The posters in the Expert-guided poster session attracted much attention

Supporting each other and sharing knowledge has been EAUN’s philosophy since its inception. The 3-day EAUN Meeting provides a forum for annual sharing of original unpublished data and sharing ideas for urological nursing innovation as well as disseminating evidence-based knowledge of primary clinical importance and of particular relevance to the role of the nurse. The various poster, video and difficult case sessions are good examples, as well as the yearly organised visits to local (university) hospitals and the hands-on training session, this year covering the ins and outs of flexible cystoscopy. Found below are reports from some of the travel grant winners and lecturers themselves.

Interprofessional perspective on sexual health

Those who work as urology nurses are aware of the taboo topics in the care of patients. The aim of the Joint Session of the EAUN and the Australia & New Zealand Urological Nurses Society (ANZUNS) was to familiarise nurses with different professional perspectives and to expand their expert knowledge. The topic “Sexual Health Matters” focused on the existential needs of patients with urological problems.

With the support of the experts Ms. Kathryn Schubach, Nurse Practitioner in Uro-Oncology & Chair of the ANZUNS (AU), Ms. Jeanette Verkerk-Geeleghed, Clinical Nurse Specialist Endourology (NL), and Ms. Belinda Winder, Prof. of Forensic Psychology (GB), three different perspectives on the promotion of sexual health were given:

1. ANZUNS presentation: Sexual dysfunction - on Australian Nurse Practitioner’s perspective

2. The penis: The stubborn myths

3. The challenges of hypersexuality in men and women

We discussed what it means when a too strong need for sex dominates the lives of patients. The combination of physical and psychological causes makes it clear that hypersexuality requires psychotherapeutic therapy, including pharmacological.

In summary, all three experts made it clear that there is a need for interprofessional cooperation in the promotion of sexual health. It was well demonstrated how professions can learn from each other and how the exchange of experiences across cultural boundaries is beneficial to promote sexual health.

(Br. Mrs. Fransiska Geese, Beme, CH)

Inspiring first time congress experience

I am very glad to thank the EAUN for giving me this opportunity to participate at various sessions. I brought home a great deal of inspiration to share with my co-workers in Denmark. My most inspiring experience was the visit to the Hospital of (university) hospital in Barcelona on Sunday 27 March.

Nine nurses from different countries such as Greece, Germany, Australia, Ukraine, and Switzerland joined. Two hours were spent with the nurses of the department, first the ambulatory and the day session, then the part where the admitted patients were staying.

Prejudices

I think I had a few prejudices beforehand because although our hospital in Denmark is quite new but we lack space. The Hospital Clinic in Barcelona is located in an older building but it has many spacious rooms. I realised space is quite important, because in urology we use a lot of equipment. Moreover, every room in the ambulatory has its own toilet for the patients to do their affairs etc. That is something I wish for in my hospital.

In Barcelona, they are very focused on preventing infections especially in recently operated patients and patients who have had an indwelling catheter for short or long time. In contrast to Denmark, they follow up on the patient after he/she has gone home, because he/she is still at risk of developing an urinary tract infection (UTI). I hope to introduce this practice in Denmark, in order to decrease the number of UTIs.

Documentation

Another difference between practices in Denmark and Spain is the manner of documentation. In Spain, nurses use smartphones as their journal and as a tool to order blood tests for patients, for example. I think this is great because they will have more time attending to their patients.

(By Ms. Jeanette Christiansen Schulze, Vejle, DK)

Travel Grant enables attendance

Firstly, I would like to thank the EAUN for awarding me a travel grant. Without it, I would not have been able to attend. I used the opportunity to attend a variety of sessions. The session I found especially interesting was the presentation by Ms. Anna Munk Nielsen, RN and Trias Coordinator at Aarhus (DE), considered the management of bladder cancer in a global context. She highlighted the importance of their engagement and empowerment as key players in the development of a Urology Nursing Practice.

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Focus on bladder cancer

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(Br. Mrs. Fransiska Geese, Beme, CH)

EUAN Guidelines panel

It has been a great pleasure for me to be the candidate from Norway to participate in the EAUN Guidelines panel for the update of Transrectal Ultrasound (TRUS) Guided Prostate Biopsy.

The Guidelines group has been working on the update for the last three years. I was very happy to be able to attend the session where the “Update of TRUS guided prostate biopsy guidelines” was presented by Ms. Corinne Tiller who did a great job.

The Guidelines show that nurses can safely perform prostate biopsies with no increase in complications if they are adequately trained and supervised by a competent practitioner. They must, like other new practitioners, go through a supervision before being sign-off as competent to practice on their own. Nevertheless, it is essential to confer with an experienced urologist.

