

Former EAUN Chair elected AAN Fellow

20 years of serving the public and the nursing profession by advancing health policy, practice, and science



Susanne Vahr, RN, MEd, PhD
Chair EAUN
Copenhagen (DK)

s.vahr@eaun.org

Co-author: Nora Love-Retinger (US)

The EAUN wants to congratulate Bente Thoft Jensen, RN, MPH, PhD, Department of Urology, Aarhus University Hospital, Denmark, on her election as a Fellow in the American Academy of Nursing (AAN).

The virtual induction of Bente Thoft as a Fellow into the American Academy of Nursing took place on 31 October last, and was live streamed. Due to the COVID-19

pandemic the festive event in the United States, during the AAN conference had to be cancelled this year, unfortunately.

Bente has been working in the EAUN since 2007. During these 13 years, she has contributed to the development of urology nursing in many different roles: as chair of EAUN, member of the Scientific Congress Office, developing guidelines, and recently as chair of the Special Interest Group on Bladder cancer. Bente also takes part in developing patient information with the EAUN.

Bente's ability to network and create essential collaborations globally is remarkable. Bente met Nora Love in 2008 at a Society of Urologic Nurses and Associates (SUNA) meeting in Philadelphia, where Bente represented the European society as President of the EAUN. Our colleague Nora states: "I was impressed with her work with Bladder Cancer patients; I could only imagine what it would be like to work in partnership with such a force. Who would have thought our paths would cross again one year later in Stockholm at the 10th International EAUN Meeting. There, we talked about our patients' similarities, despite the difference in

geography, politics, socioeconomics, and healthcare policy. Connecting again that year in Chicago at the SUNA meeting, we collaborated on a comparison study of cystectomy patients and their nutrition assessment as it affects the length of stay. This study indicated that our patients were comparable, leading to replicating Bente's rehabilitation study at Memorial Sloan Kettering (MSK). Bente accepted a 7-month Surgical Fellowship at MSK, where we conducted the study culminating in a presentation at the American Urological Association and a publication in *Urologic Nursing*."

In addition to conducting research while at MSK, Bente also mentored the urology nurses to become more involved and elevate their practice. This mentoring included supporting nurses with research, presenting at international conferences, publishing, and completing advanced degrees. The urology nurses now better understand their patients and how a nurse can influence outcomes through data analysis and evidence-based practice.

Collaborations continue here in the United States with colleagues at Mt. Sinai Hospital, including Dr. Nihal Mohamed, leading to additional work in the bladder



Bente Thoft Jensen,
Aarhus (DK)

patient's unmet needs and quality of life, always advancing nursing practice to the highest quality of care. Presently, Bente is co-chairing a multinational group working on a systematic review of pre- and post-habilitation. Once again, driving urology nurse initiatives on a global scale to improve patient care.

In being elected as a Fellow in the American Academy of Nursing (FAAN), Bente truly exemplifies this prestigious institute's tenets, enhancing the quality of healthcare and nursing. Through her unwavering commitment to quality care, Bente has strengthened nursing and health delivery systems nationally and internationally.

European Association of Urology Nurses

Bile acid loss syndrome

A phenomenon associated with specific urological operations



Veronika Geng, RN
Manfred-Sauer-Stiftung
Lobbach (DE)

veronika.geng@
mssstiftung.de

Bile fluid is produced in the liver (approx. 900 ml /24 h) and stored in the gallbladder. Together with the pancreatic secretions, the bile is released into the duodenum and reabsorbed and reused in the enterohepatic circulation. Bile is necessary for good digestion and contains bile acid, cholesterol, phospholipids and bilirubin, fatty acids and proteins.

During food intake, bile acid is released into the small intestine, where it helps to break down the nutrients, especially fats. This enables the body to absorb the fats. Bile acids act as a "solvent" for cholesterol and supports the absorption of the fat-soluble vitamins A, D, E and K. The bile acid is reabsorbed into the bloodstream at the lower end of the small intestine (terminal ileum) and returned to the bile acid circulation. In addition, the bile fluid reduces the acidity of the food from the stomach.

Bile acid that is not reabsorbed ends up in the colon where it does not belong. There it prevents the reabsorption of water from the colon and stimulates peristalsis. As a result, liquid stool is excreted, is partially uncontrollable and can thus also lead to incontinence.

This phenomenon is often described in connection with irritable bowel syndrome. However, a group of urological patients can also be affected: patients who have received a bladder augmentation or a neobladder and for whose reconstruction the terminal ileum was used.

