

# "We have fought for an independent nursing framework"

## Mrs. Rita Willener wins Ronny Pieters Award for dedication and innovation in urology nursing

For a long period, she was the only urology nurse practising at an advanced level in Switzerland. A long-time advocate for Evidence-Based Nursing (EBN), she improved urology nursing in her home country and went on to do the very same thing at a European level as a foundation member of the EAUN, all the while following her core belief that what is at the core of working in the medical field are the patients and their needs. Given her long history as a urology nurse of the highest standards, it comes as no surprise that the EAUN Board unanimously decided to award Mrs. Rita Willener (CH) the prestigious Ronny Pieters Award 2020, bestowed at EAUN21 in September 2021, to recognise and celebrate her dedication to and innovation in urology nursing research and practice.

Mrs. Willener earned her Health and Nursing Care diploma in 1978. After 42 years of nursing, 21 years of which as a clinical nurse specialist in the Department of Urology at the University Hospital Bern, she retired in 2021. We spoke with her about winning the Ronny Pieters Award, an award named after Ronny Pieters (BE) to honour his pioneering achievements and contributions to urology nursing and the constitution and development of the EAUN.

### What does winning the EAUN Ronny Pieters Award mean to you?

Mrs. Willener: "Ronny Pieters is an innovator. He has made our voices heard in the EAU Board. He never gives up. It is great that the award is named after him, and it is a great honour for me to receive it."

### What has been your journey to winning this award?

"I have been working in urology for almost my entire career. It is a fascinating field. I was the first Swiss clinical nurse specialist in urology with a

master's degree. I helped organise the first EAUN Congress in Geneva (CH) back in 2001. In that same year, I initiated the Swiss association of urology nurses and started organising congresses, which I have been doing to this day. I have also built up my own mobile home care service for clean intermittent catheterisation (CIC)."

"During all these past years, I had the opportunity to speak at many EAUN congresses and to lead the nursing care at the University Hospital Bern. In the last few years, I became more interested in palliative care, because we got more and more patients who lived with an incurable disease. At EAUN21, I had the opportunity to present our model of palliative care."

*"Always keep the patient and her or his family in focus."*

### Who has influenced you the most on this journey?

"My medical inspiration was Prof. Urs E. Studer (CH), who developed the neobladder. As the first Swiss nurse specialist in urology, I was very alone when I started out. I always had to fight for small progress. Prof. Studer supported me and the national and international development of a network for urology nurses. I was very happy with that. Fortunately, I have met many motivated colleagues along the way; colleagues who always helped take up my ideas for new projects. Without them, I wouldn't have had the chance to develop anything."

"I've always been inspired by nurses from abroad, and I have had the chance to experience various meetings with them. Both in the EAUN Board and in the scientific committee of the EAUN, I got to know highly esteemed colleagues who were more advanced in their roles than I was. From all of them, I have learned a lot. I am a fighter and have stamina. I don't give up quickly; instead, I look for other ways to reach the goal



when things don't work out right away. So I have never been afraid to ask for advice from other experienced nurses. These international colleagues have always motivated me. I appreciate their advice and consideration."

*"When EBN came along, I was thrilled. Finally, we could really participate in the discussion."*

### What is the importance of EBN in urology?

"When I studied nursing in the seventies, EBN was not well known. At the time, we worked on behalf of the doctor, whose orders we carried out. We were hardly allowed to express our thoughts and observations during a doctor's visit. When EBN came along, I was thrilled. Finally, we could put forward our own arguments. Finally, we could really participate in the

discussion and convince others of our opinions. We have fought for an independent nursing framework in favour of the patients. It was very exhausting, but I think we have done something great."

### How has urology nursing changed over the length of your career?

"In health care systems around the world, the diagnostic and technical possibilities have changed dramatically. Many examinations and operations are now carried out in an outpatient setting, and patients stay hospitalised for a short amount of time only. This has consequences for the whole system. Inpatients are increasingly geriatric. We have to think and act more comprehensively and interprofessionally. We cannot limit nursing to the hospital stay, but we also have to consider the home situation of the patients, so that therapies can be implemented effectively."

