

First ever EAUN podcasts!

Urinary incontinence - the 'superunknown'



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Podcasts are digital audio broadcasts that are available as episodes on various online platforms. They can be downloaded or streamed on mobile devices, computers and other media, allowing you to listen to them anytime and anywhere. The podcast format is extremely flexible - it includes conversations, interviews, monologues, documentary stories, as well as educational presentations on almost any topic.

Podcasts gained popularity in the early 2000s as portable media technology developed and the number of Internet users increased. The name "podcast" comes from a combination of the words "iPod" (Apple's popular music player) and "broadcast". The first podcasts were mainly amateur productions, but they quickly attracted the attention of professional media.

Nowadays, there are podcasts on many topics - such as sports, technology, politics, culture, health and personal development. Crime and comedy podcasts, as well as those devoted to mental health and self-development, are becoming particularly popular. Because of the variety of topics, everyone can find something for themselves.

Podcasts have become an important medium in the digital world. They enable access to knowledge,

entertainment and inspiration on demand, which is especially valuable in a dynamic lifestyle. They are also a tool for building community and engagement, and for creators - a way to express themselves and establish a direct relationship with their audience.

This year, the European Association of Urology Nurses (EAUN) released two podcasts aimed at providing valuable insights into various topics related to urology nursing. These podcasts are part of the broader EAU podcasts platform, which covers a wide range of urological topics, including patient care and the latest clinical guidelines.

Released in June this year, the two EAUN podcast episodes focused on urinary incontinence. One was titled "Urinary incontinence - the 'superunknown,'" which was released in June 2024. This episode featured Dr. Serena Maruccia, an expert in pelvic floor rehabilitation, discussing the challenges and practical solutions for managing urinary incontinence. The conversation, led by Dr. Stefano Terzoni, is designed to help both patients and healthcare professionals better understand and navigate this common but often under-discussed issue.

These EAUN podcasts are accessible on various platforms, including Apple Podcasts, Spotify, and YouTube, making them easily available to urology nurses and other healthcare professionals who want to stay updated on the latest in urological care.

For more details or to listen to the episodes, you can visit the [EAU podcast page \(Buzzsprout\)](#).

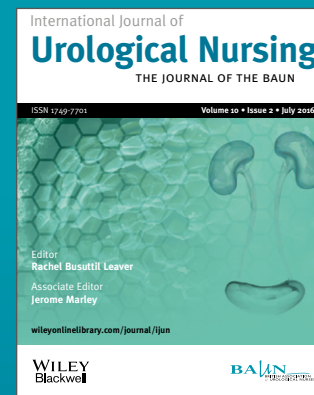


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The role of the nurse

Prostate cancer in the elderly



Mrs. Nicole Klok
Oncology Nurse
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Twente
Enschede (NL)



Dr. Natasha Roberts
Specialist Nurse
Royal Brisbane and
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Prostate cancer (PCa) is a significant health issue, particularly in elderly men, who constitute the majority of new diagnoses. With increasing life expectancy, managing prostate cancer in older adults presents unique challenges. Drawing on the insights of key studies, this article examines the impact of frailty on PCa outcomes, the considerations for risk assessment and management, and the crucial role of nurses in the care of elderly PCa patients.

Current and future treatment strategies

There are several treatment options for the elderly patient that can be tailored to suit their disease characteristics and their personal needs. These may include active surveillance, watchful waiting, radiation

therapy, surgical interventions and systemic hormone treatments. Raja et al., conducted a systematic review to consolidate the evidence for current management in patients with mHSPC, for example. They identified that the landscape of mHSPC management, includes the important role of combination therapies, with emerging treatment modalities becoming available, such as theranostics. These strategies aim to improve survival rates and quality of life for elderly patients.

Outcomes in older patients with prostate cancer

Kim F.T. Jochems et al. conducted a systematic review to investigate the outcomes of studies in older patients with PCa. The team provided a comprehensive analysis showing that older patients often face worse outcomes compared to younger counterparts. Factors such as comorbidities and decreased functional status play significant roles. The review also highlights the underrepresentation of older adults in clinical trials, which hampers the availability of age-specific data for making informed treatment decisions.

"Nurses are pivotal in managing PCa in the elderly, functioning as advocates, educators, care coordinators and supportive care specialists."

