

## Be Involved in an EAUN Special Interest Group

The purpose of SIG groups is to support networking between members and provide a forum/think tank for nurses with a special interest or knowledge about specific urological issues. Here they can exchange experiences and investigate urological nursing issues related to the topic of their group.

SIGs support the EAUN board with their expertise on topics such as Prostate cancer, Bladder cancer, Incontinence or Endourology. They advise on guidelines, lectures, speakers, enquiries from members, EAU offices, other societies or companies, write articles in the EAUN newsletter, and more. Together, they build up a network and enhance their own knowledge simultaneously.

Continance SIG

Bladder Cancer SIG

Prostate Cancer SIG

Endourology SIG

### SIG Structure

- A SIG is formed by nurses (or other health care professionals) with special experiences in one particular part of the urology field
- Every SIG will have a chair who acts as the connector between the group and the EAUN board, with yearly reports highlighting ideas and outcomes
- SIGs work autonomously and have the freedom to pursue relevant topics
- There is not a specific term for being a member of a group, nor is membership restricted to one group
- SIG members can be invited based on information in our membership database, they can apply themselves, or they can be invited by the SIG chair or EAUN board members
- As all members are volunteers, there is no obligation to participate in every project the group decides to start

### SIG Activities

- Video meetings at least once a year and when preparing activities arranged by the EAUN office
- Provide a thematic session at the Annual International EAUN Meeting
- Provide articles or contact authors to publish in European Urology Today or other journals
- Support the EAUN with potential sponsors
- Support the ESUN courses
- Support Guideline Groups
- Any other activity the group may want to undertake

[www.eaun.uroweb.org/special-interest-groups-sigs/](http://www.eaun.uroweb.org/special-interest-groups-sigs/)



## eaun Fellowship Programme



Visit a hospital abroad!  
1 or 2 weeks - expenses paid  
Application deadline: 31 August 2020

- Only EAUN members can apply
- Host hospitals in Belgium, Denmark, France, the Netherlands, Sweden, Switzerland and the United Kingdom
- A great way of widening your horizon



European Association of Urology Nurses

For Fellowship application forms, rules and regulations and information on which specialities the hosting hospitals can offer please visit the EAUN website.

T +31 (0)26 389 0680 F +31 (0)26 389 0674 eaun@uroweb.org www.eaun.uroweb.org

## Take the free e-course - EAUN members only

### Preventing catheter-associated urinary infection



### Your role in prevention is crucial!

Developed by Ms. Dinah Gould and Accredited by the Royal College of Nursing

Through this e-course, you will...

- Understand why UTIs and CAUTIs are common
- Learn the indications for urethral catheterisation (UC)
- Determine the risk factors for CAUTIs
- Define the strategies to prevent CAUTIs and catheter-related complications
- Critically evaluate the guidelines on preventing CAUTIs
- Learn to determine whether long-term UC is appropriate for a patient

1-hour e-course including a pre-test and a post-test.  
A certificate is provided after completion.

Take the free online course where and when it suits you!

Send an email to [eaun@uroweb.org](mailto:eaun@uroweb.org) to receive login details. Only EAUN members can apply!



### First Announcement

## Sexual dysfunction in men and women

5th Course of the European School of Urology Nursing

Simultaneously held with the ESU-ESAU-ESGURS Masterclass on Erectile restoration and Peyronie's disease

1-2 October 2020, Leuven, Belgium

30 places available

### Join us at the 5th ESUN Course in Leuven

Do you know that sexual issues can affect any patient at any time? What do you really know about sexual dysfunction/issues? Are you able to talk to your patient? Do you know how to start or open the conversation? Do you know what to say? Would you like to be better at it?

Regardless of your answer, you'll want to join us for the 5th ESUN Course in Leuven in October 2020 to know more. As a nurse, the patients you support may need advice or guidance on those intimate issues and don't always get it. The course will combine theory and practice and includes workshops.

