

# Highlights and impressions of EAUN19 in Barcelona

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

Twenty years have passed since the European Association of Urology Nurses (EAUN) held its first conference in Brussels. The number of participating nurses has increased and cooperation with national urology societies has intensified. Over 300 nurses from over 30 countries attended the meeting in Barcelona.

The meeting started with a warm welcome from the chairs of the EAU, EAUN and the Spanish Association of Urology Nurses Enfuro. This was followed by presentations from all chairs of the EAUN through the years who showed the development of the EAUN and the annual meeting in the past 20 years, and concluded with a view on the future by the current Chair, Ms. Susanne Vahr Lauridsen. The highlight of the session was the announcement of the winner of the first Ronny Pieters Award: Mr. Ronny Pieters from Ghent, Belgium himself. Unfortunately, he could not be there to receive the award himself.

In Barcelona several important meetings took place. Chairs of nine different associations of Urology Nurses met with the EAUN Board to discuss cooperation in the fields of education and guidelines, amongst others. The ongoing development of a Urological Nursing Curriculum was topic of another meeting, attended by the Chairs, Presidents and representatives of ANZUNS, BAUN and EAUN.



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

Supporting each other and sharing knowledge has been EAUNs philosophy since its inception. The 3-day EAUN Meeting provides a forum for presenting original unpublished data and sharing ideas for urological nursing innovation as well as disseminating (evidence-based) knowledge of primary clinical importance and of particular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-Geelhoed, 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 - an Australian Nurse Practitioner's perspective

After an insight into the Australian health system and the scope of practice of a Nurse Practitioner in Uro-Oncology, Ms. Schubach pointed out which approach she uses in the treatment of patients with sexual dysfunction in Australia. Using the bio-psycho-social model, the patient is viewed holistically and placed at the centre of treatment. The model not only assesses physical problems, but also establishes connections between psychological and social influences in order to find the cause and treat it in a targeted way.

#### 2. The penis: The stubborn myths

To promote sexual health in urological patients, a Clinical Nurse Specialist needs to have broad knowledge of possible physical causes. Diseases such as penile curvature can make penetration more difficult. Likewise, premature or delayed ejaculation can have an influence on the common sexual life of partners.

#### 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. (By Mrs. Franziska Geese, Berne, CH)

### Inspiring first time congress experience

I would like to thank the EAUN for the 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 Clinic of Barcelona on Sunday 17 March. Nine nurses from different countries such as Greece, Germany, Australia, Ukraine, and Switzerland joined. Two nurses guided us through the urology department; first the ambulatory and the day section, 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 flows 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 with an EAUN 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 valuable was the "Bladder Special Interest Group: Bladder cancer - past, present and future perspectives" which was held on Saturday 16 March.



The key players in the development of a Urology Nursing Curriculum. Sitting l-r: K. Schubach (ANZUNS), J. Brocksom (BAUN), S. Vahr (EAUN); standing l-r: J. Taylor (BAUN), P. Allchorne (EAUN), J. Marley (EAUN)



Presentation of the first Ronny Pieters Award

### Three different aspects

The session highlighted three different aspects of bladder cancer from three countries. The first session by Mr. Rajesh Nair, Consultant Urologist from Guys Hospital London (UK), examined BCG treatment. Looking at it from "Top 10 facts" was an engaging approach - exploring how BCG works, when and how to use it, as well as issues and myths surrounding BCG.

The second session, by Ms. Elke Rammant, PhD Researcher at Ghent University (BE), explored exercise and psychological care in bladder cancer by outlining a study which has led to a digital programme to stimulate exercise at home. It will be exciting to follow the progress of this research once it has been piloted.

The third session by Ms. Anna Munk Nielsen, RN and Trials Coordinator at Aarhus (DE), considered biobanking in bladder cancer care. It discussed the PAGER study and the aim of instituting individualised care through ctDNA testing and optimising a personal biomarker that can detect recurrence in non-muscle-invasive bladder cancer.

### Value of attending

These sessions have been of immense value to me clinically and professionally. They have increased my understanding of BCG, its use in management of bladder cancer and issues surrounding it. This will help improve my care of inpatients.

