The three-day 14th International EAUN Meeting in Milan last March gathered around 400 participants for a varied scientific programme that covers a range of topics including controversies in post-operative procedures to specialised nursing care of patients with urological cancers and bladder dysfunction.

The chief of the nursing department of urology gave a presentation, and mentioned that in their clinic there are two wards for urological patients: one for the uninsured patients and another for those with insurance. The ward for patients with insurance is a VIP ward with spacious rooms and with a second bed for a family member, a large bathroom and a little lounge.

She also discussed the new clinical routine for robotic prostatectomy surgery, and mentioned the following points regarding the new routine:
1. No bowel washout day before operation but only a little enema in the evening and morning prior to the operation. The patient can eat normally the evening before, and in most cases the patient can also have meals after the operation;
2. No epidural painkillers or opiates after the operation; and
3. Mobilisation in bed on the day of the operation and a few hours out of bed after the day.

The results of the new clinical routine for robotic prostatectomy

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conventional</th>
<th>After clinical path</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilisation</td>
<td>23 h</td>
<td>19 h</td>
</tr>
<tr>
<td>Gas (ml)</td>
<td>13 h</td>
<td>7 h</td>
</tr>
<tr>
<td>Steel (ml)</td>
<td>5 h</td>
<td>2 h</td>
</tr>
<tr>
<td>Pain Control scale</td>
<td>10/10</td>
<td>6/10</td>
</tr>
<tr>
<td>Presence of post-operative nausea</td>
<td>3/5</td>
<td>2/5</td>
</tr>
<tr>
<td>Discharge After</td>
<td>2 days</td>
<td>3 days</td>
</tr>
</tbody>
</table>

Philadelphia 3 to 4 days

There is no compromise about the use of anesthetic medication.

The participants also visited the rooms where lithotripsy, cystography, changing the DJ or nephrostomy catheter and prostate biopsy and urodynamic examinations take place. The urological polyclinic was also equipped with a cardiology consultation room with equipment for cardiac echo, cardiac effort test, etc.

"On behalf of all the nurses who visited the hospital, I thank the nursing staff and the head nurses of the urology department for the very welcome we had in San Raffaele," said Vandenwinkel.

New EAUN booth

This year’s EAUN meeting also featured a revamped booth, which gave both members and non-members the opportunity to inquire about membership inquiries, future activities or simply have a meeting place.

Nurses’ dinner

A special nurses’ dinner with music and an informal atmosphere formed part of the social programme. However, some were unable to attend since they were unaware that registration for this event always takes place online together with the meeting registration, and is not automatically included in the registration.

All in all this year’s EAUN meeting was a success in terms of attendance and quality of the programme, and many of the participants said they look forward to another instructive and insightful meeting in Stockholm.

Next year’s meeting

The meeting in 2014 will take place from 12 to 14 April 2014, in Stockholm, Sweden. This year’s abstract Deadline will again be on the 31st of December 2013. More information on the submission of a Difficult Case or a Research Plan can be found on page 40 of this newsletter.

The congress website www.eaustockholm2014.org/12th-eaun/meeting/ with more information will be available soon. We are looking forward to your submissions!
March/May 2013

The 17 HUCH hospitals form part of Helsinki and Uusimaa Hospital District (HUS). HUCH hospitals serve as training centers and provide excellent facilities for both national and international research projects. As of last year, the number of employees for the whole HUS organisation totalled to around 21,322.

I work in the Clinic of Urology as a registered nurse. The Clinic of Urology covers the entire range of adult urology, from diagnosis to highest surgical and medical care and follow-up. The clinic consists of two Outpatient Clinics (in Melunka Hospital and in Peijas Hospital), three wards (48 beds), operating theatres and a stone treatment center. I work mainly in the urodynamic laboratory.

All in all the team in Clinic of Urology consists of one professor of urology, 18 urologists, six senior residents (residents in urology), around three junior residents (residents in surgery), and 84 nurses. Last year, 2,392 elective urologic surgical operations were done in addition to about 290 emergency operations. (Matikainen, 2012).

