Dutch nurses benefit from a Post-EAUN meeting

A report on the recent 7th Post-EAUN meeting

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The 7th Post-EAUN meeting took place on 24 September in Amersfoort, The Netherlands. More than 90 participants from all fields of urology were present. The meeting was organised by Oncowijs, an association which initiates several educational courses and meetings.

The EAUN had a successful booth at the meeting; we received a lot of questions about the advantages of the EAUN membership as not all participating nurses were EAUN members. Mrs. Corinne Tillier, (Chair of the SCO and EAUN board member) and Dr. Mrs. Hanny Cobussen-Boekhorst (SCO Member of the EAUN and nurse practitioner in continence and urostomy care) were there and answered questions about the EAUN.

During the meeting, all speakers presented their lectures in Dutch. Most themes of these lectures were inspired by the sessions of the EAUN Meeting in Copenhagen held early this year.

Clinical Nurse Specialist Erik Van Muilekom opened the meeting with a lecture about the hot topics in uro-oncology. In the last 30 years the incidence of urological cancers – prostate, bladder and kidney cancers – has increased in Europe. We see a correlation with growth, ageing population and lifestyle (obesity, smoking etc.).

Treatments for these urological cancers are still improving (e.g. immunotherapy, targeted therapies, improvement surgical techniques, and radiotherapy). Patients with localised prostate cancer often have a choice among several treatments. Dr. Ms. Marie-Anne Van Stam showed that patients could have regrets about the choice they made for their treatment. To avoid regrets, patients need to be properly informed about the consequences of the treatment on their quality of life. They should be involved in shared decision-making if they want it (only 10% of patients want a passive role in decision-making).

Aside from the regular treatment, patients often use alternative treatment; the current trend is the use of cannabis oil in prostate cancer. The author showed that there is no evidence that cannabis oil can cure prostate cancer. Patients should also be aware of the interaction of cannabis with regular medicine.

In the morning, there were plenary sessions. One of the lectures was presented by urologist Dr. Ernst Peter Van Haarst, who explained the definition, diagnostics, prevention and management of urosepsis. Mrs. Cobussen-Boekhorst talked about a Dutch issue around the prescription of stoma and continence material. She showed a few flow charts from the EAUN Guidelines to help nurses to prescribe the appropriate stoma/continence material for patients which will depend on the following:

- functional/anatomic possibility of the patient
- activity (e.g. possible physical limitation)
- possibility for patients to participate actively to the care

"Most themes of these lectures were inspired by the sessions of the EAUN Meeting ...."

In the afternoon, the participants could choose two from the four organised sessions. Each session consists of 2 lectures. The field of functional urology was also represented at the meeting; there was a very interesting lecture on urinary tract infections and self-catheterisation by nurse practitioner Mr. Henk-Jan Mulder, who presented the result of his study. Another interesting lecture was about the role of the pelvic floor muscles in overactive bladder, dyspareunia, and the possible treatment by biofeedback and electrical stimulation.

Discussing the use of cannabis oil by prostate cancer patients

The 7th Post-EAUN meeting for Dutch nurses was a success. It gave them the opportunity to gain access to the most important sessions in their own language, if they had not been able to attend the annual EAUN Meeting in Copenhagen held early this year.

Participation at a Post-EAUN Meeting could be advantageous to nurses in your country as well. Currently, only Denmark and The Netherlands have organised Post-EAUN meetings, but we hope that other countries will join this initiative, as their nurses will definitely benefit from it and the organisers will have the EAUN's support.

BAUS Conference Report

Part 2: Posters on Uromune©, cystoscopy with positive dipstick, virtual stone clinic and MDTs

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My role as a Urology Nurse Practitioner involves assessing individuals and delivering treatment plans, autonomously and collaboratively, in the context of many urological conditions including recurrent urinary tract infections; renal and ureteric calculi; flexible cystoscopy for haematuria diagnosis; and bladder cancer surveillance.