Impact of frailty on PCa outcomes

Frailty is a condition characterised by decreased physiological capacity which put a person at greater risk of harm from external stressors. Evidence has established that frailty significantly affects the prognosis of elderly PCa patients, irrespective of their treatment. Yi-Ying Pan et al. have identified that frail patients undergoing radiotherapy experience higher mortality rates and poorer overall survival compared to their non-frail counterparts.

Similarly, Jeongok Park et al. conducted a scoping review on androgen deprivation therapy (ADT) on frailty. ADT, while effective in managing advanced PCa, may result in significant side effects, including osteoporosis, cardiovascular issues, and cognitive decline, which further contribute to the frailty of elderly patients. Both Pan et al. and Jeongok et al.'s work draw attention to the need for incorporating frailty assessments into treatment planning to identify patients at higher risk and to tailor interventions accordingly. Both teams identify that recognising and addressing the potential risks of PCa treatment in frail patients is crucial for optimising outcomes.

Risk assessment and management in elderly men with advanced PCa

Effective management of prostate cancer in elderly men requires a balanced approach that considers life expectancy, comorbidities, functional status, and patient preferences. Jeffrey W. Shevach et al.'s systematic review aimed to consolidate the evidence on risk assessments for consideration in management of elderly men with PCa. The team emphasised the importance of individualised care plans. This research brought attention to concerns about over-treatment, as more aggressive therapies might pose more risks than benefits for older patients. The review advocates for careful consideration of ADT and other treatments due to their potential to adversely affect the quality of life in elderly patients.

The role of exercise in improving outcomes

Exercise has been shown to mitigate some of the adverse effects of PCa treatment. Francesca Giallauria et al. conducted a systematic review in exercise training for elderly patients. This research showed that regular physical activity can improve physical function, reduce treatment-related side effects, and enhance overall quality of life in elderly cancer patients. The evidence demonstrated that implementing exercise regimens as part of a comprehensive care plan can be particularly



beneficial for elderly PCa patients, helping to combat frailty and improve resilience.

The role of the nurse in caring for elderly PCa patients

Nurses are pivotal in managing PCa in the elderly, functioning as advocates, educators, and care coordinators. Their role extends beyond clinical care to include psychosocial support, patient education and navigation of the healthcare system.

Key areas of expertise that nurses provide include:

1. **Frailty assessment and management:** Nurses are instrumental in performing comprehensive frailty assessments using validated tools such as the Frailty Index or the Geriatric Assessment. These assessments help identify patients at higher risk of adverse outcomes, allowing for the development of tailored care plans that address their specific needs.
2. **Patient education and support:** Education is a critical component of nursing care. Nurses provide patients and their families with information about the disease, treatment options, potential side effects, and strategies to manage symptoms. They also offer emotional support, helping patients cope with the psychological burden of a cancer diagnosis and treatment.

3. Coordination of care: Given the complexity of managing PCa in the elderly, nurses often act as care coordinators, ensuring seamless communication between different healthcare providers. They help schedule appointments, facilitate referrals to specialists and allied health, and monitor patients' progress throughout the treatment journey.
4. Symptom management: Effective symptom management is essential for maintaining the quality of life in elderly PCa patients. Nurses play a crucial role in monitoring symptoms, administering medications, and providing interventions to alleviate pain, fatigue, and other treatment-related side effects.
5. Advocacy: Nurses advocate for the needs and preferences of elderly patients, ensuring that their voices are heard in treatment decisions. They also advocate for more inclusive research and policies that address the unique challenges faced by this population.

“Effective management of prostate cancer in elderly men requires a balanced approach that considers life expectancy, comorbidities, functional status, and patient preferences.”

Conclusion

Managing PCa in the elderly requires a nuanced approach that considers the complexities of aging, frailty and individual patient needs. Nurses, with their holistic approach to wellbeing, are essential in delivering comprehensive, patient-centred care. By conducting frailty assessments, providing education and support, coordinating care, managing symptoms and advocating for patients, nurses significantly contribute to improving the outcomes and quality of life for elderly PCa patients. Integrating these roles within the healthcare team ensures that elderly patients receive the best possible care tailored to their specific circumstances and needs.

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Building on a strong foundation

Introducing new EAUN Chair: Dr. Corinne Tillier



Dr. Corinne Tillier
EAUN Chair
Netherlands Cancer
Institute (NKI)
Amsterdam (NL)

First and foremost, I would like to express my heartfelt gratitude to all the former chairs who have contributed to making the EAUN the prominent association it is today for urology nurses. Serving as chair is not just an honour but also a significant responsibility.

