted by BURST Research Collaborative. This is a trainee-led research group comprised primarily of urological registrars, supported by consultants, junior trainees and medical students. The aim of the collaborative is to produce high impact multi-centre audit and research that can improve patient care. They also offer on-line education series aimed at honing the research skills of health care practitioners.

At the conference, the group updated us on their project called ‘MIMIC’. This is a multi-centre cohort study designed primarily to establish the relationship between White Blood Cell (WBC) on admission and spontaneous stone passage (SSP) in patients discharged from emergency department after initial conservative management. The hypothesis of the study is that a raised WBC is associated with decreased odds of SSP and it is hoped that the evidence from this study will guide clinicians on the management of patients who present with acute renal colic.

MIMIC has closed for recruitment and its primary data analysis is underway. A BURST poster was presented at the conference on the secondary aim of the MIMIC study, evaluating the role of Medically Expulsive Therapy (MET) in SSP in patients with acute ureteric colic. The protocol included all patients admitted with acute renal colic with C-T/KUB confirmed obstructing ureteric stone. Statistical analysis was used to explore the effect of age, gender, stone size and position, (upper, middle or lower ureter) on whether MET use had an effect on SSP.

Data was collected from 4281 patients. 79% (3272) were discharged with conservative management. 80% of these (2564) later spontaneously passed their calculi and were included in the multivariate analysis. Results indicated that 44% (952) were prescribed MET in the form of Tamsulosin and 56% were not (2532). The rate of SSP in the two groups was 78% and 72%, respectively. Although this is a 6% difference in favour of MET use, this effect disappeared when confounders such as stone size ad position were adjusted for in the multivariate analysis. The study therefore concluded that MET has no benefit in SSP regardless of stone size or position.

IDENTIFY’s interim findings

The BURST Research Collaborative also presented interim findings from IDENTIFY, a protocol that is recruiting until the end of this year. IDENTIFY is the acronym for study, Investigation and Detection of urological neoplasia in patients referred with suspected urinary tract cancer: a multicentre analysis. IDENTIFY is a study dear to my heart as the centre where I practice was the centre where the study was initiated and the group I have been involved with for some time now. IDENTIFY is a study that appears to me to be very timely, with a predominantly British and European recruitment base.

The protocol included all patients referred with suspected renal, bladder, prostate or testicular cancer with the aim of confirming or excluding a neoplastic cause of the presenting symptoms. The study is designed to inform the creation of haematuria risk stratification pathways, beyond patient age and type of haematuria (visible/ non-visible). These pathways are currently under development at our centre and incorporated into urology guidelines utilised to determine the need for and type of haematuria screening investigations.

The session presenters informed us that of the 37 United Kingdom Hospitals participating in the study 82% have a one-stop haematuria clinic and 52% did routine PSA screening as part of their work-up. 52% utilise renal tract ultrasound scan as their first-line imaging for visible haematuria, with 43% using CT scan. Preliminary findings (may change after full data analysis) now a renal cancer diagnosis rate of 1% (18) and upper tract Urothelial Carcinoma of 1% (79). Bladder cancer was diagnosed in 16.6% of patients (970) and prostate cancer in 0.8% (51). This is from referrals for both visible and non-visible haematuria and other referral symptoms, the data not yet stratified.

One interesting interim finding is that there was a 5% cancer detection rate in under 45-year-olds, a group which the NICE guidelines excluded from the recommendation to refer to secondary care for renal or bladder cancer investigations. If this statistic is confirmed it will be interesting to see if it is incorporated into an updated NICE guideline going forwards.

The BURST team outlined the ‘next big idea’ an RCT of a personalised investigative pathway for haematuria vs standard of care. The hypothesis is that personalised investigation will result in no worse cancer detection rate with lower investigative burden than standard of care. This concept was greeted with much enthusiasm from BURST Twitter followers, leaving me feeling inspired by the idea of how these large, speedy recruitment multicentre studies really have the potential to inform practice in a timely manner.

The session wrapped up with a ‘Dragons Den’ where three finalists presented excellent research study proposals. The study designs were critiqued by the ‘dragons’ with questions from the audience, Twitter and in-house voting picked the winning proposal. The author said his study would challenge the ‘there’s no harm in exploring’ mentality that often leads to scrotal exploration in acute scrotal pain. The runners-up aimed to investigate the outcomes resulting from the different practices of ‘ureteric stenting with delayed definitive stone treatment’ versus ‘immediate acute ureteroscopy’ for obstructing calculi, with the third finalist’s protocol designed to try and ascertain optimal stent duration post ureteroscopy.

