The perioperative urology nurse from a UK perspective

Dual role has positive impact on patient's experience, outcome, productivity and efficiency

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The advanced nursing role in urology is currently a popular topic, which was also discussed at EAUN22 in Amsterdam. There are different understandings, requirements and applicability with regard to the topic in various countries. Some commonality does exist, however. This is exemplified by the role of the Clinical Nurse Specialist (CNS), which is defined by the International Council of Nurses (ICN) in its 'Nursing Care Curriculum Framework and Competences': a nurse who has obtained an elevated level of education (WebMD, 2021) and possesses advanced expertise in a nursing field. The European Specialist Nurses Organisation (ESNO) (2015) extends this and suggests that the area of practice also involves 'clinical, educational, administrative, research and consultant roles'.

In the United Kingdom, the organisation Health Education England (HEE) (https://www.hee.nhs.uk), which was established to support the delivery of excellent healthcare and health improvement through intelligent workforce planning, has commissioned the development of a Framework for Cancer CNS. It aims to help define the scope and responsibilities of the Cancer CNS work force (Sobrepera, et al 2021).

Urology CNS
As the delivery of health care is a complex process involving multiple specialists with the aim to cure by adopting a holistic approach, in many clinical settings the Urology CNS is increasingly recognised as a key member of the specialist Multidisciplinary Team Meeting (sMDT) (Lam, et al., 2011). In literature some people argue that the role of the urology advance nurse practitioner is progressing in both pre and postoperative practice (Marley, 2021). However, it might equally be argued that the role of the perioperative nurse in urology is not well known. Reflecting an extension of roles, a recent article by Pika et.al., published in 2021 in the British Journal of Nursing, has shed light on the emerging role of the registered nurse first assistant (RNFA). The RNFA is a non-medical practitioner who performs agreed surgical interventions during surgery and works in the perioperative setting (Pika, et al., 2021). The RNFA, also called Surgical Care Practitioner (SCP) in the UK, has a scope of practice extending over the perioperative care spectrum. It incorporates aspects of the roles of the perioperative nurse and medical practitioner (Quick and Hall, 2014). The SCPs perform one of the four roles under the Medical Associate Professional's (MAP) (BMA, 2022).

Deliver safe and effective care
In the UK, the nursing professionals body (the Nursing and Midwifery Council (NMC)) requires nurses to be consistently educated according to a high standard, so that they are able to deliver safe and effective care (NMC, 2022). Reflecting a cross-professional approach, the Royal College of Surgeons of England (RCSNEng) took on the educational responsibility of establishing the Curriculum Framework and accrediting appropriate courses in 2014 (RCSEng, 2014). The framework clearly underlined the involvement of an SCP in surgical procedures and intra and perioperative care. It shows how non-medical professionals merge in the surgical team. The curriculum framework not only describes the role, but also the competences and the responsibilities of the specialty. In addition, it explains how doctors of any grade will gain benefit from these professionals (RCSEng, 2016). This is vital for further collaboration and understanding roles in teams, now and in the future.

"In the UK, the nursing professionals body (the Nursing and Midwifery Council (NMC)) requires nurses to be consistently educated according to a high standard, so that they are able to deliver safe and effective care."

Unique dual role
In 2017, the Royal Free London NHS Foundation Trust (London (UK)), Specialist Centre for Kidney Cancer, has introduced the unique dual role of the SCP/CNS for kidney cancer. The role combines the specialised skills of the CNS working in the perioperative pathway for urological cancer and the intraoperative advance surgical practice of the SCP. This pioneering dual role sees the SCP/CNS involved with the entire cancer care. Key aspects of the role include: triage new referrals from General Practitioners (GPs) and referring centres, contribute to numerous sMDT, plan surgical activities and facilitate governance requirements. Furthermore, it includes practical planning to ensure patient's safety and the provision of intraoperative bedside assistance.

Postoperatively, the SCP/CNS actively participates on the ward round and further contributes by performing advanced nursing activities (for example, administering intravesical chemotherapy) and by facilitating a safe and efficient discharge of the patient. As part of the CNS role, the SCP/CNS also leads a follow-up clinic for patients on active surveillance for kidney tumours.

Value
It is increasingly imperative that those tasked with planning and providing care demonstrate value, worth and desired outcomes. Since the introduction of this role, the author's clinical department has assessed its value from different perspectives in the urology department. These include patient experience, through the use of validated surveys, as well as exploring efficiency and productivity through the use of audits.

