I am a New Zealand urology nurse specialist with a special interest in prostate cancer. Fifteen years ago I established a small company which gave me the opportunity to develop a nursing service intended to identify and meet the needs of patients undergoing urological surgery.

I practice in Tuamonga, a stunning seaside city in the aity named region ‘Bay of Plenty.’ We have a large public hospital and a smaller more intimate private hospital called ‘Gracie’ which strives to be a centre of excellence in urology. The surgical treatments offered for men with prostate cancer are robotic-assisted laparoscopic prostatectomy, open prostatectomy, brachytherapy and cryotherapy. We also have a brand new state-of-the-art Radiation Oncology Unit.

In August 2015, with the support of the PCFNZ Prostate Cancer Foundation of NZ, Abbie and the New Zealand Urology Nurses Society (NZUNS) I attended the Prostate Cancer World Conference in the sunny North Queensland city of Cairns. It was my third conference which is usually convened in Melbourne, Australia. This year the organisers broke with tradition and the balmy which is usually convened in Melbourne, Australia. This year the day the organisers break with tradition and the balmy.

I initially trained in General Surgery followed by General Urology and a Urology Staff Nurse. The team I worked with was made up of a Nurse Specialist Uro-oncology, a Clinical Nurse Specialist and a Urology Staff Nurse. My primary objective was to witness first-hand the way experienced urology nurses perform and deliver. Unfortunately, such nurse-led clinics are still in their infancy in Malta and this fellowship helped me realise the opportunities if we have the same experience and expertise in the Maltese context. Recognising that high levels of early distress predict later ongoing distress, I now ask all men to complete a ‘Distress Thermometer’ (DT) at part of their rehabilitation assessment. The DT is a validated tool designed to predict cancer distress (the sum of pain and sexual dysfunction measured on the DT and whose validation data is available from Prostate Cancer Foundation of Australia).

Another Day 2 highlighted was a workshop which offered the audience many tips on networking in a conference environment. The speaker urged the audience to avoid looking at contacts can benefit them, instead recommending they be the person that connects other people together. We were encouraged to part in asking questions (but not ‘closed’ ones), not fill awkward silences (you end up oversharing) connect people to one another, and ask ‘are you here to help?’ rather than look to how people can help me. This workshop achieved its desired outcome with everyone convening freely by the end of the day. Strangers were prepared to approach others and start conversation based on commonalities. There was wonderful interaction and this set the tone for getting together for the rest of the conference.

On Day 2 I particularly enjoyed the lively and informative panel on ‘Challenges prostate cancer cases.” The multidisciplinary panel included a urologist, radiotherapist, medical oncologist, psychologist, nurse specialist, exercise physiologist, general practitioner and the president of Prostate Cancer Foundation of Australia. This panel discussion highlighted the importance of a team approach for men with prostate cancer; with each panelist lending their perspective on the best approach for care. It takes a skilled team to provide holistic support to men with prostate cancer treatment pathway. Treatment often starts, but does not end solely with a skilled surgeon as the role of role of physiotherapists in prostate cancer. A highlight from Day 1 was the presentation by Continece physiotherapist Dr. Irma Nahon titled ‘Prehab physiotherapy – the best practice.” Her presentation highlighted the benefits of preprostatectomy assessment and a change in thinking in the way we teach men pelvic floor exercises. She described a new hypothesis: that training the untrained sphincter will improve continence outcomes for men having radical prostatectomy. She stated that health professionals need to move away from giving ‘anal cues’ when delivering pelvic floor muscle training, instead focusing on instructions which selectively recruit the urethra. In summary the correct verbal cues for teaching men to perform pelvic floor contractions that will shorten the penis, lift the testicles and stop the flow of urine.

A subject close to my heart, Dr. Paul Singh presented a wonderful talk titled ‘Pre-surgical exercise programming to improve outcomes for men undergoing prostatectomy.” He said that if we could squeeze all the benefits of exercise into one pill, it would be the most prescribed pill in the world. Exercise has been shown to counteract the negative side effects of treatment, shorten recovery times and improve quality of life. Preliminary investigations by Dr. Singh and his team at Edith Cowan University showed that targeted pre-surgical exercise intervention is well tolerated by prostate cancer patients and results in considerable improvements in neuromuscular strength and cardiovascular fitness. Despite the numerous adverse effects of prostate cancer treatment, exercise has the potential to provide a buffering effect in preserving functional capacity.