I found all proposals thought-provoking along with the constructive critique they received from the dragons. I left the session feeling the future of urology continues to be in good hands. In my next column I will share some other conference highlights that confirmed this view. Until then, be well.
The European Association of Urology Nurses (EAUN) extends a very warm Mediterranean welcome for you to join us in Barcelona for the 20th International EAUN Congress from 16 to 19 March 2019.

Dedicated to promoting ever higher standards of urology nursing knowledge and care, EAUN is the largest gathering of urology nurses in Europe. The congress provides an unparalleled opportunity to examine and discuss evidence, technologies and practice across the urology care spectrum. We also offer the opportunity for participants to link up with colleagues from across the globe in one of the world’s most dynamic cities.

The EAUN's Scientific Programme is as exciting, diverse and vibrant as Barcelona itself. We will not only be looking back to recent achievements and assess how our practice has evolved until today, but will also explore the prospects that will help us meet the urology needs of tomorrow.

The EAUN Scientific Office aims to offer a programme that recognises the changing face of urology nursing. Participants can again expect a very diverse programme that will take up issues such as patient protection, renal stones, sexual health and well-being, urostomy management, male incontinence, pain management and antimicrobial resistance, as well as emerging issues in transgender nursing care and the urological care needs of refugees and migrants.

With a very varied programme, I attended as many sessions as possible including those that tackled nursing issues. Many of the speakers were nurses and their lectures were not only remarkable but also inspired me.

The first day took up the history and future of urology followed by the role of genetic screening and prostate cancer prevention. During the discussion on active surveillance, I realised it is a subject I could further pursue. One controversial subject discussed was lymph nodes in prostate cancer, and the lecture by Professor Walsh discussed the benefits, barriers and long-term outcomes of a lymph node dissection. He noted that there are a lot of risks when performing a lymph node dissection with little evidence that shows benefit.

Following the lunch break was a lecture on patients' expectations and quality of life. Although patients nowadays have access to better information they still often have unrealistic expectations, for example, regarding the efficient management of incontinence. The session made me realise that I have to provide guidance to patients without taking away their hopes. Patient education certainly involves preparing them for what might come and properly informing them of realistic outcomes.

Running a nurse-led clinic

The second day took up the topic of the value of a well-run nurse-led clinic. Speaker Ms. Louisa Fleure has 25 years of experience with nurse-led clinics in the UK and gave good and practical examples on various management strategies. I noted many of her tips which I can use back home in my clinical practice, putting theory into actual practice. The rest of the day included lectures on sexual health with many helpful recommendations and insights from the speakers. One of the most significant things I picked up was the importance of carefully listening to patients. Some questions to consider are: What is the goal? What is the patient expecting? What does the partner want? Do they want the same thing? How far would they go? Do they have the right information? I will definitely have better questions to ask a patient who has a problem with, for instance, erectile dysfunction. During a 1.5 hour workshop, the participants shared experiences, dilemmas and knowledge, and it was good to realise that we basically struggle with the same clinical issues and challenges.

The last day in the nursing and allied health programme provided lectures on post-prostatectomy incontinence, a subject which I am very familiar with. The session was not only inter-disciplinary but also covered many aspects comprehensively, with insights from doctors, nurses and physiologists.

To summarise, my experience at the APCC Conference in Brisbane was very remarkable for its high quality programme and the warm collegial atmosphere. It is one of the rare meetings where I felt very welcomed and which made networking very easy.

Lastly, I would like to thank the EAUN and the APCC for giving me the opportunity to attend this amazing conference. I intend to participate in next year’s conference and stay longer for the nursing fellowship. I certainly look forward to both!

Join us in Barcelona for the 20th EAUN Congress

Share your clinical practice or research insights in the video, abstract or difficult case sessions.

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For the complete Scientific Programme visit www.eau19.org

Details of EAUN19 can be found at www.eau19.org. Check the link for information on the venue, the Scientific Programme and links for submitting abstracts. Abstract submission is now open, so don’t delay! You can also find details on how to apply for the EAUN Travel Grant worth €500. Registration opens 1st October 2018 (the early fee deadline is 15 January, 2019).

Come and join us at EAUN19 Barcelona, it would not be the same without you!