### What has been the most valuable experience for you as part of the EAUN?

"Being a member of the EAUN and especially being a board member always motivated me. In the board, I was very committed to contribute my part. I have had so many enriching exchanges and great opportunities to learn at congresses. Furthermore, urology nurses are finally perceived as specialists."

### What is your dream for the future of urology nursing?

"I have a dream on political level: I wish that we will have enough well-educated nurses who can do their jobs under good conditions and earn proper money. This is the only way we can guarantee safe and competent care."

### What piece of advice would you give to a urology nurse starting out now?

"Stay motivated, think outside the box, network, connect with good colleagues, do further training, stay in clinical practice, and always keep the patient and her or his family in focus."

# Stefan August Loening

1939 – 2021

*Modest and universally respected trainer of a new generation of urologists*



The European Association of Urology mourns the death of its member Prof. Dr. Stefan August Loening. He died on 8 October 2021 at his home in Iowa City (US).

Prof. Loening held the Chair of urology at the Charité – University Medicine Berlin (DE), from 1992 to 2007. Until 2021, he was Chairman of the Foundation of Urological Research instituted at his initiative in 1999. He was Fellow of the American College of Surgeons as well as member of a number of national and international associations, among which the German Society of Urology, the European Association of Urology and the American Urological Association.

Stefan Loening was born in Lingen in northern Germany near the Dutch border. After completing the Gymnasium Carolinum, a renowned high school in Germany, he studied medicine at universities in Germany (Freiburg), Switzerland (Basel), and Austria (Innsbruck and Vienna). In 1968 he received an invitation from the Ventnor Foundation to come to the US and work as a medical intern. This became a much longer stay: in 1970 he married Vera Baucke, a fellow physician who had come to the US on the same fellowship programme.

Both of them did their residency at Dartmouth Medical Centre in Hanover, New Hampshire. At the Cleveland Clinic in Ohio, Stefan Loening was a fellow in renal transplantation. In 1975, the family moved to Iowa City with their three sons. Stefan

Loening worked at the department of urology at the University of Iowa Hospitals and Clinics and advanced to the rank of professor. His special fields of research were urological oncology and extracorporeal shock wave therapy, renal transplantation and prostate cancer.

The fall of the border separating East and West Germany (and Berlin) in 1989 and their reunification a year later led him to spend a sabbatical at the prestigious Charité Hospital (University Medicine of Berlin, at that time the medical faculty of the Humboldt University), located in East Berlin. He became Chair of the department of urology and renal transplantation in 1994, after a provisional period as

Director of the department. His exemplary efforts for patients, students, staff and colleagues, combined with his unpretentious manner and his characteristic compelling sense of humour made him universally respected and very popular.

Consequential to the political changes in Germany, all social, economical and educational processes were going through a time of upheaval, which also had its bearings on the medical system. Being equally familiar with the American and German mentality, he took a fair position without preconceptions in helping to consolidate and merge the university departments of urology in the eastern and western parts of Berlin.

Stefan Loening shaped a modern department system and directed his consistent efforts to establish new regimens of treatment in urology. Especially through the introduction of minimally invasive surgical techniques, including robot-assisted procedures with the Da Vinci robotic system for renal cancer, urinary bladder cancer, and prostate cancer as well as renal living donation, his department acquired a great reputation internationally.

He focussed on training a new generation of urologists, using his international connections to foster and encourage young physicians to complete research periods outside of Germany as well. More than 400 research publications testify of his scientific work over his lifetime. He edited seven books and was member of several editorial boards.

For the outstanding services he rendered to the field of medicine, Professor Loening was honoured with the Order of Merit of the Federal Republic of Germany in 2007. The German Association of Urology awarded the Ritter von Frisch Prize to him in 2015.