Ms. Paula Allchorne (GB) has been instrumental in providing a solid structure to the EAUN board. This structure is crucial as it clearly defines the roles and responsibilities of board members, enabling us to function effectively and achieve our goals. It forms the operational framework that ensures the EAUN runs smoothly and continues to grow.

Under Paula's leadership, the EAUN has developed a long-term strategy, which is vital for maintaining the association's relevance, effectiveness, and sustainability over time. This strategy serves as a roadmap for the EAUN's future development and success.

The foundations that have been established will be preserved and regularly reviewed, as we must always strive for innovation, reflect on our progress, and seek continuous improvement.

The EAUN represents nurses from across Europe

and beyond. However, we face the challenge of engaging urology nurses for whom English may be a barrier. Our solution lies in fostering stronger connections with national societies, which can facilitate better communication and engagement across linguistic boundaries. Increased interaction with these societies will be a key objective moving forward.

Another important goal is the development of a comprehensive curriculum for urology nurses, known as EFUN. We aim to reach a final agreement on this initiative very soon.

We are also aware of the financial difficulties many nurses face in attending international congresses and courses. My hope is that the EAUN can make knowledge more accessible by organising affordable courses for nurses. However, the EAUN cannot achieve this alone and will require financial support. Securing partnerships to help nurses access essential knowledge and training will be a priority during my tenure.

"Securing partnerships to help nurses access essential knowledge and training will be a priority during my tenure."

Nursing professional development is an ongoing process that is essential for the growth and advancement of nurses. This development enables nurses to become experts in their field, grow in leadership roles, and perform specialised medical tasks such as prostate biopsies or cystoscopies. In my view, knowledge is the cornerstone of professional satisfaction.

Nursing education is a lifelong journey. Nurses acquire knowledge and skills throughout their

careers through formal education, hands-on experience, and other formal and informal avenues. Continuing nursing education (CNE) and professional development (CPD), is crucial for keeping nurses' knowledge and skills current. It can encompass formal courses, workshops, certifications, and on-the-job learning opportunities.

Specialised certifications in urology, for example, can help nurses develop expertise in specific areas of practice. Attending professional webinars, seminars and conferences is another valuable way for nurses to stay informed about the latest advancements in their field.

The EAUN, along with its Special Interest Groups (SIGs), is committed to facilitating nurses' access to knowledge. During my tenure as EAUN Chair, this will be a top priority. We will offer ESUN Courses, webinars, podcasts, and the Scientific Congress Office (SCO) will continue to provide a diverse programme for the annual EAUN meeting. The scientific programme will be designed to meet the needs of all nurses, from those working on the wards to clinical nurse specialists and nurse practitioners, enabling them to acquire new knowledge and skills.

Updating the EAUN Guidelines is also a key priority. We will review the existing guidelines, starting with the Intravesical Instillation Guideline, with the support of the EAU Guidelines Office. Additionally, we will encourage and facilitate the translation of our guidelines into other languages, ensuring that nurses can access evidence-based practices without language barriers.



The EAUN, along with its Special Interest Groups (SIGs), is committed to facilitating nurses' access to knowledge. (On the photo the chairs and co-chairs of the SIGs in Paris, April 2024.)

As EAUN Chair, I am committed to continuing our collaboration with ANZUNS and BAUN on EFUN, ESNO and of course with the national societies from all European countries. We share a common goal of advancing nursing development, and by working together, we can elevate the nursing profession and ensure it receives the recognition it deserves.



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European Association of Urology Nurses

Urology nurses' personal wellbeing

Strategies and insights to developing your resilience



Prof. Melanie Rogers
Advanced practice
and spirituality
University of
Huddersfield (GB)

Wellbeing and resilience are global concerns for all working in healthcare. Montgomery & Patrician (2020) and Kinman et al (2020) identify that nurses' wellbeing and resilience are impacted significantly more than the general population. In the United Kingdom a study found that approximately 44.8% of healthcare staff feel unwell due to work related stress and that many healthcare workers continue to work despite feeling unwell (National Health Service 2022).