Extension of urology team
Thus far the results have painted a positive picture. The National Patient Experience Survey has demonstrated an average satisfaction of 9.4 (range 7-10), where '0' is very poor and '10' is very good. The department's surgical workload and productivity have increased by 47% over the past five years. This has led to the extension of the urology team, with the plan to employ one more SCP/CNS, one more CNS and one consultant surgeon.

With the expansion of the team, further activities could be implemented, including a post-operative SCP/CNS follow-up clinic visit, which would take place within the first two weeks post-discharge. This would facilitate an early detection of surgical complications and could therefore reduce potential re-admissions to the emergency department.

Understood and appreciated
Professional reflection and the results above suggest that the implementation of this new role has enhanced continuity of care, as the patients have interacted with a familiar face (link person) throughout their surgical journey. The standard of care was upheld by the SCP/CNS who work with all the consultant surgeons and contribute to the coaching and education of trainees aiming to pursue the best health care practices and outcomes. There have been a few challenges and even some limitations in implementing this role. It took some time before the role was understood and appreciated by the extended surgical team, with initial clashes emerging on defining the boundaries of action; not an unexpected or undesirable thing. The role is regulated by the available frameworks. The professional banding (a UK system to denote the employed role of a clinical staff member and the salary for that role) is also based on this, making advance practice erroneously seem more 'expensive' for several departments.

Profitable investment
However, if the success of the urology department is measured by efficiency or the patient's outcome, the SCP/CNS dual role is undoubtedly a profitable investment (Leary, 2022). Furthermore, the SCP/CNS is actively involved in multiple aspects of the patient's cancer care, with multiple activities proceeding simultaneously. This means that the department requires a larger number of practitioners to guarantee appropriate cover and to satisfy clinical demands and requirements. The abundance of SCP/CNS in the team creates a complex, but safe, structure that can contribute to covering staff absence for short periods of time, thanks to the team's wide range of action, adaptability and knowledge.

Dual role
Advance nursing practice is a dynamic process of constant evolution. This work constantly requires the nursing community to plan and regulate practice by the implementation of frameworks and by engaging with regulatory bodies. New roles are implemented only after having gained the full support of the extended team, that works toward the unanimous goal of delivering agreed high standards of care and measurable outcomes. The team is prepared to anticipate and deal with the constant change of funding and resources. This article has sought to demonstrate that the dual role of the SCP/CNS has a positive impact on patient's experience and outcome, productivity and efficiency. Its value has been recognised in the author's healthcare delivery unit. However, the author also recognises that this is just the latest point in a long journey. Further changes are needed to regulate and bring more consensus to advance practice nursing. From a legal, payment/salary and professional recognition perspective, the introduction of specialised regulatory bodies and a dedicated educational urological framework may bring further advances.

Improve awareness
The author's experience within this pioneering, new role has been extremely positive and satisfying. She has been able to determine and meet the challenges that have led to an improvement in her role. The role is based on agreed educational pathways and gives autonomy to the advance urology nursing role. It also establishes a new career route, which is a balance between managerial and clinical work. This article wants to improve the awareness on the existence of the specialised role of the urology nurse. It aims to encourage the implementation of this job to support best clinical practice, work efficiency and reiterate the value of nurses in the healthcare sector.

Acknowledgment
I would like to thank Mr. Jerome Marley (Lecturer in Nursing, and Faculty Partnership Manager, Ulster University) for the help provided with the review of this article. I would furthermore like to thank the Renal and Urology Team at Royal Free London Hospital for the support demonstrated over the years with the implementation of this new role.

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The reference list of this article is available from the EUT Editorial Office. Please send an e-mail to: h.lurvink@uroweb.org with reference to the article "The perioperative urology nurse from a UK perspective" by Ms. M. Marchetti, Aug/Sep. issue 2022.

EAUN22 | AMSTERDAM 2-4 July 2022

Meet upcoming EAUN Board Member: Robert McConkey

My name is Robert McConkey, I live in Galway City on the west coast of Ireland, and I am delighted to join the board of the EAUN. I work in the urology day services department in University Hospital Galway, which is a major acute hospital and one of the eight designated cancer centres in Ireland. After a career change from the insurance industry, I graduated with my BSc. Nursing in 2007 from the National University of Ireland, Galway. I went on to gain extensive experience in urological nursing care on a dedicated 30-bedded urology ward. During this time, I undertook further education leading to my graduation with an MSc. in Prostate Cancer Care in 2016. I moved to the urology day services unit in 2016 where I coordinated the introduction and delivery of the hospitals first outpatient flexible cystoscopy service.