The role of the patient in bladder cancer care and the importance of their engagement and empowerment were highlighted. I work in an inpatient setting and generally only have fleeting contact with patients during their cancer journey. This has given me the impetus to explore how patients are (or are not) empowered and supported locally and to then consider strategies to encourage and support this.

The sessions have given me the opportunity, as a practitioner working in a local hospital in the UK, to consider the management of bladder cancer in a global context. They emphasise the importance of networking and being part of an organisation such as the EAUN. (By Ms. Vanessa McLean, Worthing, UK)

### Focus on bladder cancer

I was both grateful and honoured to have been awarded an EAUN travel grant. Before leaving Ireland, I had downloaded the EAUN conference app and marked my calendar with events I wanted to attend. There were a number of sessions that I felt were essential for me. As my own role is focused on the management of patients with bladder cancer, I was committed to attend Thematic Session 3 by the Bladder Cancer Special Interest Group (SIG) on Saturday, 16 March and the inaugural meeting of the World Bladder Cancer Coalition on Monday, 18 March.

Inauguration World Bladder Cancer Patient Coalition I noticed that the bladder cancer SIG session appeared to have one of the highest attendance rates of delegates of all the EAUN19 sessions I attended. The World Bladder Cancer Patient Coalition (WBCPC) event was also well attended. This highlights the fact that healthcare professionals are interested in increasing their knowledge about conditions; promoting awareness; influencing political policymakers; and advocating for patients and support groups with the ultimate aim of improving patient outcomes.

The WBCPC inaugural meeting was livestreamed 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 national chapters 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 McConkey, Galway, IE)

### EAUN 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, perform at least 50 biopsies with supervision before being signed off as competent to practice on their own. Nevertheless, it is essential to confer with an experienced urologist.



Group picture with all Chairs after the National Societies meeting

Patients should receive an up-to-date, evidence-based and easy to understand PIL (Patients Information Leaflet) prior to TRUS biopsy. And it is important to ensure that the information is well understood.

The number of cores to detect cancer in the initial prostate biopsies is recommended to be 10 - 12. It is not recommended to only perform MRI-targeted biopsies initially.

Additional to answering the above questions, the update of the TRUS prostate biopsy guidelines contains complications after TRUS biopsy and their frequency, and recommendations on the use of anticoagulants, amongst other topics. (By Mrs. Ingrid Iversen, Kristiansund, NO)

All in all EAUN19 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 avail of the opportunities to receive a complimentary registration or a grant of 500 euro. Watch out for e-mailings and the new website from 1 July 2019: [www.eaun20.org](http://www.eaun20.org)



Hands-on training offers valuable learning experience



## 20th International EAUN Meeting

eaun19  
16-18 March 2019, Barcelona



# Animated narratives in a digital platform

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

eaun19

16-18 March 2019, Barcelona



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

Dennis.Michael.Hansen@regionh.dk



**Heidi Andersen, RN**  
Herlev and Gentofte Hospital  
Dept. of Urology  
Copenhagen (DK)

heidi.andersen@regionh.dk

that they do not receive the information they need about their disease and treatment, or only receive part of it<sup>3</sup>. 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<sup>4</sup>.

## 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 developed 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<sup>5</sup>. By conducting studies Visikon has documented that animation video creates a high degree of identification that may work to reduce pre-surgical anxiety<sup>6</sup>.

Several studies show that animated narratives can help reduce patient anxiety<sup>5,6</sup>.



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.



Animated narratives can help reduce patient anxiety

A nurse representative from Visikon came to our department and interviewed our clinical experts of both the inpatient and outpatient clinics. 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 content of My Treatment

The digital platform contains a sequence of 17 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 talk 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 preoperative information and the information about discharge. We expect the results to be ready by the end of 2019 after which they will be published.