#### The preliminary programme consists of the following modules:

- Module 1: The physiology of human sexual function
- Module 2: Female sexual disorders (FSD): Pathology and challenges in medical treatments
- Module 3: Male sexual disorders
- Module 4: Counselling in sexual disorder in men and women
- Module 5: Treatment of erectile dysfunction
- Workshop 1: Surgical treatment: Penile prosthesis
- Workshop 2: Let's talk about sex
- Live surgery: Various live surgery sessions together with the participants of the ESU Masterclass on Erectile restoration and Peyronie's disease



When registration is open please send an email to [c.vanijendoorn@congressconsultants.com](mailto:c.vanijendoorn@congressconsultants.com) to receive an application form. Selection will take place based on experience, work environment and educational background. For more information please visit [www.eaun.uroweb.org](http://www.eaun.uroweb.org). We are looking forward to receiving your email!

Registration fee for the course is €100 for EAUN members and €135 for non-EAUN members.

The Organising Committee:  
Corinne Tillier (NL), Jason Alcorn (GB), Jeannette Verkerk (NL)

An application will be made for accreditation by the Dutch nurses accrediting bodies.

The EAUN covers your hotel arrangement for one night and reimburses your flight (max. €500), train ticket or km costs car travel.



# The quality and use of communication in PCa decision aids

Results from a large-scale systematic review assessing 19 tools for localised PCa patients



**Ruben Daniël Vromans, MA MPhil, PhD Candidate**  
Dept. of Communication and Cognition  
Tilburg University (NL)

r.d.vromans@tilburguniversity.edu

Men newly diagnosed with localised prostate cancer are facing difficult decisions regarding their treatment. They need to choose from a range of treatment options (e.g., surgery, external beam radiotherapy, brachytherapy, or active surveillance), which have equivalent survival outcomes but differ in the risk of adverse events<sup>1,2</sup>.

In the process of shared decision making, decision aids (web-based tools) provide information about treatment options and associated risks of side effects, and help patients get to know their values and preferences<sup>3</sup>. Today, there are many patient decision aids available for prostate cancer patients, and according to a large Cochrane review, they seem to be effective<sup>4</sup>. However, what is their quality? And to which extent do decision aids pay attention to communication features?

## Large-scale systematic review

To answer these questions, a group of Dutch (health communication) scholars recently performed a large-scale systematic review to assess the quality and use of communication in currently available decision aids for patients with localised prostate cancer. They systematically searched through academic databases such as EMBASE or MEDLINE to collect decision aids that were, for instance, part of interventions in randomised controlled trials. In addition, they performed a thorough search through Google, since patients are more likely to find their information and decision aids in this environment<sup>5</sup>.

Eventually, they identified 19 international decision aids, of which 11 originated from North America and eight from Europe. The majority of the aids (12) were web-based tools, and the year of publication ranged from 2007-2018.

## IPDAS checklist

The authors first assessed the quality of the tools by using the validated International Patient Decision Aids Standards (IPDAS) checklist<sup>6</sup>, which covers a variety of quality dimensions, ranging from evidence-based information about treatment options and outcome probabilities to decision guidance and development process. The authors found that the quality varied greatly across the decision aids, with many failing to comply with all components of the IPDAS criteria (mean IPDAS score = 59%, range = 36%-84%). This is also shown in Figure 1A, in which there is large variability for many IPDAS dimensions. Many aids did not adhere to good practice guidance on the presentation of outcome probabilities associated with treatment options, and lacked substantial information regarding the development process and readability levels of the aids.

## Communicative Aspects checklist

After the quality assessment, the authors further reviewed the decision aids regarding their use of communication for which they developed the Communicative Aspects (CA) checklist<sup>7,8</sup>. This tumour-independent checklist consists of 76 items divided into seven aspects: *Information Presentation* (e.g., how risks and uncertainties were communicated), *Personalisation* (e.g., how treatment information was tailored to patient characteristics), *Interaction* (e.g., how patients' personal values and preferences were clarified), *Information Control* (e.g., how patients had control over access to and amount of information), *Accessibility* (e.g., whether the tool was easily accessible), *Suitability* (e.g., how suitable and understandable the content was) and finally *Source of Information* (e.g., whether and how the source of treatment information was given).