Advanced nurse practitioner
Shortly after this, I was appointed to the training post of candidate advanced nurse practitioner (ANP) in urology with an agreed caseload of bladder cancer patients. I underwent further education to graduate with my Post Graduate Higher Diploma in Nursing (Advanced Practice with Prescribing) and embarked on a training programme with consultant-led clinical supervision and competency assessment in conducting surveillance cystoscopy for non-muscle invasive bladder cancer patients. This was the first role of its kind in Ireland. I was appointed to the post of Registered Advanced Nurse Practitioner (Bladder Cancer) in November 2018.

Evidence-based care
I work in collaboration with the urology consultants, non-consultant hospital doctors, urology nurses and wider multidisciplinary team to deliver evidence-based care to my patient caseload. My day-to-day role involves the assessment and management of patients with non-muscle invasive bladder cancer. I take a holistic, shared decision making approach to patient care. This includes patient education, supportive care, and running flexible cystoscopy surveillance and follow-up clinics. I have oversight of the intravesical therapy clinics for non-muscle invasive bladder cancer patients. I assess these patients at the clinic, prescribe their therapy and follow them up for any care, support and management of the side effects of therapy.

Leadership roles
Other aspects of my role and areas of interest include developing and delivering accredited education programmes in urology, policy and guideline development, and staff training and mentoring, and nurse-led research. My leadership roles include various local, regional and international committee memberships and I have consulted on the Model of Care for urology in Ireland. I set up a journal and research club in our department to promote evidence-based practice as a means to facilitate nurse-led collaborative research. I am also interested in promoting urological nursing generally, as well as advanced nursing practice roles in urology.

Value of international collaboration
My motivation to join the Board of the EAUN is to contribute to the further development of urology nursing internationally. Having served a three-year term on the EAUN Scientific Congress Office, I have gained a deep appreciation of the value of international collaboration by learning from international colleagues and sharing ideas and practices. The different sections of the EAUN are well placed to gather, coordinate, and promote the delivery of standardised best practice evidence-based urological nursing care, education, and research, while advancing urological nursing internationally. I hope my term on the board of the EAUN will further contribute to developing and achieving these goals.

Robert McConkey

I look forward to seeing you at the annual EAUN meetings.

Mr. Jerome Marley wins prestigious Ronny Pieters Award

A great role model, who has led urology care into the future

By Stephanie Fitts

A highlight from day one of the 22nd International EAUN meeting (EAUN22) was the announcement of Mr. Jerome Marley (GB) winning the Ronny Pieters Award, for his outstanding and enduring contribution to the development of urological nursing in Europe.

As a former EAUN Chair and Board Member, Mr. Marley has a long history with the EAUN, including his contribution to the very first Scientific Congress Office (SCO), which was formed in 2014. He played an important role in shaping a curriculum for urological nurses and committed his time to the development of new learning methods in nursing, like e-learning. He also served as the president of the British Association of Urology Nurses from 2004 to 2006.

Mr. Marley is currently the editor-in-chief of the *International Journal of Urological Nursing*, and a lecturer at the Ulster University, Northern Ireland. During his extra-ordinary career, Mr. Marley has published over 30 scientific papers on urological topics, and has been a moderator or member of the steering committee to a number of international conferences and educational programmes all over the world.

We spoke with Mr. Marley about winning the Ronny Pieter 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. The Award was introduced at EAUN19 in Barcelona, Spain.

What does winning the Ronny Pieters Award mean to you?

Mr. Jerome Marley: "Winning the Ronny Pieters Award has been a very humbling experience. It goes without saying that I am very honoured indeed, and still surprised if I am honest. Working in urology care both in practice, and in latter years in urology nurse education, has been the greatest joy of my professional life. I really do see myself as being so lucky that I was exposed to urology nursing. None of us enter urology nursing thinking that we might win an award, not at all. Equally, joining the EAUN was simply a natural thing for me and, as I have said many times, the EAUN gave me infinitely more than I gave it. I was delighted to be able to contribute the work that I have done thus far because it allowed me to work with and learn from wonderful colleagues and to see progress made."

"There are many people who might have won the award as others have also been consistent in their commitment to developing urology nursing, often over many years. To be recognised for doing what I love is something that I will never forget and will treasure always, especially as it is named after someone for whom I have only the greatest respect and admiration."

"Over the past few years I have become convinced of the need for the EFUN and the supportive educational programmes that must accompany it."

Where did your interest in a career in urological nursing come from?

"My interest came about simply because I happened to be a nurse on a unit where a urologist was employed for the first time, and we started to treat people with urological disorders because at that time in the early 1990s no-one else in the hospital really wanted to open their doors to this unknown specialty. I was hooked on urology almost from the first day and was lucky enough to work with colleagues and managers who were equally excited about urology. So my interest was an accident or stroke of luck, call it what you will, but I am so happy that it happened as it made all the difference in my career."