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

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 10 days after diagnosis<sup>1</sup>. 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<sup>2</sup>. 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

## References

1. sst.dk
2. Sygeplejersken 2006; (17) 42-48. Sygeplejefaglige artikler)
3. [https://patientoplevelser.dk/sites/patientoplevelser.dk/files/zip\\_982/field\\_zipfiler\\_2/1/herlev%20og%20gentofte%20hospital/Urologisk%20afdeling%20\(HEH\)/2.%20AMB%20Tabelrapport%202018%20\(Urologisk%20afdeling%20\(HEH\)\).pdf](https://patientoplevelser.dk/sites/patientoplevelser.dk/files/zip_982/field_zipfiler_2/1/herlev%20og%20gentofte%20hospital/Urologisk%20afdeling%20(HEH)/2.%20AMB%20Tabelrapport%202018%20(Urologisk%20afdeling%20(HEH)).pdf)
4. Rud K, Egerod I, Brodersen J. Patient experiences of fast-track breast cancer surgery. *Klinisk Sygepleje*, [s. l.], v. 28, n. 1, p. 46-62, 2014.
5. <https://www.visikon.com/>
6. Høybye M et al. Producing patient-avatar identification in animation video information on spinal anesthesia by different narrative strategies. *Health Informatics Journal* 23 dec. 2014. 1460-4582

eaun19

16-18 March 2019  
Barcelona, Spain

## EAUN Award Winners

### First Prize for the Best Practice-development Poster Presentation



**Robert McConkey, Rogers E., Darcy F., Dowling C., Durkan G., Walsh K., Jaffry S., O' Malley P., Nusrat N., Aslam A., Hahessy S., University Hospital Galway (IE)**

With the poster: "Development of an advanced nurse practitioner led bladder cancer surveillance service in Ireland: Preliminary audit results"

### Second Prize for the Best Practice-development Poster Presentation



**Sajida Chagani, Sutria Z.S., Aziz W.A., Karachi (PK)**

With the poster: "Simulation based workshop on urosepsis improves knowledge and skills of urology nurses"

### First Prize for the Best Scientific Poster Presentation



**Mattia Boarin, Mannarini M., Della Giovanna G., Villa G., Marzo E., Manara D.F., Milan (IT)**

With the poster: "Self-care in ostomy patients and their caregivers"

### Second Prize for the Best Scientific Poster Presentation



**Ralph Klauser, Uster (CH)**

With the poster: "An investigation of the role of the Advanced Practice Nurse caring for urological patients in a regional hospital in Switzerland"

## 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](http://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!

[www.eaun.uroweb.org](http://www.eaun.uroweb.org)

eaun  
European Association of Urology Nurses



# 4th EAUN workshop at EUSC 2018 in Dubai

Board members educate urology nurses from the Philippines, China, the United Arab Emirates and beyond



**Jason Alcorn, FHEA, DN, MSc, BSc, Dip Urol Care, RN - Adult**  
Mid Yorkshire NHS Trust  
Dept. of Urology  
Wakefield (UK)

[j.alcorn@eaun.org](mailto:j.alcorn@eaun.org)



**Stefano Terzoni, RN, PhD**  
San Paolo Hospital  
Bachelor School of Nursing  
Milan (IT)

[s.terzoni@eaun.org](mailto:s.terzoni@eaun.org)

The 7th Emirates International Urological Conference & 15th 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 34 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.

*"... fluid balance, an often-overlooked part of the nurses' practice, but vitally important to the well being of the patient..."*

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 nephrostomy 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 1807 Lichtleiter. 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 cystoscope. The participants were also informed of how to limit the damage when using cystoscopes. This was further highlighted in the next presentation from Cherry Banaynal, a locally based nurse. Cherry discussed how to disinfect cystoscopes between patients and reinforced the handling 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 which 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.



EAUN Board members J. Alcorn and S. Terzoni at the EUSC Congress in Dubai for the EAUN workshop



# Annual Conference 2018 of Society of Urologic Nurses

Best programme ever in San Diego last October



**Bente Thoft Jensen**  
Senior Researcher  
Dept. of Urology  
Aarhus University Hospital  
Aarhus (DK)

[benjense@skejby.rm.dk](mailto:benjense@skejby.rm.dk)

My gratitude goes to the Danish Urological Nursing Society, who supported both the present EAUN chair, Susanne Vahr, Copenhagen University Hospital (DK), and me, former EAUN Chair Bente Thoft Jensen, Aarhus University Hospital (DK), in participating in the Annual Conference for Urologic Nurses last October in San Diego (US) and also to the EAUN for making this trip possible.