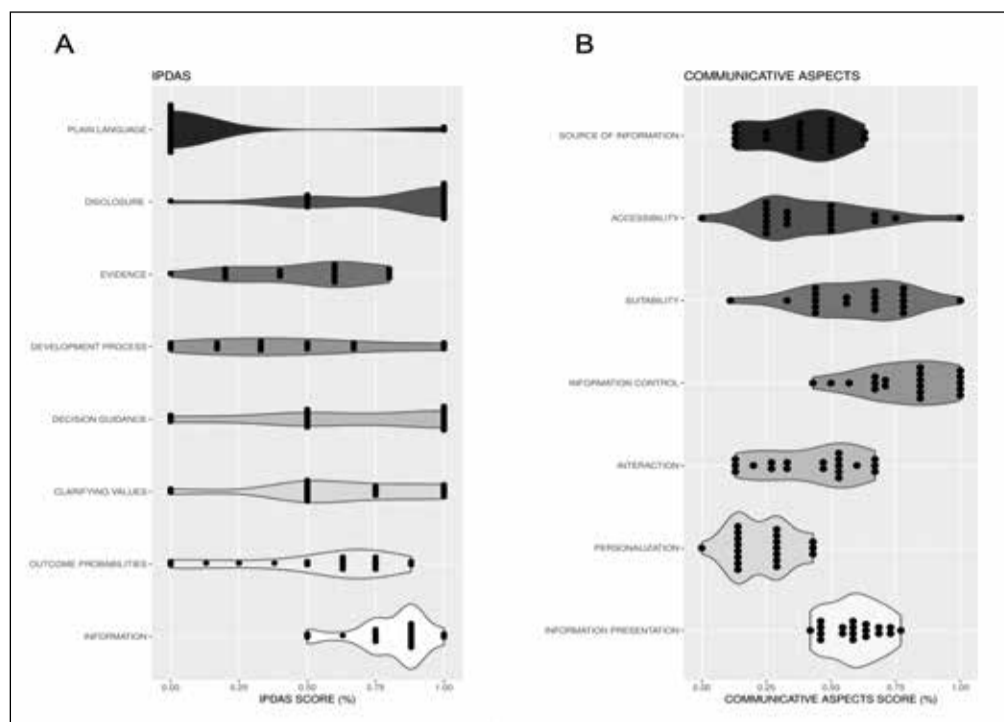


Figure 1: Quality (A) and use of communication aspects (B) of the 19 international decision aids for prostate cancer treatment. Within each IPDAS dimension or CA aspect, each dot represents one decision aid

## Results

The authors observed substantial variations in use of communication in decision aids (Figure 1B), with a mean CA score of 51% (range 32%-64%). Most importantly, few aids used visuals to communicate outcome probabilities, and none of them were personalised in terms of communicating the likelihood of experiencing treatment side effects. Furthermore, only a minority of the aids used interactive exercises to elicit patients' values and preferences, and most tools had biased cross tables to compare the pros and cons of treatment options. The authors also found some issues with the suitability and accessibility of information in the aids that may hinder the uptake of decision aids in daily clinical practice.

## Conclusion

What we learn from this? According to the authors, this review demonstrates the variability among currently available decision aids for localised prostate cancer treatment, and shows that both their quality and use of communication can be improved. The authors recommend urologists who are using or developing decision aids to focus on personalisation techniques, such as communicating individualised risks of treatment side effects or tailoring the amount of treatment information to patient characteristics and preferences. Other possible improvements are the inclusion of interaction exercises for clarifying patients' preferences and values, and using both text and visualisations for communicating statistical information. These suggestions are also relevant for clinicians outside of prostate cancer who are facing similar complex and time-consuming clinical counselling scenarios with their patients.