All in all EAUN exceeded the expectations of many participants and they are already looking forward to an even better meeting next year in Amsterdam. For this EAUN20 meeting travel grant, abstract, research plan and difficult case submission will open soon! Make sure to follow the updates on Twitter. Representatives from bladder cancer support and advocacy groups from countries such as the United States, Canada, Australia, and the United Kingdom, as well as, individual healthcare professionals representing their own country (Ireland amongst them) were present. While their aim is to create a strong global voice for bladder cancer patients, they also have a very ambitious goal of establishing dedicated nurses in countries which do not yet have dedicated bladder cancer support networks.

The enthusiasm at this meeting was palpable, and with collaborators present lending support and advice such as the International Kidney Cancer Coalition, this initiative is sure to be a success which will bring tangible benefits to bladder cancer patients. (By Mr. Robert McCann, Galway, IE)

EUAN19 in Barcelona

Hospital visits, inspiring lectures, training and discussions add up to valuable learning experience

The key players in the development of a Urology Nursing Curriculum. Sitting l-r: K. Schubach (ANZUNS), J. Brockman (BAUN), S. Vahr (EAUN), standing l-r: J. Taylor (BAUN), A. Munk Nielsen (EAUN), M. Winder (GB)
Animated narratives in a digital platform

A new way of informing cancer patients pre- and post-operatively

Dennis Michael Hansen
Clinical Nurse Specialist
Herlev and Gentofte Hospital
Copenhagen (DK)

Heldi Andersen
RN
Herlev and Gentofte Hospital
Dept. of Urology
Copenhagen (DK)

The Department of Urology at Herlev and Gentofte University Hospital (HGH) is the largest in northern Europe. In 2017, 4,244 Danish men were diagnosed with prostate cancer and approximately 220 patients underwent radical prostatectomy at our Department of Urology.

In Denmark, patients receive their cancer treatment no more than 30 days after diagnosis: The system must be efficient and productive and therefore our care is based on the concept of enhanced recovery after surgery (ERAS). ERAS is a multimodal approach to control postoperative pathophysiology and rehabilitation and one of the key components is preoperative information. A very important task for the nurses is to make sure that the patient and his relatives are well informed and can take part in the postoperative rehabilitation. However, information to patients recently diagnosed with cancer continues to represent a major challenge.

...25% of patients claim that they do not receive the information they need about their disease and treatment...

The nurse often needs to prioritise the information given to the patients. In the outpatient clinic at the Department of Urology HGH 25% of patients claim that they do not receive the information they need about their disease and treatment, or only receive part of it. Another study of patients undergoing breast cancer surgery based on ERAS showed that only 18% of the patients had read the written information given to them and they were generally not satisfied with the level of information.

My Treatment platform

As nurses we continually discuss how to improve care and stimulate new developments. In the beginning of 2018 My Treatment was presented to all clinical nurse specialists and the head of the department. The initiative was discussed and approved, and the department decided to continue the collaboration.

My Treatment is a concept develop by Visikon, a research-based company specialising in audio-visual communication. My Treatment is a digital platform developed for patients facing a hospital treatment procedure. The platform is developed in close cooperation with the clinical experts at the hospital and is based on the hospital’s own written information. By conducting studies Visikon has documented that animation video creates a high degree of identification that may work to reduce pre-surgical anxiety.

Several studies show that animated narratives can help reduce patient anxiety.

The ‘My Treatment’ digital platform

From written information to animated narratives

The process began with a review and update of the written patient information done by the department’s own clinical experts, both nurses and doctors. It was a good opportunity to ensure that all the material was updated and the process was characterised by several good clinical discussions regarding evidence-based nursing.

The animated narratives were reviewed by our clinical experts and final corrections were done before they were presented to the rest of the department. My treatment was implemented and introduced to patients undergoing radical prostatectomy on 1 December 2018.

The context of My Treatment

The digital platform contains a sequence of 13 animated narratives which prepares the patient and his relatives by describing what happens before, during and after the operation. This includes the psychological reactions to the diagnosis, the importance of mobilisation and nutrition both before and after radical prostatectomy as well as managing pain and constipation after radical prostatectomy. The animated narratives introduce the patient to the care of the urinary catheter at home, when to contact the hospital with complications and the psychological and sexual rehabilitation.

The animated narratives are supported by an interactive diary, symptom guides, frequently asked questions and our department’s own written information material.

Further investigation

After introducing My Treatment, the nurses see better educated patients, both at the outpatient clinic and at the bed unit. This makes the nurses’ interaction with the patient much easier. The nurses use the animated narratives as a guide during day-to-day care in the pre- and postoperative programme and as a supplement during the talks about discharge. The feedback is also positive from the patients. They find My treatment easy to use and they feel well informed.

While implementing My Treatment, the department has initiated a study to identify the effect of the digital platform, and a knowledge questionnaire was constructed in collaboration with Visikon. The questionnaires were handed out to patients 3 months before the implementation and 3 months after. Among other things we hope to clarify the quality of the preparative information and the information about discharge. We expect the results to be ready by the end of 2019 after which they will be published.