"Over 20 years ago I became a member of BAUN and then in 2000 I was lucky enough to attend the first EAUN Congress in Brussels. This conference had been the dream of Ronny Pieters and it was here that I met Ronny for the first time. Since then I have become more and more involved in trying to work with others to advance the art and science of urology nursing. As part of that journey, I have been a Urology Nurse Lecturer-Practitioner, a joint-appointment between my local hospital and Ulster University. The flexibility of this post and the understanding of both employers allowed me to engage with projects including EAUN Board membership, as well as being a member of the Scientific Congress Office."

Who has supported you through your career?

"There are so many people and organisations who have supported me. At the outset I have to say that two people stand out from the earliest days. Eileen O'Hagan, sadly no longer with us, was the nurse manager of my department in the 1990s and was the model of what a supportive and enthusiastic nurse manager should be. Eileen opened doors and created space for nurses to grow, I think that is so vital."

"The second person, actually the person who organised the resources to bring me to Brussels in 2000 was Aidan O'Brien, a urologist in my hospital. I remember Aidan telling me that I needed to attend a urology meeting every year because practice and knowledge was moving fast and I needed to hear what was happening and play what part I could. Ulster University was especially supportive in my urology career, and the various Heads of the School of Nursing were all so generous with their time and encouragement for the development of urology nurse education, beginning in the 1990s and remaining active today."

"...joining the EAUN was simply a natural thing for me and, as I have said many times, the EAUN gave me infinitely more than I gave it."

"Lastly, I need to say that both EAUN and BAUN have been instrumental in supporting my career. EAUN has been the most wonderful organisation to be involved with and I have been lucky not only to have played a small part in developing urology nursing through EAUN, but equally in meeting and being inspired by so many colleagues across Europe and indeed the world."

What is your most memorable experience from when you joined the very first Scientific Congress Office (SCO)?

"That is easy to answer – what stands out for me was the raw enthusiasm and dedication that was shared between all of us in the room. We were one group, urology nurses and EAUN Office staff in the shape of Hanneke Lurvink (who thankfully remains with us today), who were committed to creating something our colleagues would value and benefit from. It was exciting and fulfilling to be in a room with people who cared about urology nursing as much as I did. We were convinced that we could offer something to our colleagues that would excite and inform, and so it was."

"I am not sure if it was my first meeting, but I have a very clear memory of an SCO meeting in Kolding, Denmark, and planning the next congress using Post-It notes on large sheets of paper scattered on a few tables. The meeting took place in the local town library of all places. We brought ideas to the table, debated them, refined them, and moved them into the programme, trying to make something that appealed to as many colleagues as possible, employing input from nursing and medical experts. I would tell anyone who thinks that SCO would be a worthwhile experience that they would be absolutely right, it is."

What are your aspirations for the future of the Educational Framework for Urological Nursing (EFUN)?

"Over the past few years I have become convinced of the need for the EFUN and the supportive educational programmes that must accompany it. The COVID-19 pandemic really slowed the development of EFUN as those of us involved in devising and evolving EFUN were, like everyone else, diverted to other things during this unparalleled time and that is understandable. However, now that we are seeing a glimmer of relief, we need to push on to conclude the first phase of EFUN and to work with educational providers to create programmes of study."

Mr. Jerome Marley receives the Award from the namegiver of the Ronny Pieters Award, Mr. Ronny Pieters, in the EAUN22 Plenary Opening Session in Amsterdam

"These programmes would offer urology nurses easy access to high-quality programmes that would assist them to deepen their knowledge and provide recognisable qualifications that would assist their care and career development. Equally important we also have an issue to look at regarding how we might be able to recognise the knowledge and experience of established urology nurses and see whether, and in what way, we can integrate this into the EFUN."

"Ultimately, I would want to see an agreed EFUN for new and emerging nurses, as well as an extension for advanced/specialist nurses. Such structures would be agreed, sought after, and recognised by nurses and our other professional colleagues. Having the ability for nurses to have postnominal letters after their name indicating that they have attained a recognised qualification in urology would symbolise a great leap forward for our urology nursing profession."

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

"The most valuable experience for me has been the fact that I am part of an organisation that values urology nursing as much as I do. In the EAUN people offer their services to do what they can as part of a team to advance our profession. I think that increasingly people are reluctant to take on additional responsibilities beyond those in their daily work. To see people stepping forward in the EAUN, offering to play their small part, is consistently encouraging to me and is one of the key experiences I have.