In the last edition of the *European Urology Today*, I shared some session highlights from my attendance at the British Association of Urological Surgeons Limited (BAUS) conference held late June 2018. In this column, I would like to highlight other interesting topics from the poster section of the conference. One such poster described the first experience of using the novel treatment Uromune® (sublingual vaccine) in men with recurrent urinary tract infections (UTIs) in the United Kingdom.

The study followed 22 men with proven UTI and clinical symptoms, with a mean age of 65 years. They each received three months of Uromune® vaccine with 21 men successfully completing the treatment protocol. Results indicated that 17 men did not develop UTI during the treatment period, but longer term follow-up showed that the vaccines effect wore off after around 14 months, with the UTI returning. The authors concluded Uromune® to be safe and effective, and a viable alternative to long- term antibiotics. A randomised controlled trial is planned.

A second poster reported on a prospective clinical study examining if it is safe to carry out flexible cystoscopy when urinary dipstick is positive for "infection". The driver for the study was the observation that one in six patients was having their cystoscopy appointments cancelled on the day due to positive urine dipstick result. This resulted in considerable underutilisation of clinic resources. The primary aim of the study was to identify the risk of UTI or urinary sepsis within two weeks of cystoscopy, when pre-cystoscopy urinalysis was positive for infection (positive leukocytes or nitrites).

In the study, all patients had a cystoscopy even if they had positive urine dipstick results. Patients considered high risk for UTI, and those with the positive results were given a single dose of prophylactic prior to cystoscopy.

In a six-month period, 1,625 participants were recruited and 18.25% had a positive urine dipstick result wherein a third had a proven urine culture as well. Results indicated that the overall risk of developing a post-cystoscopy UTI in this cohort was slightly higher, but remained low overall. They felt the risk was acceptable and resulted in significantly less procedures being rescheduled.

Another interesting poster reported on a prospective audit designed to measure if a 90-minute, weekly virtual stone clinic had improved patient care at a reduced cost. It described how a new patient care pathway was introduced in response to pressure on outpatient clinic appointments. The pathway ensured that all stone patients were reviewed by the stone team and triaged to the appropriate stream of care.

Three hundred stone referrals were received and 65 (21.6%) had consultations via a virtual clinic with no appointment needed; 45 (15%) were changed to nurse-led telephone appointments; the appointments of 127 patients (42.3%) were changed to specialist nurse outpatient appointments; and 63 (21%) were seen in a consultant-led outpatient clinic. The poster concluded that the virtual stone clinic had improved patient management while saving significant resources, in terms of time and money. The data showed that outpatient clinic pressures were significantly reduced, patient care expedited where appropriate and last-minute cancellations were prevented.

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Another interesting session reported on a survey undertaken to ascertain physician views on Multidisciplinary Team (MDT) Meetings. The NHS Cancer Plan stated that "the care of all patients with cancer should be formally reviewed by a specialist team to ensure that patients have the benefit of the range of expert advice needed for high-quality care." The practice of regular MDT meetings has been developed to formalise this consultative process.

An MDT meeting consists of a group of professionals from one or more clinical disciplines who make the decisions together regarding recommended treatment of individual patients. It is intended that an MDT meeting must consider the patient as a whole, not just focus on recommendations for optimal medical treatment.

The physician survey findings indicated a common viewpoint that too many routine decisions are made at MDT meetings. The speaker commented that the requirement to present all cases at MDT meetings is training doctors to feel unable to make their own decisions, in partnership with their patients.

Survey respondents reported an increasing recognition that mandatory attendance of around 15 health professionals at an MDT session may be an inefficient use of a medical professional's time. One NHS Trust indicated that 48% of their patients were discussed for less than two minutes and two thirds were discussed for less than three minutes at an MDT. There was a feeling that a lot of time was spent rubber stamping straightforward cases limiting time and energy for discussing complex cases. The speaker noted that NHS England plans to implement recommendation 38 of the NHS Cancer Strategy*: to streamline MDT processes, and will produce guidance to Cancer Alliances in support of this.