## References

1. Hamdy FC, Donovan JL, Lane JA, et al. 10-Year outcomes after monitoring, surgery, or radiotherapy for localized

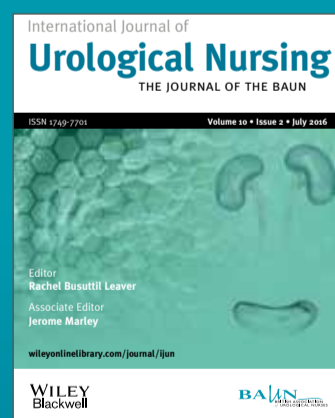
prostate cancer. *N Engl J Med.* 2016;375(15):1415-1424. doi:10.1056/NEJMoa1606220

2. Donovan JL, Hamdy FC, Lane JA, et al. Patient-reported outcomes after monitoring, surgery, or radiotherapy for prostate cancer. *J Urol.* 2017;375(15):1425-1437. doi:10.1016/j.juro.2017.02.004
3. Elwyn G, Durand MA, Song J, et al. A three-talk model for shared decision making: Multistage consultation process. *Bmj.* 2017;359:j4891. doi:10.1136/bmj.j4891
4. Stacey D, Légaré F, Lewis K, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database Syst Rev.* 2017;4:CD001431. doi:10.1002/14651858.CD001431.pub5
5. van Eenbergen MCHJ, Vromans RD, Boll D, et al. Changes in internet use and wishes of cancer survivors: A comparison between 2005 and 2017. *Cancer.* 2019;126(2):408-415. doi:10.1002/cncr.32524
6. Elwyn G, O'Connor AM, Bennett C, et al. Assessing the quality of decision support technologies using the International Patient Decision Aid Standards instrument (IPDASI). *PLoS One.* 2009;4(3):e4705. doi:10.1371/journal.pone.0004705
7. Vromans RD, van Eenbergen MC, Pauws SC, et al. Communicative aspects of decision aids for localized prostate cancer treatment – A systematic review. *Urol Oncol Semin Orig Invest.* 2019;37(7):409-429. doi:10.1016/j.urolonc.2019.04.005
8. Vromans R, Tenfelde K, Pauws S, et al. Assessing the quality and communicative aspects of patient decision aids for early-stage breast cancer treatment: A systematic review. *Breast Cancer Res Treat.* 2019;178(1):1-15. doi:10.1007/s10549-019-05351-4

**Source:** Communicative aspects of decision aids for localized prostate cancer treatment: A systematic review. Vromans RD, van Eenbergen MC, Pauws SC, Geleijnse G, van der Poel HG, van de Poll-Franse LV, Krahmer EJ. *Urol Oncol Semin Orig Invest.* 2019 Apr;37(7):409-429. <https://doi.org/10.1016/j.urolonc.2019.04.005>

## The International Journal of Urological Nursing

- the official Journal of the BAUN



The *International Journal of Urological Nursing* is a must have for urological professionals. The journal is truly international with contributors from many countries and is an invaluable resource for urology nurses everywhere.

The journal welcomes contributions across the whole spectrum of urological nursing skills and knowledge:

- General Urology • Clinical audit • Continence care • Clinical governance • Oncology
- Nurse-led services • Andrology • Reflective analysis • Stoma care • Education
- Paediatric urology • Management • Men's health • Research

Call for papers

Subscription Offer to EAUN members 35% discount

Visit: [bit.ly/2jgOqQj](http://bit.ly/2jgOqQj)

Visit: [www.wileyonlinelibrary.com/journal/ijun](http://www.wileyonlinelibrary.com/journal/ijun)

WILEY

## 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

eaun European Association of Urology Nurses

# Rare and unknown: Sleep-related painful erections

No adequate treatment available for unpleasant nocturnal condition



**Mrs. Jeannette Verkerk**  
Nurse practitioner  
St. Antonius hospital  
Nieuwegein (NL)

[j.verkerk@xs4all.nl](mailto:j.verkerk@xs4all.nl)

(NO) facilitates the relaxation of the smooth muscle and is catalysed by NO synthase. When the arteries and sinusoids fill with blood, the veins are compressed against the tunica albuginea. In the end, the arteries will also be compressed because the inner blood pressure rises to 100 mmHg. This will create a maximally erect penis. The pelvic floor muscle bulbospongiosus and ischiocavernosus muscle play an additional role in further rigidity. The exact way this works remains unclear.