"I wish more colleagues would play a deeper role in EAUN, as we need the efforts of all to drive forward with our ambitious plans. In Brussels in 1990, none of knew what lay ahead of us, but we certainly knew that there was a huge amount of work needing done. I think we were so excited to be supported by EAU to form the EAUN that we did not care about what lay ahead – the work would get done, eventually."

"In some ways this remains the case. The experience of being part of a team has been so important, with everyone doing what they can and no more. Over the past 22 years, there have been ups and downs, successes and failures; what else did we expect? In the end though, we continue to make great advances in creating a representative organisation which has the resources, leaders and members to make urology nursing ever more what it needs to be."

What's on your urology bucket list still?

"I think I have a rather large bucket if I am honest. As I indicated above, the EFUN would be at the top of the bucket for sure. A close second though would have to be the increased cooperation between urology associations across the world creating a more common approach to evidence informed practice that offers support to both new and established urology nurses. I think this kind of joined up thinking is critically important now and, in the future, if we are going to see urology nursing thrive; standing still is not an option."

EAUN22 awards

Best EAUN Nursing Research Project Plan Presentation

S. Terzoni, C. Mora, C. Sighinolfi, B. Rocco (Milan, Italy)
With the research project plan: *"Helping patients with chronic pelvic pain and non-relaxing pelvic floor: nurse-led transcutaneous sacral neuromodulation"*

Best Practice-development Oriented Poster Presentation

First prize
L.D. Ostergaard, L. Madsen, L. Topholm, L. Lund, C.A. Poulsen, M.H. Poulsen (Odense, Denmark)
With the poster: *"The establishment of a standardized patient involving PRO-intervention for patients with prostate cancer treated with active surveillance"*

Second prize
M. Diocera, K. Chen, D.G. Murphy, N. Lawrentschuk, D. Moon, R. Eapen, J. Goad, E. Birch, J. Mathieson (Melbourne, Australia)
With the poster: *"Migration of an established pre-operative education session for robot-assisted radical prostatectomy patients to telehealth – a quality improvement initiative"*

Best Science-oriented Poster Presentation

First prize
L. Faurholt Øbro, C. Handberg, J. Ammentorp, G.T. Pilh, P.J.S. Osther (Vejle/Aarhus/Odense, Denmark)
With the poster: *"Perspectives of patients with prostate cancer on self-management support through mHealth and health-coaching"*

Second prize
M.J. Abitang, E.M. O'Connor, S.M. Croghan, O. Baird, J. Fallon, P. Loughman , J. Esoof, S.K. Giri , S. Rosengrave, A. Chute, A.M O'Looney, D. Shanahan, C. Ryan (Dublin/Limerick/Clare, Ireland)
With the poster: *"A prospective study in nurse-led clinics and community nursing using the transurethral catheterisation safety valve (TUCSV©) for the prevention of catheter balloon inflation injury of the urethra"*

MR-Linac: Especially useful in prostate cancer treatment

The new radiotherapy modality enabling "seeing what you treat"

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I was invited to discuss the promising new radiotherapy MR-Linac by the EAUN Special Interest Group on Prostate Cancer for the session they organised at EAUN22.

It was 1999 when Jan Lagendijk – working as a clinical physicist at the radiotherapy department of the University Medical Centre Utrecht – suggested to integrate an MR scanner into a linear accelerator. The resulting device would enable MR imaging at the moment of treatment and was called the MR-Linac.

Radiotherapy with CT-guidance

Back then, the most advanced external beam radiotherapy treatment was performed with CT-guidance before any radiotherapy fraction. The lack of soft tissue contrast and the inability to perform imaging during the radiotherapy fraction limited the accuracy of this treatment. [1] Most tumours move during radiotherapy. Therefore, the radiotherapy target volume consisted of the tumour with a substantial margin around it to ensure that the tumour would remain within the target during radiation dose delivery. Because of these margins, there is healthy tissue in the target volume that may be susceptible to radiation damage, resulting in unwanted side effects.

Impossible?