The 2016 Asia Pacific Prostate cancer conference will reach the Melbourne Convention Centre, Victoria, Australia from 1 to 3 September. Make sure you save the date.

Insights from the Prostate Cancer World Conference
Urology nurse gains practical insights on caring for PCa patients

Judy Kelly, RN
Grace Hospital
Urology Dept.
Tuamonga (NZ)

The conference started extremely well with the official welcoming hosted on Green Island, Great Barrier Reef. Networking began in earnest on the boat trip out to the reef with a great turn out of delegates who spent the entire day networking and diving in the clear blue water with its stunning variety of sea life and coral readily accessible.

The conference ‘proper’ began the following day at the Cairns convention centre with the programme offering the chance to experience a wide range of educational sessions, clinical Urology, Translational science, Nursing & Allied Health. The event brought together approximately 650 delegates (from 26 countries) with world leaders in prostate cancer presenting their expertise and current research across all facets of care.

Comprehensive programme

I found the programme of tremendous interest and very relevant to nurses. In this article I would like to focus on one of the papers that interested me and share some of “the pearls of wisdom” gained.

On Day 1, Prof. Suzanne Chambers, clinical psychologist and author of “Facing the Tiger: Advice for Men and the People Who Love Them” spoke on the latest advances in psychological care for men with local prostate cancer. Suzanne is a wonderful speaker who opened my eyes further to the prevalence of high levels of distress, depression and increased risk of suicide as diagnosed with prostate cancer. I was surprised to learn that eight years after diagnosis, 25-40% of men had ongoing health-related distress, worry, low mood and insomnia. Almost half (47%) also reported at least some unmet sexual support need.

Prof. Chamber’s talk galvanised me into action and I returned home to establish a database of counsellors and psychologists with a special interest in caring for prostate cancer patients. Recognising that high levels of early distress predict later ongoing distress, I now ask all men to complete a ‘Distress Thermometer’ (DT) at part of their rehabilitation assessment. The DT is a validated tool designed to predict cancer distress (the sum of pain and sexual dysfunction measured on the DT and whose validation data is available from Prostate Cancer Foundation of Australia).

Taking part in this EAUN fellowship truly boosted my urology career. The experienced gained will help me provide a high level of nursing care in Malta while still striving to improve my skills, knowledge and commitment.

I thank Bruce Turner, Sasha Ali, Clare Smart and Clifford Astwood for their patience in mentoring me.

EAUN fellowship report
Expert clinic in nurses-led clinic in the UK

Emanuel Vella, BSc
Nursing Theatres Mater Dei Hospital Valletta (MT)

My fascination with all that is related to the nursing profession goes back beyond 2004, the year of my registration as a first-level Nurse. Soon after qualifying, I was given the opportunity to join the Operating Theatres Scrub Team at St. Luke’s Hospital, a few years before our migration to the new Mater Dei Hospital.

My primary objective was to witness first-hand the way experienced urology nurses perform and deliver. Unfortunately, such nurse-led clinics are still in their infancy in Malta and this fellowship helped me realise the potential we have in the same experience and expertise in the Maltese context. Recognising that high levels of early distress predict later ongoing distress, I now ask all men to complete a ‘Distress Thermometer’ (DT) at part of their rehabilitation assessment. The DT is a validated tool designed to predict cancer distress (the sum of pain and sexual dysfunction measured on the DT and whose validation data is available from Prostate Cancer Foundation of Australia).

The schedule was as follows:

Monday 21st
Tuesday 22nd
Wednesday 23rd
Thursday 24th
Friday 25th

TMDC and Prostate Biopsy Clinic
MOT meeting and Prostate cancer follow up
Prostate Assessment and Haematuria Clinics
Intravesical Therapy
Urology telephone clinics

I believe that I have not only reached my objectives but also surpassed some of them. From this experience I witnessed firsthand the way the European colleagues deliver nurse led service to urology patients. These experiences also helped me to fine tune and hone my mentoring skills. Sharing professional experience with colleagues and students is of paramount importance in our demanding profession. My goal was to return to my practice better-informed in providing a cost effective and comprehensive programme.

Taking part in this EAUN fellowship truly boosted my urology career. The experienced gained will help me provide a high level of nursing care in Malta while still striving to improve my skills, knowledge and commitment.

I thank Bruce Turner, Sasha Ali, Clare Smart and Clifford Astwood for their patience in mentoring me. I felt at home from Day 1 and will not hesitate to have this experience again with such a great team. Finally, my special thanks to the EAUN Board for their support.