The Foundation of Urological Research, which he had called into being as an institution to support young scientists and physicians in urology in their scientific career, remained at the centre of his efforts after his retirement. The Foundation is his legacy, for the benefit of future generations in urological and related research.

# Prostate cancer care and exercise

## Exercise as a supportive care strategy in men with prostate cancer



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**Regardless of disease state, exercise is (still) a cornerstone of prostate cancer care. And the amount of literature proving it is growing. 150 minutes' aerobic exercise per week combined with at least two sessions of resistance exercise and daily stretching exercises for major muscle groups is recommended.**

### Positive effect

However, the prevalence of physically active prostate cancer patients is not growing at a similar pace. Scientists are investigating how barriers to exercise can be eliminated. They are also investigating how exercise programmes can be promoted, since the evidence of the positive effect of exercise is delivered in numerous studies.

Studies investigating the association between exercise and prostate cancer-specific mortality even show lower risk of prostate cancer-specific mortality in activities such as walking and biking. This means

that prostate cancer patients with a performance status higher than 0-1 are able to carry out beneficial exercises.

### Topic for future research

Studies in localised prostate cancer suggest that exercise may reduce disease progression, however, strong evidence for this is still lacking and more intervention studies are needed. A relevant topic for future research is to investigate the optimum exercise modality, duration and dose, as this is not yet clearly verified. And, as mentioned above, even low-intensity physical activity after prostate cancer diagnosis has shown to be beneficial.

In prostate cancer patients at any treatment stage (including post-treatment), low-volume resistance exercise undertaken at a moderate-to-high intensity has found to be beneficial with regard to fatigue and quality of life. Furthermore, it has the ability to mitigate depression and anxiety symptoms.

**"Exercise training and testing is generally safe for cancer survivors."**

### Androgen deprivation therapy

Exercise studies are mostly performed on and described in patients undergoing androgen deprivation therapy (ADT), and exercise has been stated as the most effective intervention in reducing side effects to ADT. In the EAU guideline for prostate cancer, there is strong evidence for

recommending 12 weeks of supervised combined aerobic and resistance exercise in patients undergoing ADT. A concern in this patient group is safety, due to the prevalence of bone metastases. This issue has recently been addressed in studies by giving specific recommendations regarding which exercises to avoid and which to perform based on the location of metastases. In 2019, the American College of Sports Medicine International Multidisciplinary Roundtable on Exercise and Cancer was published with specific recommendations regarding bone metastases.

### Recommendations

In this patient group too, a standard exercise prescription is difficult to formulate. However, it is recommended to:

- Avoid contraindicated movements that place an excessively high load on fragile skeletal sites. This means avoiding hyperflexion or hyperextension of the trunk, flexion or extension of the trunk with added resistance, dynamic twisting motion and high-impact loads;
- Preventing falls must also be a goal of therapy, since falls play an important role in fracture aetiology;
- Be aware of signs and symptoms of bone metastases.

The 2018 American College of Sports Medicine's guideline on exercise in cancer survivors concludes that exercise training and testing is generally safe for cancer survivors and that every survivor should avoid inactivity.

### References and suggested reading

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European Association of Urology Nurses

# Sexocorporel: Clinical sexology in urological context

## Nurse practitioner counselling and therapy at the University Hospital of Bern



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**The Department of Urology of the University Hospital of Bern uses an approach based on the model 'Sexocorporel' for nurse practitioner (NP) counselling in sexual health. The present article describes this counselling approach and how it integrates into traditional NP counselling approaches. Its potentials and limitations are discussed. In brief, the approach of Sexocorporel supports patients in the process of change and adaptation, so that they have a mindful self-perception and are aware of the situation and future challenges with a focus on body state. The article introduces a 'real' patient to describe the concept of Sexocorporel in more detail.**