At first, Professor Lagendijk's idea was received by his peers with scepticism, as they deemed it impossible. The powerful magnet of the MR scanner would uncompromisingly influence the functioning of the accelerator, while the metal of the rotating accelerator would distort the magnetic homogeneity of the MRI. Nevertheless, Professor Lagendijk and his team persisted and were able to present a prototype of the MR-Linac in 2009. [2] From then on, the development took flight. Currently, two commercially available MR-Linac systems are in clinical use worldwide. [3,4]

Prostate cancer treatment

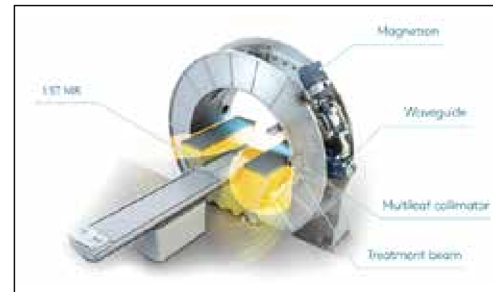
Among urological malignancies treated with the MR-Linac are bladder and kidney cancer, but most patients are treated for prostate cancer. [5] The prostate's anatomic position, surrounded by the bladder and bowel, causing movement and deformation of the prostate, makes it a suitable treatment site for the MR-Linac. [6] MR imaging before and during the radiotherapy fractions enables more accurate radiotherapy, reducing the target volume margin and radiation to surrounding healthy organs. [7] The hypothesis is that this will lead to fewer side effects.

Improved visualisation

"Seeing what you treat" can also serve hypofractionation and dose escalation, meaning higher radiotherapy doses in fewer fractions. The standard radiotherapy treatment for intermediate-risk prostate cancer used to be delivered in 25 to 35 fractions. A great deal of radiotherapy clinics now perform the treatment in only five fractions. Trials are investigating whether the MR-Linac can reduce the treatment to two fractions without increasing side effects and tumour recurrence. [8,9] Another advantage of integrated MR imaging during radiotherapy is the improved visualisation of soft tissue structures that may contribute to the erectile function. Sparing these structures, such as the neurovascular bundle and the internal pudendal artery, may reduce erectile dysfunction after radiotherapy - a frequent problem among prostate cancer patients. The effect of neurovascular-sparing radiotherapy using an MR-Linac is currently under investigation at the University Medical Centre Utrecht (ERECT trial). [10]

Compared with other treatments

The technical development of the MR-Linac is ongoing, aiming for optimum real-time target tracking and treatment adaptation. [11] Simultaneously, current MR-Linac treatment is being evaluated in trials and prospective registries. It is compared with conventional radiotherapy and other treatment modalities, such as prostatectomy in prostate cancer. [12-14] The outcomes of these studies will show the effect of MR-Linac treatment and help define its place in the treatment of prostate cancer and other (urological) malignancies.



The insides of the Elekta Unity. A 7MV linear accelerator integrating a 1.5T MR scanner. (Image courtesy of Elekta)

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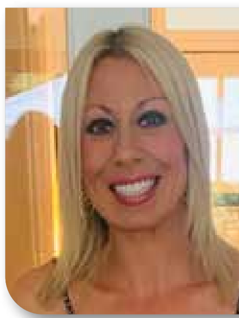
Thought-provoking session about post-RALP rehabilitation

Travel grant enables nurse specialist to attend EAUN congress



Ms. Danielle McManus
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Amsterdam 2022 was my first experience of attending the EAUN congress. I feel honoured that the EAUN selected me for a travel grant of €500. This enabled me to take part in this wonderful event. The programme was varied, providing stimulating, thought provoking and inspirational presentations. The opportunity to network and collaborate with other professionals from Europe and beyond provided insight into the world of urological nursing. This led to interesting comparisons of nursing roles and scopes of practice.

Topics that are overlooked

'Treatment of Prostate Cancer' was a topic that related most to my current role as uro-oncology nurse specialist. The presentation addressed topics that are often overlooked and focussed on the longer term potential side effects of individual treatments. In particular, the focus on erectile dysfunction following robot-assisted laparoscopic radical prostatectomy (RALP) was extremely interesting and relevant to my practice. My 'penile rehabilitation' clinic allows for men post-RALP to partake in a programme aimed at addressing any loss of sexual function following surgery. The presentation stressed the importance of penile rehabilitation, an aspect of after–care that was often ignored. Although I agree wholeheartedly with the importance of rehabilitation, I feel that surgeons are very good at asking about sexual function at post-operative reviews and then refer patients to the clinic.

Factors such as 'time' and 'effort' were addressed during the presentation. This is something that I discuss from the outset, allowing for the management of patient expectations and commitment, always reinforcing that there is no 'immediate solution'.

Pelvic floor management

Pre-operative counselling, which is also part of my role, allows for the opportunity to discuss post-RALP side effects, such as urinary incontinence and erectile dysfunction. Interestingly, the importance of pelvic floor management and its relevance to sexual function were also addressed during the presentation. In my practice, when patients are listed for RALP surgery they are automatically referred to the physiotherapist who specialises in pelvic floor dysfunction.