In urology, Pang et al (2021) found that 54% of European urologists reported burnout, with American Urologists reporting burnout of up to 68%. De Hert (2020) suggests urology is in the top 3 specialities for burnout which Love (2022) suggests is partially due to the continual expectations for increased knowledge and professional skills. Love (2022) also found high nurse turnover rates and reduced workplace satisfaction in urology. Jarosz et al (2022) correlate this finding in their study of Polish urology nurse's which found they have low job satisfaction and high fatigue levels. If these challenges in urology are to be addressed individuals and employers MUST invest in factors to increase job satisfaction and reduce burnout.

As nurses, we provide compassionate, patient-centred care. This means we are all at high risk of compassion fatigue unless we ensure we care for our own wellbeing and increase our resilience. Cooper et al (2020) identified that building our personal resilience and increasing compassion satisfaction can protect us from burnout and compassion fatigue. Maslach (1981) burnout indicators (Fig. 1) are still viewed as the gold standard for measuring burnout. It features the 3 scales of emotional exhaustion, depersonalisation and reduced personal accomplishment. Considering these signs may be helpful in recognising if you are experiencing burnout. If you are, it is time to act by seeking support.

To combat burnout and compassion fatigue, consider how your emotional wellbeing (EWB) is. Park et al (2023) define EWB as a multi-dimensional term which encompasses how positive we feel about life overall and generally. EWB includes both experiential features (emotional quality of momentary and your everyday experiences), reflective features (judgments about life satisfaction, sense of meaning), and your ability to pursue goals that can include and extend beyond

yourself. Your EMW occurs in the context of your culture, life circumstances, resources, and your life journey. Parks et al (2023) recognise the following components as important in your EMW:

- Good support networks
- Effective coping skills
- Commitment to self-care
- Problem-solving skills
- Commitment to professional values
- Work-life balance
- Self-awareness
- Self-efficacy
- Reflective ability
- Optimism
- Social confidence
- Sense of humour

Like EMB, physical wellbeing is paramount to consider. Simply speaking, it is about caring for and respecting your body. It includes maintaining a healthy approach to life that allows you to get the most out of life. Most of us will be familiar with components of physical wellbeing which impact our day to day lives such as sleep, nutrition, hydration, exercise and relaxation.

Spiritual wellbeing is talked about less but is also important when considering burnout. I suggest it is what brings us hope, meaning and purpose (Rogers & Wattis 2020). Spiritual wellbeing relates to the way we live and perceive the world around us. Nurses who have a higher level of spiritual wellbeing are more likely to be more resilient and better able to tolerate psychological and physical stress. Increased spiritual wellbeing increases job satisfaction. In order to consider your own spirituality, consider the areas I advocate in Fig. 2 below.

Addressing emotional, physical and spiritual wellbeing all increase our resilience which is a dynamic process where we develop our resources to cope with and learn from adversity (Grafton et al., 2010). However, the onus isn't all on us individually, our employers and the organisations we work for have a role in supporting our resilience by creating a working environment that protects the emotional wellbeing of us all (World Health Organisation 2019, Royal College of Nursing 2020).

We also have the responsibility to support our personal resilience, and you can do this by considering what matters to you and why you matter. This might be your work, your family, your friends, or something else. We can build positive beliefs in our abilities – think about why you make a difference. How you have a positive impact. We need to develop and nurture our social networks as well as ourselves. Also important, is to develop your problem-solving skills, try to be solution focused and establish goals in your day to day work. If there are specific problems, don't just find the solution, but also act on it (Walker 2020).

There are differing types of resilience including:

- **Natural resilience** - This is the resilience you are born with and the resilience that comes naturally. This is your human nature and your life force.

Burnout – Indicators Maslach (1981)

Emotional exhaustion

- Chronic fatigue
- Insomnia
- Poor concentration/memory
- Loss of appetite
- Physical symptoms
- Increased illness
- Anxiety
- Depression
- Anger

Depersonalisation

- Loss of enjoyment
- Cynism
- Pessimism
- Isolation
- Detachment

Reduced personal accomplishment

- Feelings of apathy & hopelessness
- Increased irritability
- Ineffectiveness
- Lack of accomplishment
- Lack of productivity and poor performance

Fig. 1: Maslach burnout indicators

| Aware | Listen | Be present | Promote | Reflect |
|--|--|---|--|--|
| Be aware of your own spirituality, of where your own sense of meaning and purpose and values come from | Listen for, and be attentive to patients raising issues of what their illness means for them | Be fully present, paying attention to the person, when undertaking practical tasks with patients so that they understand you respect them as valued fellow human beings | Promote person-centred rather than task-centred ways of practice for yourself and for others | Reflect every day on how well you have dealt with patients and colleagues in a compassionate and mindful way |

Fig. 2: Consider your own spirituality (Rogers & Wattis, 2020)

- **Adaptive resilience** - This could also be called 'trial by fire'. This occurs when challenging circumstances force you to learn to change and adapt, and you grow stronger as a result
- **Restored resilience** - Also known as learnt resilience. This is where you learn techniques to build resilience (Walker, 2020).