### Patient example

Mr. T, aged 68 years old, has no more spontaneous erections 6 months after radical prostatectomy for prostate carcinoma. The tumour was completely removed; no biochemical recurrence was noticed. When he masturbates or has sex with his partner, he is able to increase the physical arousal to a climax and he experiences sexual arousal. Tumescence and rigidity are so impaired that usual penetration practice is not possible anymore. Mr. T's wishes to have his sexual functioning back as it was before the surgery. Importantly, he says he does not feel as masculine anymore. His perception is that his penis is 'broken' and he does not have any feeling in his penis. Because he is afraid he has to 'perform' sexually, he can no longer stand any tenderness from his partner. The idea of not being able to fulfil anyone's expectations proves to be an unmanageable barrier. The social withdrawal is perceived as burden for Mr. T and his partner.

### Coaching

Traditional NP counselling includes a coaching process which works on relationship topics, with the

goal of accepting and coping with the situation. The aim of NP counselling is to familiarise the patient with his transition phase. This means the direct passage from one stage of life, circumstance or status to the next. It is indicative of change processes in the context of health and illness. In clinical practice, the need for change or transition becomes visible by formulated concerns or care problems. As part of clinical decision-making, a cognitive evaluation of the personal situation of affected patients is important to assess the perceived mental and physical burdens. The questions that often come up, related to urology, reveal a knowledge deficit around diagnosis and treatment, dealing with mortality salience, pelvic and genital rehabilitation after cancer treatment, as well as dealing with sexual dysfunction and the experience of manhood. Therefore, expertise in sexological knowledge and body therapy is needed in addition to specific knowledge in oncology nursing.

### Sexocorporel approach

The approach of Sexocorporel greatly extends the traditional counselling approach as follows. Firstly, a clinical assessment of the arousal function aims for a better understanding of how Mr. T was able to feel his genitals prior to surgery and how he created a sense of masculinity before. A deeper exploration of the usual body behaviour of Mr. T results in a holistic picture of how his concerns are interconnected with his burdens. Secondly, this knowledge translates into specific regular exercises to experience how body states (muscle tension, breath, movement rhythm) correlate with certain emotions. Awareness exercises lead to perception exploration, consciousness training and perception modification. Thirdly, this body experience - or extended ability to create self-efficacy - is transferred to the actual concern. For Mr. T this could be, for example, the relief in the learning process that his personal feeling of power and manhood can be fuelled by increasing pelvis mobility and a deeper abdominal respiration during arousal regulation. Being a man who can be aroused and experience pleasure is a priority whereas 'just' functioning sexually is no longer a goal from Mr. T.

### Focus on arousal

In clinical practice, we observe that men with successful focus on arousal instead of an absent erection, show a more reliable erection function and PDE-5 inhibitors are more effective. The most important premise is that sex and arousal can be learned.

Advantages of this approach compared to traditional NP counselling are broader and more holistic assessments of patient burdens by including body states. Men provide positive feedback and often state: "I have no mental problems, my body changed". Therefore, it seems logical to work with the body first and to experience how cognitive and perceived changes (i.e. the assessment of burdens) are affected in parallel to body-related learning.

On the other hand, this NP counselling approach requires specific expertise and demand together with a master degree in nursing science combined with a specialised education in body therapy, sexology or the Sexocorporel approach. Furthermore, this counselling approach is not paid by insurance companies and needs future research developments.

### Sexual health in primary care

Sexual counselling is not a paid service in Switzerland and is not covered by health insurances. In the context of a serious illness such as cancer, the need for support for relationship issues or sexuality is socially accepted. For health issues, access through a urology

clinic offers an important opportunity for men to strengthen their health literacy. Gender-sensitive health research shows that humans socialised as males tend to respond poorly to traditional prevention programmes. There is a tendency for men to see health as the absence of disease: healthy is someone who is functioning. If something is not functioning, it is broken. When male sexuality is affected, it seems less threatening to them to see a urologist than a sexual therapist.