Timing of rehabilitation was also discussed. It was deemed that the use of a vacuum erection device (VED) should ideally be initiated 6 weeks post-surgery, once the catheter has been removed. Although a brief mention of the option to pursue rehabilitation occurs during pre-operative counselling, the reality is that patients often cannot be seen in clinic for weeks, even months post-surgery. For a small minority of patients, rehabilitation may not be initiated for several months due to factors such as urinary incontinence, missed opportunity/referral or for a variety of personal reasons. The presenter reinforced that erectile dysfunction was equally as important an issue as urinary incontinence.

The lecture of Dr. Melianthe Nicolai highlighted the sexual consequences of prostate cancer treatment

Not that important?

The idea is that patients are often focussed on their surgery and cure preoperatively and often see erectile dysfunction as something of secondary significance. I agree with this statement to some extent, as often the patients who delay the initiation of rehabilitation are the ones who do not put as much value on their quality of life post-operatively and who focus much more on 'being cured'.

Our department decided to initiate discussion of the rehabilitation programme during pre-operative counselling , in order to allow the opportunity for all RALP patients to initiate penile rehabilitation (avoiding the potential of delayed referral). That way, the patient receives treatment along with clear, concise instructions and guidance from the outset. We feel that this gives patients the opportunity to commence the programme confidently and immediately after their catheter is removed. By early initiation of the rehabilitation programme, an element of hope may be provided as well as an improvement in quality of life, psychological benefits and better outcomes overall. It also allows for patient choice and equality. If patients decide not to pursue the programme, then at least they have been given the opportunity to discuss the important aspect of erectile dysfunction. Thus, our team ensures that this is not overlooked.

Combination approach

A variety of methods to treat erectile dysfunction were discussed. Although there appeared to be no set criteria, a combination approach was more favourable for a better and earlier recovery. This reflects the practice in my clinic where currently patients use a combination of VED and phosphodiesterase type 5 (PDE-5) inhibitors (if no contraindication is identified).
Interestingly, 'talking' was listed as a treatment approach. I agree that communication is crucial to every aspect of nursing care, in particular when discussing personal and often sensitive issues such as sexual function. Discussion with and education of the patient, ideally in conjunction with their partner, allows for improved commitment to the programme, acceptance of the new situation and better relationship dynamics. This undoubtedly avoids emotional distress, a sense of loss of masculinity/failure and thus allows intimacy to remain an important aspect of the patient's life post-RALP, improving overall quality of life for some patients.

Overall, I found the presentation to be thought-provoking. It showed similarities with what I deliver in practice. It reinforced the need for communication and realistic expectations from the outset. Age, good pre-operative potency and nerve-sparing surgery were highlighted as being strong prognostic factors for the recovery of sexual function post-RALP. We do need to place emphasis on the statement that sexual function is an equally important issue as urinary incontinence post-RALP and should never be overlooked.

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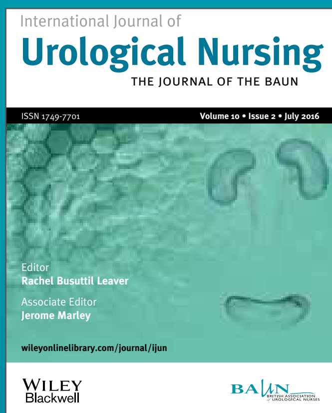

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New EAUN Board Member starting soon: Mattia Boarin

My name is Mattia Boarin, and I would like to introduce myself to the EAUN members as an upcoming board member of the European Association of Urology Nurses. I am 36 years old and I graduated in 2008 at the Nursing School of Vita-Salute San Raffaele University (Milan, IT). In 2012, I finished my master's degree in the science of nursing. I have had 10 years' experience as a staff nurse at the department of urology of the San Raffaele Hospital, where I have collaborated in many development projects, clinical protocols revision and the development of patient education tools. Since August 2020, I hold the position of Head Nurse of the same department of urology and outpatient urology clinic.

The main surgical procedures performed at our department, which is one of the most important European urological research centres, are radical cystectomies (open and robot-assisted) and robot-assisted prostatectomies.

Lecturer

Since 2011, simultaneous to my clinical urological and nursing management experience, I am a lecturer of Urological Nursing at the School of Nursing, Vita-Salute San Raffaele University (Milan, IT). Currently I am collaborating in research and development projects in the urological nursing field. My personal research interest areas are oncological surgical urology, clinical management of patients who have undergone cystectomy, ERAS/Fast-track protocols and prehabilitation.