My aim with this Fellowship short term visit is to improve the current patient safety culture and bring concrete improvement proposals to daily practice and procedures. This work greatly benefited from comparing practice and procedures to those of a hospital operating in a completely different environment. As a renowned Swiss hospital, the Berne University Hospital provided an ideal setting for this comparative work.

Host institution

Berne University Hospital was founded in 1798. It is named Inselpital and it provides highly specialised medical care and has an international reputation of being equipped with high-technology and engaging in excellent scientific research. The hospital employs over 3,200 people (Inselpital, 2012).

Inselpital has committed itself to a continuing and long-term investment in nursing development and research, and the strategy is to focus on Evidence Based Practice (EBP) for at least the last 10 years. (Willener, 2006).

The Department of Nursing Development and Research has developed several standards and statements of different nursing functions for the whole organisation, and every clinic has adapted them to their own speciality. All patient education material is produced here. (Hirta, Shihara, 2003).

The Department of Risk Management organises patient safety education for all of the clinics in Inselpital, and the nurses are regularly reported to the department in case of adverse events. The reports are mostly concerned with medication. There is a system of emergency notifications if an acute defect is noticed with products or operation modes. These notifications are immediately transmitted to the Intranet. (Paula, 2012).

The Department of Urology in Inselpital (Fig. 1) is internationally renowned for its surgical techniques in treating bladder and prostate cancer. The Department of Urology consists of an Outpatient Clinic, two wards and a two-bed inpatient unit. The hospital has 960 beds and operates 2,500 inpatient stays with a large number of day surgery patients. The hospital is an important referral hospital for both Switzerland and the surrounding region.

To demonstrate the efficiency, in 2011 there were 877 cranial prostatectomies that are performed at Grace are for prostate cancer. To prioritize the ultrasound, the needle guide was manually employed by the doctor, meaning it was finger rather than ultrasound guided.

Tauranga Urology Research Limited (TURL) was established in 1997 by Gillling and Fishman and has experience in Phase I (first time ever in humans) to Phase IV (variation to the licence of an approved drug etc) trials. The trials are single or multi-centre, pilot and / or multinational studies and include pharmaceutical and device studies. TURL employs a manager and three part-time research nurses. Current studies include metastatic prostate cancer, ovariceal, bladder, robotic prostatectomy, BPH, bladder cancer and urodynamic stress continence. A current project is a Phase I study for BPH.

The concept is based on outcome rather than output and all appropriate referrals were seen and treated with no waiting time frame and with very few exceptions. Some of the factors that set Venturo apart from other hospital-managed services are the categories of roles they have identified and treated within a fixed timeframe of two months for a First Specialist Assessment (FSA) and six months for elective surgery. To demonstrate the efficiency, in 2012 there were 877 cranial prostatectomies that are performed at Grace are for prostate cancer.

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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!

Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 15th International EAUN Meeting in Stockholm, 12-14 April 2014

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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 Stockholm you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Stockholm website: www.eaustockholm2014.org/15th-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 2013

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

Call for Research Projects

Nursing research may bring the most amazing results

With the EAUN’s commitment to support innovative work, we invite you to submit a research project proposal for the EAUN Nursing Research Competition.

During the 15th International EAUN Meeting in Stockholm (12-14 April 2014), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. A winner, chosen from the six final nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

Eligible participants have to comply with the following:

- Only registered nurses can submit a research project
- The project has not started at the time of submission
- The research and the presentation have to be done by a nurse
- The topic selected must be of relevance to urologic 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 submit an abstract for the next International EAUN Meeting.

Consider the following guidelines before you start writing your research protocol:

- Is your research question clear and why does it matter?
- How will you address this question? (i.e. what methods will you use?)
- How important is this activity to urologic nursing?
- Are your research methods appropriate?

All criteria can be found at the Stockholm congress website (from 1 May 2013): www.eaustockholm2014.org/15th-eaun-meeting

How to apply

- Please check the congress website www.eaustockholm2014.org for full details.
- For more information you can contact the EAUN Office at eaun@uroweb.org

Submission deadline: 1 December 2013

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

Call for Cases

The 10 best cases will be granted a free registration for the 15th International EAUN Meeting in Stockholm, 12-14 April 2014