

At the 13th International EAUN Meeting held in Paris in February this year, the session on Nursing Solutions for Difficult Cases attracted positive comments with many of the participants expressing their appreciation for the clear and practical solutions described by the speakers.

Due to the enthusiastic response, the Difficult Cases session has become a regular feature in the EAUN's annual conference, informing urology nursing specialists of effective interventions and special handling procedures. After the lectures, the speakers and the audience also had the opportunity to discuss specific aspects. We are publishing on this page the submissions of the two speakers who spoke on the topics parasitic infestation in the urologic patient and lymphedema treatment following lymph node removal.

DC12-01 Parasitic infestation in the urologic patient



Nora Love-Retinger
Rn, MS, CURN, CNS
Memorial Sloan-Kettering Cancer Center
Dept. of Urology
New York NY (USA)

loven@mskcc.org

1. What was the problem you experienced in this patient?

Two separate patients were referred for further evaluation of their urological cancers. Patient A was a 46 year old male with a possible prostate malignancy. Patient B was a 32 year old male with a possible bladder malignancy. Both patients presented with atypical findings from outside urology MD.

2. Which nursing intervention did you provide?

Careful history taking and assessment by the nurse and medical staff helped direct the surgeon in making the correct diagnosis. Patient A was diagnosed with a hydatid cyst, a condition not seen in the US. Patient B was diagnosed with schistosomiasis, a condition seen in Africa, particularly in Egypt.

3. Which materials did you choose to help the patient?

- A comprehensive nursing assessment including recent travel
- Cystoscopy
- CT scan
- UA
- Patient education of anti-parasitic medications and compliance
- Psychosocial support by the Clinical Nurse Specialist

4. What were the results of your intervention?

Both patients were successfully discharged on oral medications. Follow up in the Urology clinic in 3 and 6 weeks to complete evaluation and assess the patients' psychological adjustment.

5. What is shown on the photos?

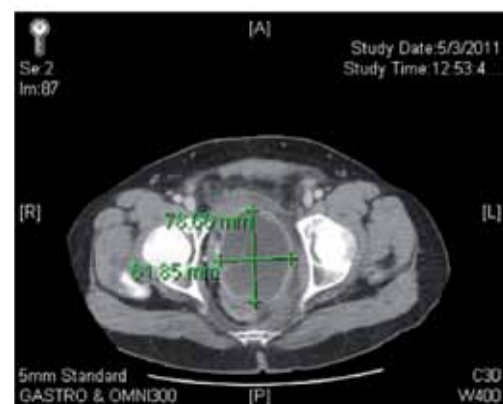


Fig. 1: Patient A: CT scan showing prostate fluid collection.

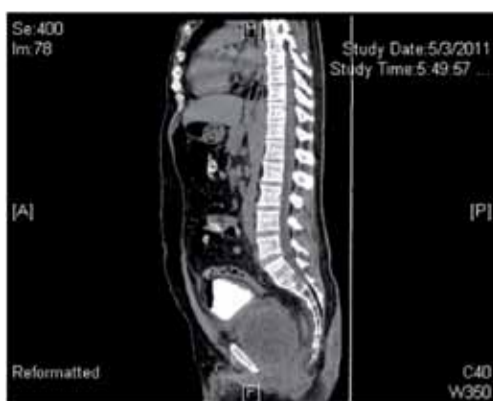


Fig. 2: Patient A: Complex fluid collection in prostate.

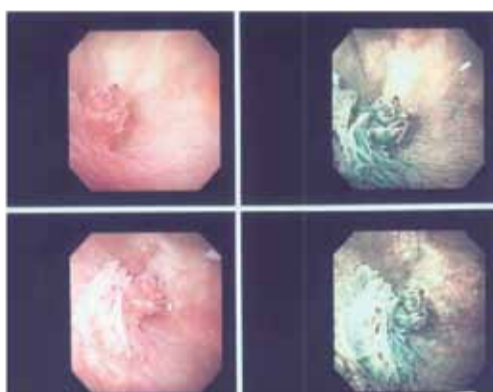


Fig. 3: Patient A: Cystoscopy

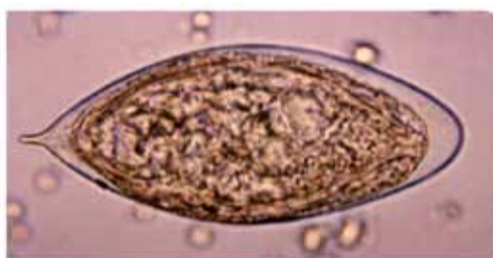


Fig. 4: Patient B: Miracidia



Fig. 5: Patient B: Schistosomiasis worm

DC12-02 C penis. Treatment of lymphedema after removing of lymph nodes



Mia Johansen, Rn
University Hospital
Copenhagen
Copenhagen (DK)

mia.johansen@regionh.dk

Co-author: Mette Kliim

1. What were the problems you experienced in this patient?

We have experienced several problems with drainage of lymphatic fluid, in penis cancer patients, after lymphadenectomy (removal of lymph nodes). It has resulted in accumulation of lymphatic fluid in the lower extremities and the symptoms presented themselves shortly after the surgery. Not only did we observe swelling in the lower extremities, but the lymphatic fluid was also discharged through the wound.