References

2. Sygeplejersken 2006; (17) 42-48. Sygeplejefaglige
3. https://patientopplevelser.dk/sites/patientopplevelser.dk/files/doc192087057162/AMB%20Tabelrapport%202018%20

A nurse representative from Visikon came to our department and interviewed our clinical experts of both the inpatient and outpatient clinic. Then an illustrator observed a patient from the time of diagnosis until surgery. Based on the review of our patient information, the interviews and the observations, animated narratives were drafted, speech was added and everything was placed on a digital platform called My Treatment.

The animated narratives were reviewed by our clinical experts and final corrections were done before they were presented to the rest of the department. My treatment was implemented and introduced to patients undergoing radical prostatectomy on 1 December 2018.

The animated narratives can help reduce patient anxiety.

Nurses use the animated narratives as a guide during day-to-day care

Apply for your EAUN membership online!

Would you like to receive all the benefits of EAUN membership, but have no time for tedious paperwork? Becoming a member is now fast and easy! Go to www.eaun.uroweb.org and click EAUN membership to apply online. It will only take you a couple of minutes to submit your application, the rest - is for you to enjoy!
The 7th Emirates International Urological Conference & 25th Annual Arab Association of Urology Conference was held in Dubai, November 2018. The conference was attended by participants from the Arab nations, with the nurses’ workshop attracting 43 nurses from the Philippines, China and the United Arab Emirates who practice locally.

By the time Stefano Terzoni and I arrived in Dubai, the conference was in full swing, having been officially opened by Highness Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance and President of the Dubai Health Authority. This was the fourth time that EAUN have been requested to participate and provide a nursing workshop.

The purpose of this workshop was to help with the education and collaboration with our colleagues in the United Arab Emirates. On completion of the workshop, the participants were able to describe the rationale of fluid balance, as well as the EAUN recommendations for catheter management. They will be able to describe the principles of treatment of erectile dysfunction and the nursing interventions in this field. Furthermore, they will be able to handle cystoscopes in a safe way and describe risk situations.

Before the workshop started, Stefano gave an introduction to EAUN. In this short presentation the function and objectives of EAUN were addressed. In brief these are: developing urological nursing in all its aspects; fostering the highest standards of urological nursing care; promoting the exchange of experience and good practice; establishing standards for training and practice for urological nurses; and liaising and collaborating with other organisations in the field of urology. An overview of the educational partnerships and support were expressed. This short presentation ended with an invitation to EAUN annual conference in Barcelona.

The workshop provided by my colleague, Stefano, commenced with reminding the participants about the anatomy and physiology of the urinary tract. This interactive session set the tone for the following sessions. It is important to have a timely reminder about the system of the body where we practice nursing. This was followed by an interesting session on fluid balance, which is an often-overlooked part of the nurses’ practice, but which is vitally important to the well being of the patient. Stefano expertly guided the participants through this area and onto the care of the patient with a nephrostomy tube. Utilising a wide range of video clips which supported the practical care of the patient with a nephrostomy tube. The take home messages were to be vigilant when looking after our patients, especially when it comes to monitoring fluid balance and that nephrotomy tube care is to be taken seriously.

The first part of the workshop was rounded off by looking at intermittent self-catheterisation and indwelling catheters. We were able to show the participants different types of catheters, provided by various company representatives from the conference. Stefano also presented and discussed the EAUN guidelines on this topic.

After a short break, the second part of the workshop started. I opened with a presentation on the safe and effective use of cystoscopes. This presentation was supplemented with a rigid and flexible cystoscope for participants to look at and handle. During this presentation we looked at the history of the cystoscope of Philipp Bozzini’s boy Lichtenfelter. Originally developed for viewing bullets within wounds. This presentation also focussed on the handling of the cystoscope, with video presentations of how to set up and use the devices. The participants were also informed of how to limit the damage when using cystoscopes. This was further highlighted in the next presentation from Cherry Banaanali, a locally based nurse. Cherry discussed how to disinfect cystoscopes between patients and reinforced the need to clean of the items. This practical session was well received and useful for the participants. The take home messages from this workshop were that when handled safely and effectively, the cystoscope is a safe procedure and has many diagnostic and therapeutic uses.

The final part of the workshop concentrated on novel treatments for erectile dysfunction. This lively and fun presentation engendered discussion from the participants who was humorous at times. The presentation was thorough in looking at what is erectile dysfunction and the potential causes. We then discussed current treatment options ending with a look at the novel treatment of penile low intensity shockwave treatment.

The presentation ended with discussing patient concerns, awareness and how we, as nurses, may help with these. My session ended with a practical demonstration of the penile low intensity shockwave treatment machines given by locally based nurse, Abigail Rome.