Symptoms

- Diarrhoea (Chologene diarrhoea)
- Fatty stools
- Cramp-like pain, which is often relieved by abstinence from food.
- Low levels of fat-soluble vitamins A, D, E and K can be associated with the loss of bile acid.
- Since the bile acid is not reabsorbed, there is a deficiency of bile acid in the gallbladder. This can lead to gallstones.

Under normal physiological conditions, calcium is bound to oxalic acid in the intestine and thereby excreted. In fatty stools, calcium is bound to fat and thus increasingly absorbed in the small and large intestine. This can lead to oxalate stones in the area of the draining urinary tract.

Causes

Causes of the bile acid loss syndrome are diseases of the ileum (Crohn's disease) but also surgical interventions using parts of the terminal ileum, e.g. bladder augmentation or neobladder.

Diagnostics

Optical: Detection of fatty stool
From certain causative factors, the bile acid loss syndrome can be deduced. I.e. if terminal ileum fails in its function due to illness or surgery, one can assume that the bile acid loss syndrome occurs.

Often an acid binding agent - e.g. cholestyramine - is administered on a trial basis. If the diarrhoea and other symptoms are thereby eliminated, it can be assumed that the cause of the diarrhoea is bile acid loss.

SeHCAT test (SelenoHomoCholic Acid Taurine test)

Nuclear medical test for the diagnosis of bile acid loss syndrome. Radioactively marked bile acid (selenohomocholeic acid taurine, Se-HCAT) is administered orally and then measured with a whole-body counter. The measured values can then be used to calculate bile acid excretion. The test is not a routine procedure.

4C-glycocholate breath test

After oral administration of 14C-glycocholate, there is increased exhalation of radioactive carbon dioxide. This is caused by the increased bacterial metabolism of bile acids in the large intestine (colon). The procedure is rarely used.

Detection of bile acid in stool using enzymatic, chromatographic or mass spectrometric methods is only carried out within the framework of scientific studies.

Therapy

If possible, search for and treat the cause of the loss of bile acid (e.g. Crohn's disease).



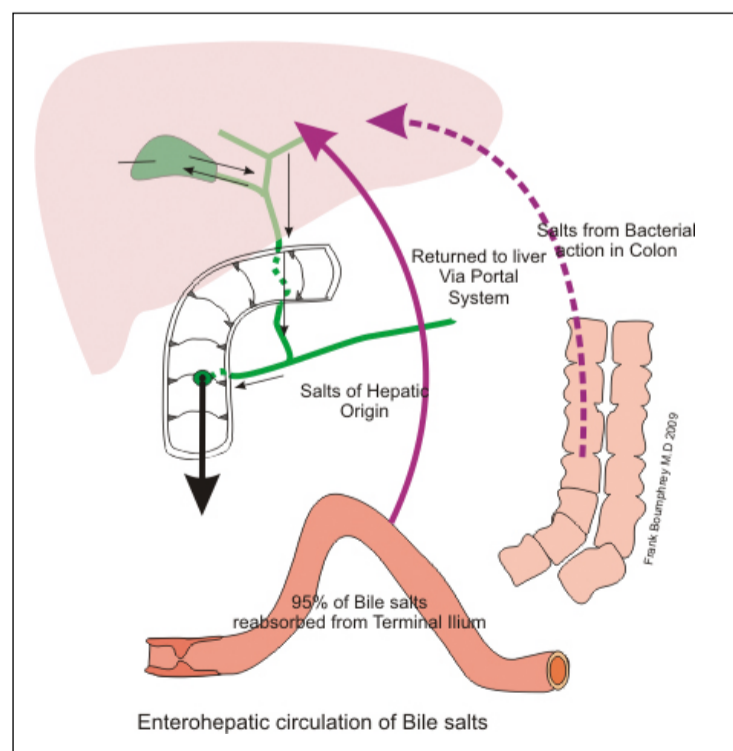
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The symptoms of diarrhoea after neobladder or bladder augmentation can be positively influenced with exchange resin (cholestyramine). The correct dosage for treating the symptoms while preventing constipation, should be determined empirically.

In the case of bile acid loss syndrome after using the terminal ileum for a urological operation the diarrhoea stops immediately after taking the first dose of cholestyramine.



Enterohaptic circulation of bile acids

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European Association of Urology Nurses

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Working together to improve healthcare through EAUN

Upcoming Norwegian board member introduces herself to the membership



Ingrid Klinge Iversen, RN
EAUN Board Member Elect
Kristiansund Sykehus
Dept. of Urology and General Surgery
Kristiansund (NO)
icki@online.no

Dear EAUN members,

My motivation to apply to become a member of the board started while working on the latest prostate EAUN Guidelines, and has grown after attending the EAUN conference in 2019. I am professionally

engaged and love constantly gaining new knowledge - I think that is one of my strengths. I have also been professionally involved as a member of a national group for improving catheterisation equipment in Norway.