## Support from sponsors

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 working with, or 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

significant number of sponsors and co-operators during the congress. When we asked a random number of sponsors why they chose to support the Annual Urologic Nurses Meeting they all pointed out that, despite they faced some economic challenges, they discovered that urological nurses have a unique position; not only because of their role as teachers and care-providers but as mediators and communicators of complex knowledge to the 'end users' and are thus pivotal and the perfect base for partnership.

## Pre-conference workshops

As frequent attendee of the Annual SUNA Meeting, I believe that the San Diego meeting offered one of the best programmes ever at SUNA, with an emphasis on the professional nurse, who seems to be forgotten



Susanne Vahr Lauridsen and Bente Thoft Jensen at the Annual SUNA Meeting

over the last couple of years. Not only in the USA but in Europe as well, where a trend, for several reasons, convinced stakeholders of the benefits of having more generalist nurses than specialised nurses, which resulted in loss of competencies and reduced quality of care.

The pre-conference workshops were excellent with opportunities to sign up for 8-hour intensive courses in e.g. basic hands-on urodynamics. You learned the basic dynamic of the bladder, and learned how to carry out a simple urodynamic investigation including describing and interpreting curves. Moreover, at the end of the session the participants were given a patient case and had to come up with a plan for treatment and care. The recommendations could include, for example, teaching the patients to perform clean intermittent catheterisation (CIC) or instillation of intravesical medicine or proceed to a nurse-led cystoscopy clinic. If you had chosen the last option you could move on and participate in the advanced hands-on cystoscopy workshop. In other words, following in the footsteps of the patients ...

## Female sexual health

Another emerging clinical aspect is female sexual health. A well-known sexual centre in San Diego led by Dr. Irwin Goldstein (former chair and initiator of the Sexual Medicine Society in North America) and his 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 fantastic talk.

If you would like to visit SUNA, please visit the website below: [www.suna.org](http://www.suna.org)

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



SUNA President Gwendolyn Hooper with President Elect Margaret Amy Hull in the exhibition hall



# Anniversary 20th EAUN Meeting in Barcelona

## Strong international bonds highlighted in Joint Sessions with AEEU, ECET and ANZUNS



**Corinne Tillier**  
Chair EAUN Scientific  
Congress Office  
Amsterdam (NL)

c.tillier@eaun.org

proposed a programme on Testicular and Prostate cancer, Cystoscopy and Nurses training in various countries.

At the third meeting in February in Birmingham in 2002, nurse participants from all over Europe got to know each other better at the 'Healthcare Professionals Dance Evening' in Tiger Tiger, the same party destination that was unknowingly selected by the EAUN Board 15 years later in London!

Ronny Pieters chaired the EAUN until 2004, when Aase Grundal (DK) took over (she chaired from 2004-2006). After a short co-chairmanship by Ronny Pieters and Jerome Marley until 2007, the following chairs were installed at the annual meeting: Bente Thoft Jensen (DK, 2007-2011), Kate Fitzpatrick (IE, 2011-2014), Lawrence Drudge-Coates (UK, 2014-2016) Stefano Terzoni (IT, 2016-2018). The current chair is Susanne Vahr Lauridsen (DK, 2018-2021), who will 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 11 guidelines. The first Nurses Panel consisted of Martin Beynon (UK), Thea De Laat (NL), Jessica Greenwood (UK), Toine Van Opstal (NL), Eva Lindblom (SE) 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 7 topics which are regularly reviewed.

In 2014 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 Stefano Terzoni (IT), EAUN Board Member, and they have set the tone for a more complete, and more attractive programme with a high scientific level.



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 on 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.



Rita Willener presenting in Stockholm in 2009

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-jürg Leisinger (CH), and the Secretary General and founder of the EAU, Prof. Frans Debruyne, as well as EAU Executive Manager Operational Affairs Jacqueline Roelofswaard.