Annual Conference 2018 of Society of Urologic Nurses

Best programme ever in San Diego last October

The meeting was a great success and was very well attended, with more than 600 nurses from around the world. They represented a broad range of clinical nurses and ward nurses who were affiliated with urology nursing. Nurse leaders at different levels were present as well as primary care nurses and nurses working in the field of research and development.

“The pre-conference workshops were excellent with opportunities to sign up for 8-hour intensive courses in e.g. basic hands-on urodynamics.”

When we visited the exhibition hall, we became aware of the outstanding and unique support from a team of sexual consultants carried out two workshops, which addressed both general and advanced clinical aspects in female sexual health before and after cancer treatment. A third workshop focused specifically on vulva/vaginal aspects including skin and tissue, vaginal infections, vestibular pain and clitoral damage.

At the research symposium Susanne Vahr (Chair EAUN) presented the results from her PhD project regarding the efficacy of an early smoking and alcohol stop in relation to major bladder cancer surgery and the impact on complications. As usual Susanne Vahr delivered a best talk.

If you would like to visit SUNA, please visit the website below: www.suna.org

This year the SUNA-conference is in Disneyland, Florida (US) in October 2019.

4th EAUN workshop at EUSC 2018 in Dubai

Board members educate urology nurses from the Philippines, China, the United Arab Emirates and beyond
Jerome Marley chairing in 2009

The 3rd International EAUN Meeting took place in 2002 in Birmingham thanks to a Swiss nurses and doctors group who Willener (CH), Helén Marklund Bau (SE), Thomas Stöcker (DE), Rita Martin Beynon (UK), Fiona Burkhard (CH), Maria Pieters as the first Chair, and as first board members: of the EAUN was installed, of course with Ronny At the EAU Congress in Geneva in 2001 the first board and founder of the EAU, Prof. Frans Debruyne, as Pieters (BE), Martin Beynon (UK), Maria Ascension 2000 a meeting was organised by the EAU to At the request of Ronny Pieters, on 7 September hand over the baton to Paula Allchorne (UK) to chair the EAUN from 2021 until 2024. At the conference in March 2005 the very first EAUN guidelines were introduced, entitled “Urethral Catheterization, Section 1: Male Catheterization”, of what now is a series of 5 guidelines. The first Nurses Panel consisted of Martin Beynon (UK), Thea De Laat (NL), Jessica Greenwood (IR), Tone Van Opstal (NL), Efa Liedholm (GE) and Eija Luotonen Emblem (NO). Many other important guidelines for urology nurses followed, continuously keeping up with the developments in the scientific process of developing guidelines. The series currently counts 5 topics which are regularly reviewed. In 2015 the EAUN Board decided that the important task of composing the Scientific Programme of the annual EAUN meeting should be left to a committee of experienced scientifically trained nurses, which would enable the board to increase their efforts to develop educational activities and accreditation specifically for the members and build on the international relations. The first Scientific Congress Office (SCO) counted several members with a long and strong relation with the EAUN: Rita Willener (CH), Lisette Van De Bilt (NL), Bente Thoft Jensen (DK), Jerome Marley (IE) and was chaired by Stefans Terzoni (IT), EAUN Board Member, and they have set the tone for a more complete, and more attractive programme with a high scientific level. Contributing to new challenges in nursing care New EAUN Board Member The committee that decided to initiate an annual meeting for urology nurses, Brussels, April 2000

Some of the readers may remember the first urology nurses conference in Brussels, Belgium, where around 68 nurses joined in session room Cinedoc, April 2000. Despite some problems with the projectors at the second day, this first meeting was such a success that it was decided to continue this initiative in the next year and form a group of organisers. At the EAUN Congress in Geneva in 2001 the first board of the EAUN was installed, of course with Ronny Pieters (BE), Martin Beynon (UK), Maria Ascension Crespo Garcia (ES), Rita Willener (CH), Thea De Laat (NL) attended, as well as two professors from Switzerland, Prof. Fiona Burkhard (CH) and Prof. Hans-Jurgen Leisinger (CH), and the Secretary General and founder of the EAU, Prof. Frans Debruyne, as well as EAUN Executive Manager Operational Affairs Jacqueline Roelofswaard.

At the request of Ronny Pieters, on 7 September 2000 a meeting was organised by the EAU to discuss the start of a nurses’ committee. Ronny Pieters (BE), Martin Beynon (UK), Maria Ascension Crespo Garcia (ES), Rita Willener (CH), Thea De Laat (NL), attended, as well as two professors from Switzerland, Prof. Fiona Burkhard (CH) and Prof. Hans-Jurgen Leisinger (CH), and the Secretary General and founder of the EAU, Prof. Frans Debruyne, as well as EAUN Executive Manager Operational Affairs Jacqueline Roelofswaard.

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