I find it inspiring to teach and have taught on the Norwegian National Nursing Day and on a course for Urotherapists discussing Patient cases, both children and adults. I am an engaged Urotherapist and I teach urological topics in our hospital, such as catheterisation and other subjects. I have a collaboration with nurses in the municipality and teach them about catheterisation and about leakage problems in children.

To tell you a little bit about my professional background, I would like to mention that I qualified as a State Registered Nurse in 1992 (Oslo, Norway)

and started my career at Kristiansund Hospital on the northwest coast of Norway. I now work with urological topics - as a urotherapist - in an outpatient clinic of the same hospital.

I also have two qualifications for further education: Specialist Nurse in Rehabilitation (Ålesund, 60 study points) and Urotherapy (Bergen, 60 study points).

As a urotherapist, my main responsibilities include patient observation through various urological tests, urodynamics tests, and to take medical histories and guide patients to better cope with their illnesses. I monitor paediatric and adult patients with various bladder dysfunctions, assist urologists performing prostate biopsy and do the follow-up for patients who have undergone radical prostatectomy for prostate cancer.

For the last 12 years, I have been involved in conducting a 2-day course for patients who have or have had prostate cancer twice a year.

By joining the EAUN Board I hope I can use my qualities and engagement to work together with other people in Europe for better healthcare in Norway and other European countries. Together we can achieve much more!

I'm looking forward to seeing you all at the next International EAUN Meeting in Milan.

With kind regards,
Ingrid Charlotte Klinge Iversen

European Association of Urology Nurses

EAUN Fellowship Report

Learning experience at Berne University Hospital (Inselspital), Switzerland, 6-19 July 2020



Eleni Zouzoula, RN, MSc
General Hospital of Santorini
Santorini (GR) Eleni Zou
elenitsazou@gmail.com

My name is Eleni Zouzoula and I am a registered nurse from Greece. In 2014 I completed my nursing studies. In 2019 I earned my master degree in Health Science Informatics and now I'm studying for my second master degree in Health Services Management. I have been working at the General Hospital of Santorini since 2016, mostly at the emergency department.

Santorini is a small and popular island in the South Aegean of Greece. It is considered to be the lost Atlantis. Santorini is well-known for its beautiful sunset, the volcano and sea view from the caldera, attracting more than 1 million tourists per year, especially during summer.

The General Hospital of Santorini is one of the three general hospitals in Cyclades. It is located in Karterados, a village of Santorini, and is open 24 hours a day. It is equipped with 37 beds and has 154 employees. The health services are divided into two sections, the surgical and the clinical section. The urological cases fall within the surgical field, as there is no autonomous urological department. However, there is a urological office at the outpatient clinic, as well as facilities for urological patients to get examined at the emergency department, operated in the operation theatre and hospitalised at the main clinic. Every year the hospital admits approximately 450 urological patients.

The hospital employs 1 urologist and the main fields of action are: UTI, stone treatment of the urinary tract, urinary retention and neurogenic bladder. Main operations taking place are: TURP and testicular torsion. The nursing team consists of 1 nurse director, 2 head nurses, 17 registered nurses and 8 assistant nurses. Each member of the team is responsible for many care tasks and aims to provide high quality nursing care with respect for the patients' needs.

Fellowship programme

As a young nurse and restless spirit who supports lifelong learning and education, I didn't have to think twice when I received the e-mail about the fellowship programme, I just applied! It was a great opportunity to visit a differently organised European hospital for two weeks and to enrich my knowledge on nursing practice. In my home hospital, unfortunately, I have not yet had a chance to see that many urological cases. The reasons that convinced me to apply for Berne University Hospital were the wide range of modules offered, most of them were unknown to me, and the opportunity to observe the clinical processes

and approaches. I had the intention to learn as much as possible and apply this to my everyday clinical care practice.

Host Institution

Berne University Hospital, Inselspital, has excellent facilities, is very organised and uses up to date equipment. The medical and nursing staff is well educated and ready to deal with every medical case they have to face. The Swiss healthcare system is regulated by the Swiss Federal Law on Health Insurance and there are no free state-provided health services. Private health insurance is compulsory for everyone residing in Switzerland.