*“There is no well-described treatment with enough evidence behind it. There is no EAU guideline for this phenomenon. But I would like to give you some insight.”*

Detumescence of the erection starts with the sympathetic nerve system, which stimulates contraction of the smooth muscle inside the corpora cavernosa. This pathway starts from thoracic 11th to lumbar 2nd spinal cord level. Norepinephrine is the principal neurotransmitter to maintain flaccidity and stimulate the adrenergic receptors. In figure 1, the whole neurological pathway is shown.

**Sleep related erections (SRE) and REM sleep**  
The relation between REM sleep and SRE was first described in the fifties of the last century. Sleep related erections appear throughout the lives of men, even when they are children. The cerebral cortex plays an essential role in the occurrence of SRE. When only the brainstem is left in rats, SRE disappear but the REM sleep remains intact. It is believed that intermittent nocturnal filling of the corpora cavernosa provides better penile tissue oxygenation. It may therefore prevent erectile dysfunction by preventing fibrosis of the penile tissue. In the past, it was assumed that testosterone plays a role in SRE. Androgens would attenuate the noradrenergic neurons, causing a testosterone-

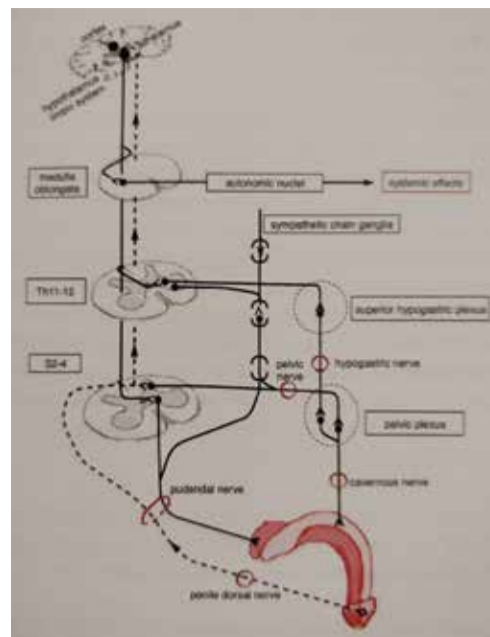


Figure 1: Neural pathways controlling human penile erection, as taken from *Pathological erections. Historical, pathophysiological and clinical aspects* by Dr. Vreugdenhil

related excitatory action to manifest the SRE. It is known that the testosterone level has an important influence on the SRE. The SRE will happen more often and last longer when boys enter puberty. When hypogonadal men receive testosterone replacement therapy, the rigidity of the SRE becomes more intense, lasts longer, and happens more often. Even the level of testosterone in the blood varies from non-REM sleep to REM sleep transition.

**Sleep-related painful erections (SRPE)**  
The nocturnal penile tumescence and rigidity (NPT-R) can be measured using a Rigiscan® during the night and shows about 4-6 nocturnal episodes of erections. SRPE are difficult to diagnose because the patient should sleep with NPT-R measuring equipment;

polysomnography to register the REM sleep episodes and electromyography of the pelvic floor to see if it contracts. This is a costly way to diagnose the SRPE and is not performed regularly.

In the literature, only case reports about this disease are published, with the largest cohort consisting of 24 men in the group of Dr. Mels Frank van Driel (NL). Therefore, evidence is still lacking and the understanding of the pathophysiology of SRPE is still unknown.

**Baclofen®**  
Several treatments have been tried over the years, but none shows very good results. Different medical treatment, such as a muscle relaxant (Baclofen®), different antidepressants, benzodiazepines, anti-psychotics, anti-epileptic drugs, anti-androgens, beta-blockers, and PDE5-I, have been used. Even combinations of drugs have been tried and described in several case reports. The conclusion of Dr. Vreugdenhil et al. in their meta-analysis of SRPE is that Baclofen has the most promising efficacy and its side effects are acceptable (Vreugdenhil, 2018).