### Interdisciplinary consulting

The Department of Urology at the University Hospital Bern therefore has an important role in helping humans socialised as men to adequately triage their health issues with interdisciplinary consulting and with patient-oriented health care. In our clinical practice, we observed that the integration of knowledge from Clinical Sexology into patients' treatment plans successfully managed transitions. The effectiveness of Clinical Sexology consultation is currently investigated in research projects, carried out together with the Department of Health Psychology and Behavioural Medicine at the University of Bern.



A deeper exploration of the usual body behaviour of Mr. T results in a holistic picture of how his concerns are interconnected with his burdens.

# Post-EAUN21 webinar

Well-attended event organised by Oncowijs in collaboration with V&VN Urology Nurses



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On 28 September, the online webinar post-EAUN was held. This webinar was organised by Oncowijs in collaboration with V&VN Urology Nurses (Dutch national society for urology nurses). In the past, Oncowijs has organised post-EAUN meetings. The last 4 years the post-EAUN-meeting could not take place due to organisational issues and later Corona. This year the meeting was organised virtually in the form of a 1,5 hour webinar.

## Selection of topics

Thanks to this collaboration we organised a beautiful webinar, in which we looked back at the virtual EAUN congress on 3 and 4 September, with a selection of topics. The webinar was attended by 230 nurses, nurse practitioners and other healthcare professionals. The questionnaire at the end of the webinar was completed by 174 people and showed an overall rate of 7.6 out of 10. During the webinar, various topics were presented which had also been presented at the EAUN congress.

## Presentations

The presentations were given by I. Koeter, urologist, T. Van Der Hulle, internist-oncologist, N. Klok, uro-oncology nurse and J. Verkerk, nurse specialist andrology-urology. First, the management of LUTS from the patient's perspective on complaints and treatment options

was discussed. Questions such as 'which tools are available for support' and 'how do I guide patients with regard to lifestyle' were answered.

## Kidney function

Then the topic of kidney function was highlighted, as it was during the EAUN congress. This is a subject that cannot be answered from the urology viewpoint alone and therefore we invited T. Van Der Hulle. During this part of the webinar, the various causes of kidney malfunction were highlighted. They can be pre-renal, renal or post-renal. If the problem is post-renal, the urologist is usually involved since it often has to do with an obstruction in the urinary tract. Questions about interpretation of creatinine and eGFR were answered. The influence of medicines and nutrition were considered and so was renal cancer. When should a nurse refer to a doctor in case of poor kidney function?

## Prostate cancer

The next topic on prostate cancer was presented by N. Klok and T. Van Der Hulle. During this webinar, hormone-sensitive metastatic prostate cancer was reviewed. What does treatment with androgen deprivation therapy mean for a man and his partner? What is the influence of the treatment on physical, psychological and emotional aspects? What are the side effects of the different medications and radiotherapy? Sexuality in prostate cancer treatment was also discussed, as well as the different treatment options for erectile dysfunction.

## Indwelling catheters

Catheter problems with indwelling catheters were discussed based upon the expert meeting, which was held to inform the panel that updates the guideline for indwelling catheters. It turns out that there is little hard evidence for the best solution to catheter problems and that patient-oriented treatment is always needed in shared decision between patient and nurse. This part is presented by N. Klok and J. Verkerk.



Chair Erik Van Muilekom discusses kidney cancer and prostate cancer care with Nicole Klok (r) and Ingrid Koeter (l) during the Post-EAUN in the Netherlands

## Peyronie's disease

Finally, the topic of Peyronie's disease was presented. An ESU course was held on this subject during the EAUN congress. At that time, treatment options counselling in the early phase of the condition and the operative treatment options and guidance in the chronic phase were discussed.

During the webinar a summary of this course was given by J. Verkerk and I. Koeter. They explained the ins and outs of Peyronie's disease and how

counselling is done in daily practice. An explanation of the surgical treatment options was also given.

With this online webinar the tradition of a Dutch post-EAUN meeting has been given follow-up. It is organised in a close cooperation between Oncowijs, which organises educational meetings on oncological subjects, including uro-oncological subjects, and V&VN urology nurses. We intend follow-up on this initiative again after the next EAUN congress in March next year.