Take time to care for your wellbeing and develop your resilience. This will help you personally and professionally.

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A preview of EAUN25 in Madrid

Celebrating 25 years: A special jubilee edition

The next International EAUN Meeting is to be held in Madrid, Spain from 22-24 March 2025, marking a special jubilee edition of Europe's largest urological nursing event. For 25 years, this annual meeting has been an important educational platform for presenting and critically assessing clinical urological practices and key nursing research developments.

Plenary Sessions

The first Plenary Session will celebrate the EAUN's 25-year journey, highlighting those who have made contributions to the meetings development over the years. The second Plenary Session will focus on chronic bladder pain, including origins, aetiology, and diagnostics.



Abstract submission now open!

Deadline: 1 December 2024

State-of-the-art sessions

State-of-the-art sessions will cover a diverse range of urological topics, showcasing the multifaceted approaches urological nurses take in their patient care by providing specialised nursing, psychological support, and evidence-based postoperative care. Topics will include benign urology, including abnormalities of the penis as well as urological causes and treatment of polyuria. There is a session providing valuable insights into assisting patients with lifestyle changes and how a nurse-led clinic has been established to manage recurrent UTIs in female patients. Another session will address ketamine uropathy, including its damaging impact on the bladder and treatment options. With treatment regimens continually evolving, EAUN25 will also feature innovative treatments for stress urinary incontinence, systemic treatments of metastatic cancer, and nephrectomy performed as day surgery.



Mr. Mattia Boarin (IT)
EAUN Scientific Congress Office co-chair



Mrs. Lisbeth Roesen Leinum (DK)
EAUN Scientific Congress Office co-chair

Thematic sessions

Thematic sessions will tackle critical topics, such as the current difficulties in the European healthcare systems, with a widespread nurses' shortage and the uncertain economic landscape. For prostate cancer there is a session on salvage therapy options in localised recurrences, including the implications and the side effects affecting the patient's quality of life. There is a special session about the role of urodynamics in neurogenic bladder management, which will be delivered by the International Neuro-Urology Society (INUS). Patients' experience and sexual dysfunctions in bladder cancer long-term treatments, such as intravesical instillation, and chemo- or immunotherapy systemic treatments, will be presented and reviewed also. There will be a session on increasing awareness of individualised predictive tools, specifically designed to predict cancer treatments' outcomes in clinical practice, supporting healthcare providers and patients in making informed decisions, as well as a lecture on integrative oncology to provide delegates with useful information on herbal supplements and side effects.



For the complete Scientific Programme visit www.eaun25.org

EAUN25
22-24 March 2025
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25th International EAUN Meeting

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25 **eaun** European Association of Urology Nurses

Special Interest Groups

The EAUN Special Interest Groups have prepared several high-quality sessions to examine the nurses' evolving responsibilities and contributions: nurse-led endourological procedures; sexual abuse and psychosexual concerns; benefits of technology (surgical techniques, mobile apps) for symptom management and treatment optimisation in salvage therapy for bladder cancer recurrence; challenges in continence care; prehabilitation aimed to optimise pre-treatment patient's physical and mental health in prostate cancer care. Again included in the scientific programme, is a session on atypical and difficult cases in daily nursing practice, which will give delegates a unique opportunity to learn from other colleagues' experience and solutions of challenging cases.

Nursing research and practice development

Poster sessions will showcase research and innovations in urological nursing. To encourage future nursing research, there is also a new session this year dedicated to sharing the key components of how to create high-quality abstracts and presenting research results.

There are two **European School of Urology (ESU) courses** that will provide updates on surgical treatment options for benign prostatic hyperplasia and acute urological presentations. Also, mark your agenda for the annual Nurses' Dinner on Friday, 21 March 2025. Registration is open, with discounted fee until 21 January 2025.

See you in Madrid next March!