Jerome Marley chairing in 2009

At the EAU Congress in Geneva in 2001 the first board of the EAUN was installed, of course with Ronny Pieters as the first Chair, and as first board members: Martin Beynon (UK), Fiona Burkhard (CH), Maria Ascension Crespo Garcia (ES), Thea De Laat (NL), Helén Marklund Bau (SE), Thomas Stöcker (DE), Rita Willener (CH).

For the Geneva nurses' meeting an abstract session and an excellent programme were composed, also thanks to a Swiss nurses and doctors group who



Helén Marklund Bau receives a prize in Milan in 2008



Ronny Pieters handing over the award to A. Bärnhielm in 2009

**eaun19**

16-18 March 2019, Barcelona

Looking back it cannot be missed that there is one person who has been at the heart of all these developments. This, and the joyous occasion of celebrating the 20th annual meeting in Barcelona, is the reason the EAUN Board has established a lifetime achievement award to be awarded yearly to an exceptional EAUN member. The award is named after the initiator of the annual meeting for urology nurses: Mr. Ronny Pieters (BE). In Barcelona the first award was awarded to Mr. Ronny Pieters himself. From now on it will be possible to nominate European nurses who should, in your opinion, win this prize because they have provided an outstanding and enduring contribution to the development of urological nursing in Europe. The nomination form will soon be available on the EAUN website [www.eaun.uroweb.org](http://www.eaun.uroweb.org).

## New EAUN Board Member

### Contributing to new challenges in nursing care



**Tiago Santos, RN, MScN, Rehab.Nurs.**  
Champalimaud  
Foundation  
Prostate Unit  
Lisbon (PT)

t.santos@eaun.org

**My name is Tiago Santos, I am 28 years old and I graduated in 2012 at the Nursing School of Lisbon. I started my career as a registered nurse in a nursing home where I mainly worked in a rehabilitation ward. In 2014, I embraced a new career project and started to work in the Urology Department at Champalimaud Foundation in Lisbon, a reference cancer centre in Portugal, as the responsible nurse for the outpatient urology clinic.**

and in 2016 I joined the panel for updating the EAUN guideline on TRUS biopsy which was presented this year at the Annual Meeting in Barcelona (ES). It has been a great experience to be part of this panel since it allows me to contribute to updating nursing knowledge about this topic.

In 2019, I joined a group of Portuguese nurses who started a scientific online nursing journal. The first edition was published in January and I am currently one of the reviewers. In my opinion, now is the right time to join the EAUN board because new challenges of nursing care are emerging due to the quick advance of technology in health systems. I am very motivated to contribute in order to maintain the connection between nursing practice and state-of-the-art methods. Furthermore I hope to contribute with the perspective of a nurse working in a country where the urology nursing career is not as developed as in some European countries.

This was a huge challenge for me because I was the first nurse specifically dedicated to developing the urology outpatient department. I became increasingly motivated over the years, because I had the opportunity to implement a lot of projects and see the positive impact they had on patient recovery and quality of life.

The main urological surgeries performed in our department are robot-assisted radical prostatectomies. My main work starts at the time of the diagnostic exams, then I prepare the patient for surgery, promoting an early start of the rehabilitation process and, after surgery, I continue the rehabilitation process with major emphasis on recovery of urinary continence and sexual function.

Therefore, and because of my special interest in urological patient rehabilitation, I finished my Master degree and specialisation in Rehabilitation Nursing in 2018. Since 2015 I have been a member of the EAUN



The 3rd International EAUN Meeting took place in 2002 in Birmingham

**eaun**

### EAUN Board

Chair	Susanne Vahr (DK)
Chair Elect	Paula Allchorne (UK)
Board member	Jason Alcorn (UK)
Board member	Jerome Marley (GB)
Board member	Tiago Santos (PT)
Board member	Corinne Tillier (NL)
Board member	Jeannette Verkerk (NL)
Board member	Giulia Villa (IT)

[www.eaun.uroweb.org](http://www.eaun.uroweb.org)