European Association of Urology Nurses

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# EAUN22: A perfect time for learning and reflection

Get current evidence-based and practical updates in urological nursing



From 19 to 21 March 2022, the 22nd Meeting of the European Association of Urology Nurses (EAUN) will take place in Amsterdam, the Netherlands. We look forward to welcoming you back in person and we hope that the programme will offer all urology nurses up-to-date news on current evidence-based practice, education, and useful practical updates.

## Learning as catalyst

There has been some essential learning for all nurses during the COVID-19 pandemic. EAUN22 will help provide a professional platform for clinical reflection: What have you learnt about your practice and yourself? What changes have you made and why? How can we apply what we have all learnt and can we apply them?

Register now for the early fee!  
Deadline: 19 January 2022

The meeting will give you time to meet with colleagues, as well as, discuss and debate new ideas and key topics for learning. Above all, one thing we have learnt in the last year is the need to be kind to ourselves. It is now time to pause and reflect, come to Amsterdam, and listen and learn again at EAUN22.

## What's new?

EAUN22 will cover a variety of topics. With so many urology sub-specialties, we are pleased to offer 11 themed sessions, which will give unique insight into current treatments, urological cancers, long-term urological conditions, and the impact of these on quality of life (QoL).

The prostate and continence SIGs (Special Interest Groups) will also bring some focus on coping with cancer and living with long-term urological disease that will highlight the need for careful planning and management.

Naturally, communication is an important part of individualised nursing care, and we are delighted to provide insight into communication strategies, and how these can be adopted to improve and help overcome potential obstacles in our day-to-day practice. Alongside this, we also take time to discuss the impact of frailty on our clinical care and decision-making processes. Our aim is to provide a holistic 'whole person' conference approach to the many aspects of urological nursing.

## State-of-the-art, Plenary Sessions and more

There are 10 state-of-the-art sessions, which will provide key learning opportunities. These sessions are designed and developed by nurses (for nurses) who are currently leading and developing initiatives in many areas of urology, old and new: nurse-led clinics, new integrated models of care, paediatric urology, bone-health in prostate cancer, male infertility/testosterone deficiency, recurrent urinary tract infections, rare case presentations, and the role of genomic screening.

In collaboration with the European School of Urology (ESU), EAUN22 will also offer two EAUN-ESU courses. ESU Course 1 "Incontinence in children - Urodynamics in children will provide insights on the potential and limitations in the investigation and treatment of children with incontinence. The course will also cover topics such as urodynamics, the role of a voiding diary, pharmacologic treatment, and more.

Upon attending ESU Course 2 "Diagnostics and different treatment options of Renal Cell Carcinoma, counselling of the patient during treatment", participants will know more about the diagnostic options and treatment options for renal cell carcinoma, how to counsel the patient during treatment in side effects of treatment, and how the multidisciplinary team is composed and how they work together.

The poster sessions allow nurses the opportunity to present their work, which combines practice-led

initiatives with the latest in research from within our European community.

For the complete Scientific Programme visit [www.eaun22.org](http://www.eaun22.org)

Please come along and support your colleagues and hear about their research first-hand. It is the perfect opportunity to ask questions! Throughout the programme, the Plenary Sessions will provide useful insights into the lessons we have learnt from the

pandemic, the latest in cancer prevention initiatives, as well as, an update during the session "Educational Framework for Urological Nursing - where are we now?"

## Join us at EAUN22

We would be pleased to have you at EAUN22! Connect with peers from around the world. Meet and discuss with key opinion leaders. Enrich your daily clinical practice with contemporary relevant updates on urological nursing. Register before 19 January 2022 (23:59 CET) to benefit from reduced rates of the early fee and secure your place at the meeting. Visit [www.eaun22.org/registration/](http://www.eaun22.org/registration/) for more information.

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