There is likely to be a shift in focussing time and resources on identifying and prioritising those patients whose diagnosis falls outside of established treatment pathways or normal parameters. The discussion was fascinating from a New-Zealand perspective as we have followed the NHS lead, formally incorporating MDT into our cancer care pathways over the last few years. The model of MDT adopted where I work in urology follows these recent recommendations, focusing energy and resources on the more complex cases.

I left the BAUS conference with plenty to report back to colleagues. I have enjoyed sharing some of my conference highlights with you through these columns. As I headed home, I was keen to spend some time refocussing our efforts to establish a virtual stone clinic process at my workplace, as well as, examine our flexible cystoscopy infection data, to see what stories lie within. This newfound inspiration is a hallmark of a worthwhile event.

* Reference: https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf

Our passion for Urology Nursing overcomes barriers

A report on the 4th ESUN Course on Holistic prostate cancer care

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The 4th Course of the European School of Urology Nursing on Holistic Prostate Cancer Care took place on 14-15 September 2018 in Krakow, Poland.

The organising committee received 70 applications from Europe, Africa, Asia, New Zealand and Australia, however the course can only accommodate a maximum of 30 participants. I was one of the two nurses from Australia who were selected to join the programme.

Thanks to IPSEN's generous educational grant, the EAUN organised my flight arrangements and overnight accommodation. Registration fee for the full course was only €100 (excl. VAT) for EAUN members and €135 (excl. VAT) for non-EAUN members.

Day One: Friday, 14 September
The first day of the programme was a gloomy, rainy day – perfect for staying indoors. Although one can see the Vistula River from the huge windows of the conference room, the programme was far more interesting than the prospect of a cold, wet boat ride.

We learned about the physiology and pathology of the prostate in the first hour. Mrs. Corinne Tillier (NL) presented the different therapies available for localised, advanced and metastatic prostate cancer. Dr. James Green (GB) addressed various diagnostic procedures.

The second hour centred on shared decision-making, the role of the nurse and how to avoid regrets in choosing a treatment. Ms. Franziska Geese (CH) superbly articulated why empowerment and knowledge are both necessary in shared decision-making.

A short tea break followed, giving us a chance to stretch our legs and make new friends.

After the break, we were divided into small groups to discuss genograms and its use in clinical practice. This is new to me and at that moment, I was already thinking of ways to incorporate genograms in my practice.

The last part of the afternoon involved discussion on multi-professional approach to meeting the patients' and their partners' needs.

After the main programme, the participants were invited to partake in dinner at Szara Ges, a restaurant located right on the Main Square. The decor of the restaurant was stunning, the service wonderful and the Polish cuisine was fantastic. Bus transfer to and from the restaurant was arranged by the organising committee, making it convenient for participants to travel to the restaurant. The social programme finished late in the evening and everyone was ready to hit the sack by the time we got back to the hotel.

The group bonded quickly because of their shared passion for nursing

On day 2 there were several interactive discussions and group work

Dr. Green speaking on diagnostics

Day Two: Saturday, 15 September
The programme of day two began at 9 AM. There were more interactive discussions and group work on this day. Parts one and two of "Let's talk about Sex" session had compelling topics. As moderators, Mrs. Paula Allchorne (GB) and Dr. Green did a great job in eliciting a hearty exchange of opinions amongst participants regarding sexual problems in cancer and interventions.

I enjoyed the role play performed by the delegates from Australia, Netherlands and Switzerland. One delegate portrayed the role of a patient with cancer, the other delegate was the wife of the cancer patient and the other two delegates were acting in the role of nurses providing counselling to the couple. The aim of the role play was to demonstrate effective communication among clinicians, patients and their carers to assess unmet needs and concerns. Ms. Geese and Ms. Tillier offered inspiring suggestions regarding practice-oriented communication and dealing with challenging situations.

The programme concluded at midday and lunch was provided in the main part of the hotel. Once again, delectable traditional Polish dishes were offered.

Overall, the programme content and course delivery were well-designed and the hard work of the organising committee is very evident. I thank the organising committee for the opportunity to join the programme and I will forever treasure this experience. I gained not only new knowledge to share with colleagues in Australia but have also found new friends.