Since 2013, I am a member of the EAUN. That year I participated in my first meeting, organised in my country (EAUN Milan, 2013); I had the opportunity to get to know the EAUN activities and recognise the importance of joining an international urological nurses network.

European School of Urology Nursing

In the following years, I regularly participated in the EAUN annual meetings, where I had the opportunity to present several research posters. Moreover, in the past years, I attended the courses of European School of Urology Nursing as well. These courses gave me the possibility to share the best evidence-based indications for urological patient management with my colleagues.

My personal scientific experience has developed by speaking at many national and international conferences and by collaborating in many publications and papers as first author or co-author, in the urological clinical field. These experiences have had a fundamental importance, promoting best practices sharing, with an impact on clinical practice at my department.

Represent southern European countries

I consider the EAUN Board membership an important opportunity to represent the southern European countries, extending and strengthening our current network. The comparison and collaboration between nurses from other, different countries supports members to share information and clinical experiences, with the primary purpose of standardising the urological nursing practice in Europe.

Mr. Mattia Boarin, Milan (IT)

EAUN23: Experience the full breadth of urology nursing

Scientific Programme to offer key updates on advanced nursing management

Milan will host the 23rd International EAUN meeting (EAUN23) from 11-13 March 2023, as part of the EAUN's objective to provide top-quality meeting updates, the members of the Scientific Congress Office have prepared an exciting, surprising and highly educational programme.

Programme

"We are planning a wide variety of sessions, with a good balance between oncological and non-oncological subjects. Delegates can expect a comprehensive advanced nursing-oriented programme in Milan," says Jeannette Verkerk, Chair of the EAUN Scientific Congress Office. "For instance, the subject of interprofessional care planning regarding bladder cancer." All proposed speakers will be invited in the coming weeks.

"Some examples are: A talk about another approach for treating urinary tract infections with bacteriophages in patients undergoing TURP, is it a promising treatment? The session on testosterone deficiency by Mrs. Jeannette Verkerk (NL) and a session on BABCON, development of an integrated model of care for continence nurses. The last two were planned for Amsterdam, but unfortunately couldn't take place. Also of note is the session on frailty in bladder cancer, an underestimated marker, organised by The Special Interest Group Bladder Cancer."

Abstract submission now open!
Deadline: 1 December 2022

Difficult Case Submission now open!
Deadline: 1 December 2022

Research Plan Submission now open!
Deadline: 1 December 2022

Prizes

To build on the success of previous EAUN congresses, Verkerk said regular features such as the Poster Sessions will be part of the programme again with recognition and cash prizes for the top four best posters (€500 and €250 for the two best scientific and the two best practical posters).

Travel grant application now open!
Deadline: 1 November 2022

The Expert-guided Poster Session, for which presenters do not have to make a pre-recording and a slide presentation nor answer questions on stage (and no prizes attached) will also return. Submitters can choose themselves whether they prefer to take part in this session at the poster boards or in the regular Poster Session on stage. The session is aimed at the less experienced nurses who are looking to gain experience in poster presentation.

The Nursing Research Competition, which aims to support and encourage innovative work, will offer a €2,500 prize. To be accepted, a detailed research project plan is required and to support nurses with this major work, advice is offered by research mentors. Details on how to contact the research mentors can be found on the submission page.

Also to be featured at EAUN23 are the well-attended Video and Difficult Cases sessions. "We look forward to meeting our colleagues from across Europe and beyond to exchange experiences and share our expertise in all fields of urology," Verkerk said. You can find the submission details on the website.

Submission open

Submission is now open for poster abstracts, video abstracts, nursing research plans and difficult cases. Puzzled by an unusual case? Was your team finally able to find the right approach? Share your insights! Submitters who are invited to present in the Difficult Cases and Video sessions will receive a complimentary registration, as part of the EAUN's efforts to promote promising work.

Submission of abstracts is not only open for nurses and EAUN members: all abstracts dealing with a topic that is relevant for urology nursing are welcome. Participation in the research competition, however, is exclusively for members. Start preparing now! The criteria and rules for all submissions can be found through www.eaun22.org. The deadline for submitting is 1 December 2022.

The congress in Amsterdam saw wide number in submissions from all over the world, and we hope to receive a record number of submissions and participants for EAUN23 again.

For the complete Scientific Programme visit www.eaun23org

Travel grant application open

The EAUN has travel grants available for a selected number of motivated members. Application will be open from 1 October until 1 November. Don't hesitate and apply! Full details on the 'Registration' section of the EAUN23 congress website.

See you in Milan!

The EAUN23 website will open on 1 October: www.eaun23.org

EAUN23
Milan, Italy
11-13 March 2023
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