The Department of Urology is located in the Anna Seiler-House of the Inselspital. The clinic was founded in 1941 by Professor Wildbolz and today it consists of 45 beds and is the largest stone-treatment centre in Switzerland. In the outpatient clinic, comprehensive and modern treatment is given to about 10,000 urological patients per year. About 2,000 patients receive inpatient treatment, including the day care clinic, plus 500 day care patients per year. Multiple specialised treatments are offered, such as minimal invasive prostate treatment and extensive reconstructive surgery for all urological disorders.

The programme was as follows:

- Tuesday 7 July**
 - Welcome & introduction to the Department of Urology
- Wednesday 8 July**
 - Visiting the operation theatre: cystectomy and ileal conduit
 - Attending the educational meeting
- Thursday 9 July**
 - Accompanying the nurse for patients with neobladder and ileal conduit
 - Pelvic floor training
- Friday 10 July**
 - Operation theatre: URS Stone treatment
- Monday 13 July**
 - Urostoma Care
 - Palliative Care
- Tuesday 14 July**
 - Operation Theatre: TURP
- Wednesday 15 July**
 - ICU
 - Attending the educational meeting
- Thursday 16 July**
 - Bladder dysfunction, intermittent self-catheterisation
- Friday 17 July**
 - Accompanying the nurse at the ward

Operation theatre

The second day of the fellowship programme included a visit to the operation theatre. It was the day that impressed me the most. I had the chance to see a cystectomy and how a stoma with external drainage was being created.

After the operation, Kathi Ochner, an expert urology nurse, explained to me how the patients are trained in order to take care of their stoma and get used to the change in their body image, the advantages and side effects of it and what the patient should take care of in the first three months post-operatively.

The ward

The ward consists of two floors with single, double and triple rooms. The nurses of the ward were friendly and full of smiles. They explained to me what they did and how they organised patient care. They are responsible for three or four patients and they take care of all their individual needs. Patients stay at the hospital alone, so nurses are the persons that take care of patients and patients can rely on them for everything. In Greece is not the same. There is a shortage of nurses in every hospital, which means that they do not have the time to provide all the necessary care. For this reason, the patients' relatives contribute to their care.

Outpatient clinic

In the outpatient clinic, nurses specialise in various fields. I accompanied Daniela, a nurse specialised in self-catheterisation. That day, she taught a male patient how to self-catheterise. This procedure took 1 hour and a half. They tried it three times with different types of catheters, until the patient felt comfortable trying it at home and figure out which one is easier for him to use. She explained each step of the catheterisation to the patient in detail and also answered his questions and concerns.

Palliative care

At the palliative care centre, I had the pleasure of meeting Mrs. Monica Fliedner, a nurse specialised in palliative care. She showed me around in the centre and in the meantime we had a conversation on what palliative care means and can offer and about the SENS structure for palliative assessment and planning.

Palliative care is more than just painkillers. Monica explained to me that nowadays, with the coronavirus in the foreground, palliative care can play a very important role, and take away some of the workload from other nurses, as palliative care nurses will talk to the patients and their relatives about end-of-life decisions and offer them alternatives.



Prof. E. Wildbolz, founder of Inselspital's urology clinic



A beautiful view on the river Aare in Berne, Switzerland

The city

Berne is the capital of Switzerland and the most beautiful city I've ever been to so far. Berne is built on the banks of the river Aare and there are water fountains almost everywhere; you never miss the pleasant water element. This city is peaceful, green, clean and well-organised. There are pathways close to the river banks where you can have a walk, bike or jog, as well as have a picnic or swim in the river. The city offers places with outstanding views, like Gurten and Rosengarten.

The Swiss are friendly and always willing to provide directions in English if anyone asks, even if 4 other languages are spoken: German, French, Italian and Romansh.

Take home messages

After having two wonderful weeks in Berne, I returned to Greece full of new knowledge, new friends and good memories. I observed the differences in the way nurses work in Greece and in Switzerland and returned home hoping that nursing care and health services in Greece will get better soon.

Acknowledgements

First of all, I would like to thank Mrs. Rita Willener for her hospitality and the dinner she organised at her home to welcome me and the special programme she created based on my needs.

I would also like to thank the EAUN for giving me the opportunity to visit another European country and a well organised Urology Department.

And finally, I would like to thank everyone I met at the Inselspital and especially Ana Patricia Da Silva, Kathi Ochner, Natalie Tschan, Margret Palermo, Barbara Roth, Doris Kisslig, Monica Fliedner and also Angelos Tasios, the Greek doctor who helped me by offering simultaneous translation.