Sleep-related painful erections are a very rare condition in men. Over the last 2 years, I have seen the condition only 4 times.

**No treatment**  
Sometimes nightly erections become painful. The reason why remains unclear. Men wake up during the night because of the painful erection and cannot fall asleep again unless the erection disappears. Case studies describe that the erection sometimes starts again after lying down once again. One of the men in my practice told me the same thing. There is no well-described treatment with enough evidence behind it. There is no EAU guideline for this phenomenon. But I would like to give you some insight. I have used the PhD booklet by Dr. Sanne Vreugdenhil (NL) with great pleasure. She did her promotion on pathological erections and delivered a great overview.

*“SRPE are difficult to diagnose because the patient should sleep with NPT-R measuring equipment.”*

**Physiology of erections**  
The erectile process is complex and requires relaxation of the smooth muscles in the corpora cavernosa and correct functioning of the parasympathetic neurovascular bundles which arise from the 2-4th sacral spinal cord. The neurotransmitter nitric oxide



## 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)
Board member Elect	Franziska Geese (CH)

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



Robotic Urology Nursing

## ERUS-DRUS20

### ERUS-EAUN Robotic Urology Nursing Meeting

5-7 November 2020, Dusseldorf, Germany



Photo credit: [www.franciscanhealth.org](http://www.franciscanhealth.org) (<https://creativecommons.org/licenses/by-sa/4.0/deed.en>)

## Robotic nursing update in Dusseldorf

Enhance your knowledge of techniques, patient pathway and assistant role

There is no harmonised training for nurses and RNFA's at this moment and this meeting aims to fill this gap with a high quality nurses programme. The 2020 edition of the ERUS-EAUN Robotic Urology Nursing Meeting in Dusseldorf is a unique meeting for nurses and RNFA's working in robotic urology. By collaborating with EAU and ERUS we are able to provide an educational programme based on best practice with a very high standard.

The aim of the ERUS-EAUN Robotic Urology Nursing Meeting is to become the educational platform for OR nurses and RNFA's working with robot-assisted urology surgery. The programme will include the latest research in our field of expertise and also look ahead at what the future will bring. The meeting will offer theoretical in-depth knowledge and will discuss many practical aspects that are important for nurses working in robot-assisted urology surgery.

On the first day the English version of the nurses' programme will take place, on the second day the German nurses' programme.

Both are completely dedicated to the operating room nurse / assistant role in theory and practice and include state-of-the-art lectures on low vs. high risk prostate cancer, how to interpret the MRI, nerve sparing, lymph node dissection, enhanced recovery, amongst others. Team training, trouble shooting, and patient information video presentations as well as novel robotic equipment are some of the other important topics that will be discussed with the audience by highly skilled and experienced speakers.

On the two other days of the ERUS programme nurse delegates that register for the full meeting will attend the lectures and live surgery sessions of the regular ERUS programme, to return home completely updated on the latest developments in the field.

### Aims and objectives

- Increase the understanding of the bedside role of the nurse in the operating room
- Offer extensive in-depth knowledge of the most common urologic procedures such as prostate cancer, kidney cancer and bladder cancer as performed today
- Deepen the knowledge of the patient's pathway from diagnosis to surgery

- Increase awareness of the importance of having the right competences in the operating room
- Define the role of the operating room nurse in robotic surgery
- Enable the participant to take part in discussions how to handle minor and major complications in robotic assisted urology surgery
- Address the importance of a skilled robotic team and team efficiency in the operating room, including crucial knowledge on how robotic surgery affects the patient
- Inspire both OR Nurses and RNFA's in their daily work in the operating room to achieve a higher satisfaction and joy in their field of expertise

Don't miss it!

Register before 4 August 2020 and benefit from the early fee!

Register now at [www.erus20.org](http://www.erus20.org)

More information: <https://erus.uroweb.org/scientific-programme/erus-eaun/>



erus esu eaun eau

European Association of Urology