2. Which nursing interventions did you provide?

Before the surgery a nurse measures the patient's lower extremities and abdomen for compressing shorts and anti-embolism stockings. These are to be used when the patient is no longer bedridden and both tubes for drainage are removed.

The first and second post-operative day we recommend that the patient stays in bed to avoid the symptoms described above. On the third post-operative day the patient is assisted out of bed and is free to move around until the tubes for drainage are removed. Then he is recommended to spend 2 more days in bed.

When bedridden, the patient is provided with compressing bandage (textile elastic short stretch bandage). When the patient is then out of bed he is discharged with the shorts and stockings that are custom-made from his measurements. He is to wear these for 3 months after the surgery.

3. Which material did you choose to help the patient?

- Textile elastic short stretch bandage (while bedridden)
- Compressing shorts made from personal measurements
- Anti-embolism stockings
- Physiotherapy to educate the patient

4. What were the results of your intervention?

Since we started these nursing interventions we rarely see massive lymphatic accumulations.

5. What is shown on the photos?



Fig. 1: Accumulation of lymphatic fluid in the lower extremities

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Fig. 2: Bedridden patient with compressing bandage



Fig. 3: Patient is discharged with custom-made shorts and stockings

Milan

15-19 March 2013

14th International EAUN Meeting

(16-18 March 2013)

Abstract deadline: 1 December 2012

www.eaumilan2013.org/14th-eaun-meeting

European Association of Urology Nurses

Danish, Dutch nursing specialists exchange best practices

Århus team introduces Stoma Education Scale to Dutch colleagues



Bente Thoft Jensen, MPH / PhD Stud.
Århus University Hospital - Skejby Dept. of Urology Århus (DK)

benjense@rm.dk

With an EAUN fellowship grant, the Bladder Team at the Department of Urology, Århus University Hospital (AUH) in Denmark visited last November 20 to 23, 2011 the National Cancer Institute Antoni van Leeuwenhoek Hospital (NKI-AVL) in Amsterdam, the Netherlands.

The AUH is a highly specialised centre for bladder cancer which caters to a potential patient population of approximately two million out of the 5.5 million Danish population. The AUH performs an average 120 cystectomies annually. The multi-professional Bladder Team includes a nurse-led stoma care clinic and is specialised in advanced urology cancer care. The main focus areas in clinical practice are enhanced rehabilitation and patient involvement, aiming to improve recovery and reduce morbidity postoperatively following radical cystectomy.

"...the Danish team aims to introduce to the Dutch stoma team the principles of a validation process and encourage them to start a pilot study.."

With the EAUN's goal to foster the highest standards of urological nursing care throughout Europe, by encouraging urology nursing research and the exchange of best practices, the fellowship is granted to specialised nursing groups. Our team submitted its fellowship application in January 2011 and in cooperation with the Urology Department at NKI-AVL in Amsterdam, the collaboration with the Danish Bladder Team became a reality.

The NKI-AVL is a top oncology centre treating cancer patients from all over the Netherlands. The care consists of highly sophisticated cancer treatment with the patients referred to the institute by specialists in other parts of the country. Thus, the NKI-AVL contributes to a unique synergy of scientific research

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and clinical practice supported by strong training and educational goals within a multidisciplinary setting.

Stoma self-care

Stoma care has been a priority topic in the EAUN and we have developed focused and evidence-based standards and guidelines. With the publication of the EAUN Guidelines on Incontinent Urostomy, which have been recognised by the National Clearinghouse in the United States in 2009, it has been documented that no tool is available to monitor the status of stoma self-care among patients with bladder cancer who had cystectomy. In Denmark such a tool (the Stoma Education Scale) has been developed and tested in a pilot study. The results of the pilot study were presented at the 2011 EAUN Annual Meeting in Vienna, which showed the Stoma Education Scale to be generally convincing and robust in terms of content and construct validity. The research is a part of a Danish PhD study which is on-going at the AUH aiming to enhance rehabilitation in post-cystectomy patients.

With the EAUN's aim to foster links with other urology departments in Europe, the Bladder Team visited and observed the clinical practice of stoma care at the NKI-AVL, and to discuss the possibilities of implementing the AUH's Stoma Education Scale. Moreover, the Danish team aims to introduce to the Dutch stoma team the principles of a validation process and encourage them to start a pilot study that will validate the Stoma Education Scale in a Dutch population.