What I learned from this experience is that no matter which part of the world we work in, nurses have this innate caring spirit. We all have the insatiable desire to help, to serve, to give our patients quality care. Despite the obvious differences in race, culture, and English-speaking abilities of the participants, we all share the same belief that nursing is a universal gift to all. Our passion for Urology Nursing overcomes all cultural and language barriers.

EAUN-AZUNS session puts spotlight on sexual health

Collaborations encourage open discussions between patients and health care professionals

Steve Jobs once said, "Great things in business are never done by one person; they're done by a team of people."

Register now for the early fee!
Deadline: 15 January 2019

The European Association of Urology Nurses (EAUN) has a long history of networking with individual experts and collaborating with national urological associations to boost the field of urological nursing. Next year at the 20th International EAUN Meeting (EAUN19) in Barcelona, the EAUN will underline its collaboration with other societies, such as the Spanish Association of Urology Nurses (AEEU) and the European Council of Enterostomal Therapy (ECET). Together with the Australian and New Zealand Urological Nurses Society (ANZUNS), a Thematic Session on "*Sexual health matters*" will be held.

Ms. Franziska Geese (CH) and Ms. Kathryn Schubach (AU) will chair the joint session, and together with fellow experts from Australia, England and The Netherlands, they will help provide nurses with crucial skills and resources in assessing their patients' needs, identify sexual health issues, and initiate a plan of care. This Thematic Session will not only represent the merging of expertise, but the dedication and passion for urological nursing as well.

Impact on sexual function
In Australia and New Zealand prostate cancer is one of the most common diagnosis. Every treatment modality, aside from active surveillance, will have an impact on sexual function. Men have a very high success of cure and will often live for many years. Thus their quality of life may be impacted by their sexual dysfunction. Patients, like them, rely on nurses to take on the responsibility for developing, maintaining and optimizing urological care to increase the quality of life.

While research suggests sexual dysfunction is common (some 43% of women and 31% of men report some degree of sexual dysfunction), it is still a topic that many people hesitate to talk about. The literature is similar in Australia and New Zealand. It also indicates that healthcare professionals (HCPs) feel that they lack experience in discussing sexual issues.

We need to keep the conversation going, encourage it and break down taboos when talking about sexual dysfunction.

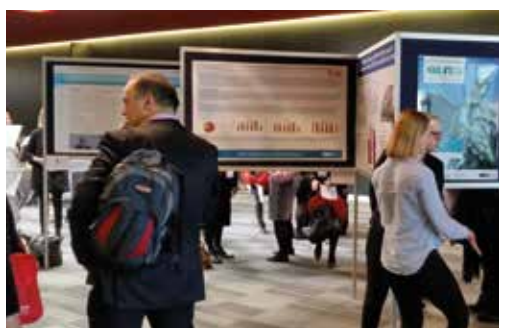
Sexual health is an important aspect of patient care that should be acknowledged and examined within a holistic framework. Nurses are in the best position to assess their patients' needs and provide care. And to enrich the knowledge and skills of nurses is to boost and optimise patient care.

For the complete Scientific Programme visit www.eaun19.org

A place for you at EAUN19
Join us in this session and in all highly-informative joint and thematic sessions and activities at EAUN19. Additionally, as in previous congresses, hospital visits form part of the total learning experience. Examine varied approaches and best practices first-hand during hospitals visits at *Fundació Puigvert, University Hospital Vall d'Hebron*, or the *University Hospital Clinic of Barcelona*. Afterwards, unwind with colleagues and newfound friends, enjoy Catalan cuisine at the *Barceloneta* restaurant, and savour the views of fishing port, *Moll dels Pescadors*.

Save the date!

EAUN19 promises a varied and insight-filled programme dedicated to the training and educational update needs of European urology nurses. Know more about this must-attend meeting and explore its Scientific Programme via **www.eaun19.org**. To take advantage of discounted rates, register before 15 January 2019.



We look forward to welcoming you in Barcelona!