Our visit was carefully planned by clinical nurse specialist Mr. Willem De Blok and the Department of Urology in Amsterdam. The overall principles of stoma care were reiterated as indicated in the EAUN Guideline which provides the basis for a standardised and evidence-based stoma care. The Stoma Education Scale was translated into Dutch, with the translated text accepted or confirmed for accuracy by the Dutch stoma care nurses. Moreover, our team prepared detailed hands-on workshops on stoma care and presentations concerning how to measure stoma self-care in daily clinical practice and its relevance in patient pathways.

Arriving at the NKI-AVL we were welcomed by warm-hearted colleagues and staff leaders. We were immediately introduced to the activities of the NKI-AVL and the entire staff through a guided tour. Our Dutch colleagues also prepared lunch with Danish specialties and flags which made us feel more welcomed.



Our team carefully observed the daily clinical practice in the ward and the out-patient clinic. We also observed the Dutch approaches and followed the complete patient pathway related to cystectomy. The observations took place in the mornings and were followed up by lunch discussions with the Dutch staff regarding differences in clinical care, in general, and for stoma care in particular. With their careful preparation, we knew that the Dutch staff was highly motivated, impressing us with their enthusiasm and commitment to improve nursing care.



A win-win situation

The afternoon sessions were dedicated to presentations and discussions on how to use the Stoma Education Scale. A Dutch working group, thoroughly briefed and informed in using the scale, led the introduction and training of the Dutch staff. And to make the workshops more realistic to daily practice the Danish Bladder Team performed several role-play scenarios. A team member acted as a patient with a stoma and another performed as a stoma care nurse during a session on changing a stoma appliance.

The working group observed the session and scored the status of stoma self-care using the Stoma Education Scale. After each session the team discussed disagreements in the scores. At the end of the workshop, the Dutch working group did their own role-play in Dutch. But despite the differences in

language and culture, it was evident that there is a commendable basis on stoma care. And for us it was surprising and encouraging to see how quickly the Dutch working group adapted or used the Stoma Education Scale.

Also noteworthy was the high agreement in scores no matter whether one belonged to the Dutch or Danish group, which is a promising sign for a successful implementation of the Stoma Education Scale in Dutch clinical care. Thus, a Dutch pilot study was prepared to test the validity of the Dutch version of the Stoma Education Scale. The pilot study is still on-going.

We look forward to receive the results of the Dutch pilot study, hopefully making it possible to sustain the validity of the Stoma Education Scale, and which could lead to an extended cooperation between the Danish and Dutch teams.

At a time of scarce hospital resources, the idea of closer collaborative approaches in fellowship programmes is something that is very much welcomed by the involved departments. These fellowship links do not only provide an extraordinary opportunity to exchange clinical practices but also enable the participants to work with concrete tasks for development in clinical care. These close collaborative programmes have also shown how dedicated partnerships among departments can create the basis for a mutually beneficial cooperation.

We enthusiastically recommend this collaborative approach to our colleagues in other countries who are interested to apply for a fellowship. In our experience with our Dutch colleagues this fellowship has created a "win-win" situation. Thanks to EAUN support both departments have benefited from the fellowship, certainly a fine example showing that urological nursing is not limited by borders and cultures.

EAUN around the world

The EAUN Board have been involved in or attended the following activities throughout the world recently:

June 2012	EAUN Board Meeting, Amsterdam, The Netherlands
June 2012	3rd Danish post-EAUN Meeting, Århus, Denmark

June 2012	Global Congress on Prostate Cancer, Brussels, Belgium
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Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at k.fitzpatrick@eaun.org

Dutch nurses hold successful second Post-EAUN Meeting

2nd Post-EAUN Meeting re-visits nursing issues discussed in Paris congress



Willem De Blok, Ma, ANP, Rn
Netherlands Cancer Institute Dept. of Urology Amsterdam (NL)

w.deblok@eaun.org

The Stichting Oncowijs organised last March 30 this year, in collaboration with the Dutch Association of Urology Nurses (VenVN Urology), the second Post-EAUN Meeting held in Ede, the Netherlands.

Although the Annual EAUN Conference held last February in Paris was well-attended, many Dutch nurses who were unable to attend are interested to learn in detail the topics that were discussed and the scope of the good scientific programme annually presented by the EAUN. The first meeting, which was also endorsed by the EAUN, was held in 2011 in Amsterdam following the Vienna congress of the same year.

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For nurses the financial costs to attend an international conference are often difficult to find. Thus, a selection of the topics presented in Paris was prepared, and six Dutch nurses and a colleague from Belgium presented these topics. The participating presenters have carefully studied the topics assigned to them, taking care that they present the issues in the same way that it was presented by the original speakers, while at the same time highlighting points that are of relevance to Dutch nursing practices.

Belgium, which also has a sizeable number of Dutch-speaking nurses, was represented by Ronny Pieters. The other faulty members were Bregje Dekkers, Hanny Cobussen, Natasha De Goey, Erik Van Muilekom and the author.

The topics covered ranged from the role of multimedia technology in hospital care to the prevention of urinary tract infection. All in all the meeting provided an ample and interesting coverage of the key contents of the scientific programme presented in Paris last February. Overall, the participants in Ede expressed satisfaction with the organisation and the content of the meeting, and they gave an average of 8.5 points (out of 10) in their assessment of the meeting!

For 20 clinical nurse specialists an advanced evening session was added to the programme. Dutch

radiologist Jelle Teertstra lectured on urological intervention radiology. His talk on the do's and don'ts regarding specialised urological interventions by a radiologist such as the placing of nephrostomies, dotter procedure of a ureter stenosis and radiofrequency ablation of kidney tumours, provided interesting insights into his daily practice.

Accredited by the Dutch Accreditation Board with four points for both nurses and clinical nurse specialists, this meeting is supported by the EAUN Board in line with its goal to encourage the organisation of post-EAUN meetings at the local or national level to

serve nurses who are unable to attend the annual conferences. The Post-EAUN Meeting in the Netherlands is one example which has generated enthusiastic responses from participants.

For nursing groups interested in organising a similar post-EAUN meeting, the EAUN board is ready to provide the necessary support. For more information, contact the EAUN Central Office in Arnhem, the Netherlands at eaun@uroweb.org



2^E POST EAUN MEETING
30 MAART 2012

Join our search for Nursing Solutions in Difficult Cases

If you are among those who encounter atypical cases in daily practice and have found your own solutions, we would like to invite you to take a few photos and write a standard protocol. You can download a form with a list of standard questions. The form should include a description of the problem, the nursing intervention provided, the material you have chosen to help the patient and the final results. **Please note:** Difficult Cases that have not been (completely) solved may also be submitted!

Share your expertise

Together with the EAUN you will share and pass on this knowledge to other nurses. The cases will be evaluated by an international expert jury. The 10 most interesting cases are presented by the authors and discussed with the audience in a special session at the 14th International EAUN Meeting in Milan. The EAUN will place the material on their website as a unique opportunity to learn from each other. All submissions that meet the criteria will be published on the EAUN website and in European Urology Today.

Some of the Submission Criteria and Rules

- The authors and presenter of this Difficult Case must be registered nurses
- The topic selected must be of relevance to urology nursing interventions in Difficult Cases
- The case is illustrated with photos of the problem and the solution (if any), preferably 2-5 photos
- The solution described in this Difficult Case is your own solution and a nursing intervention
- The case is presented in a completed submission form accompanied by a written patient consent
- When invited to present the Difficult Case in Milan you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Milan website:

www.eaumilan2013.org/14th-eaun-meeting

How to apply

- Please check the special page on Difficult Case submission at the congress website for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2012

Join our search for the best nursing solutions! We are looking forward to your contributions!

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Call for Cases

Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 14th International EAUN Meeting in Milan, 16-18 March 2013

Do you have an idea for a project that will.....

- Improve the quality of your daily work in urology care
- Turn a new or unique aspect of nursing care into a research project
- Evaluate developments which have taken place in your urological field
- Turn practical clinical issues in nursing into a research project to help resolve them
- Or do you have a small practical project which you would like to develop into a research project

... then we invite you to submit a research project proposal for the EAUN Nursing Research Competition.

You can find the full details of the submission process and details of previously submitted research project plans on our website. The winner in 2012, H. Cobussen, for example, submitted the project: "Which factors make clean intermittent (self) catheterisation successful".

During the 14th International EAUN Meeting in Milan (March 2013), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. If English is not your first language do not let this deter you from submitting a research proposal; the jury are well aware that it is much more difficult to write such a proposal in a foreign language, and your proposal will be judged on its merits.

A winner chosen from the final six nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

To be eligible participants must comply with the following:

- Be a registered nurse
- The project must not have started at the time of submission
- The proposal, the presentation and the project must be undertaken by the submitting nurse
- The topic selected must be of relevance to urological nursing
- The results of the prize-winning research project will be published in European Urology Today and on the EAUN website and the winner is invited to present the results or parts of the result at the next International EAUN Meeting.

All details regarding participation and criteria for submission can be found at the Milan website: www.eaumilan2013.org/14th-eaun-meeting/

- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2012

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!

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Call for Research Projects

EAUN Nursing Research Competition

€ 2,500 grant to be awarded at the 14th International EAUN Meeting in Milan, 16-18 March 2013