Stockholm

11-15 April 2014

Join the conversation

#EAUN14



15th International EAUN Meeting, 12-14 April 2014

In conjunction with the 29th Annual EAU Congress

Programme Book



eaun

European Association of Urology Nurses

15th International Meeting of the European Association of Urology Nurses

Maximizing patient care in mCRPC: practical and clinical aspects of new radiopharmaceuticals

Saturday 12 April 2014 at 12:45–13:45

Room A12

PROGRAMME

Chair: Daniel Heinrich, Akershus University Hospital, Lørenskog, Norway

12:45	Welcome and introduction	**Daniel Heinrich**
12:55	Recent changes in patient care: introducing a new radiopharmaceutical in mCRPC	**Daniel Heinrich**
13:15	Optimizing patient management in mCRPC: practical aspects of a new radiopharmaceutical in the clinic	**Bernadette Johnson and Louise Causer** Royal Marsden Hospital, Sutton, UK
13:35	Questions and answers	**All**



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Stockholm
EAUN 12-14 April 2014

The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) – A multiprofessional focus

Sunday 13 April 2014, 13:30–14:30
Room A12, Stockholmsmässan, Stockholm, Sweden

Lunch boxes will be provided from 13:00

Please join us for the Astellas symposium 'The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) – A multiprofessional focus'

Significant advances in the development of novel therapies have resulted in a change in the treatment paradigm of patients with mCRPC over the past decade. Join our faculty for what will be an informative session on how novel treatment options improve patient benefit. In addition to presenting an overview of data from clinical trials and sharing their clinical expertise, the faculty will be providing a unique insight into their decision-making process and practical aspects to enhance patient wellbeing.

Chair
Lawrence Drudge-Coates,
King's College Hospital NHS Foundation Trust, London, UK

Faculty
Professor Bertrand Tombal,
Cliniques universitaires Saint-Luc, Brussels, Belgium

Louisa Fleure,
Guy's & St Thomas' Hospital, London, UK

13:30 **Welcome and introduction**
Lawrence Drudge-Coates

13:35 **Therapeutic approaches in mCRPC: The challenges in the clinic**
Bertrand Tombal

14:00 **Treatment optimisation: Monitoring and assessment**
Louisa Fleure

14:20 **Discussion Q & A**
All

astellas ONCOLOGY
Changing Tomorrow in Cancer Care

This symposium is funded by Astellas Pharma Europe Ltd.
ENZ/14/0021/EUd Date of Preparation: March 2014

Clear Vision Direct Action

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Welcome to Stockholm

Dear Colleagues,

I am very happy to welcome you to Stockholm for the 15th International Meeting of the European Association of Urology Nurses (EAUN). This event, organised with the wonderful support of Mrs. Helena Thulin of the RSU Riksföreningen för Sjuksköterskor inom Urologi (RSU) from Sweden, promises to be stimulating, inspiring, intensive, and of course – very enjoyable! The 2014 programme was compiled with great care to make sure that it is both academically challenging and clinically relevant for nurses from all specialties within urology and in different levels of practice. This variation is found for example in the eleven workshops (e.g. the impact of intermittent catheterisation on everyday life and urological cancer as a chronic disease) and in the two ESU courses that deal with upper urinary tract obstruction and lithotripsy for operating room nurses, from a urologist's and nurse's point of view.

There are several studies on the agenda this year, to name a few: the Prostate Cancer Education Project (PReP), the SURTIME study on renal cell cancer and a study on the participation of patients in a research project.

The highly appreciated session in which video abstracts are used to show surgical procedures, has been scheduled on Sunday morning this year so everyone will have an opportunity to attend it.

We also invite you to the traditional EAUN get-together which will be held outside the EAUN meeting rooms A12 and A13 after the Saturday programme; a good opportunity to catch up with the old and find new friends. And don't forget to join the other social events in our programme such as the popular 'Urowalk' (a bus tour offered to the delegates by the Stockholm Visitors Board) and the EAUN Nurses' dinner!

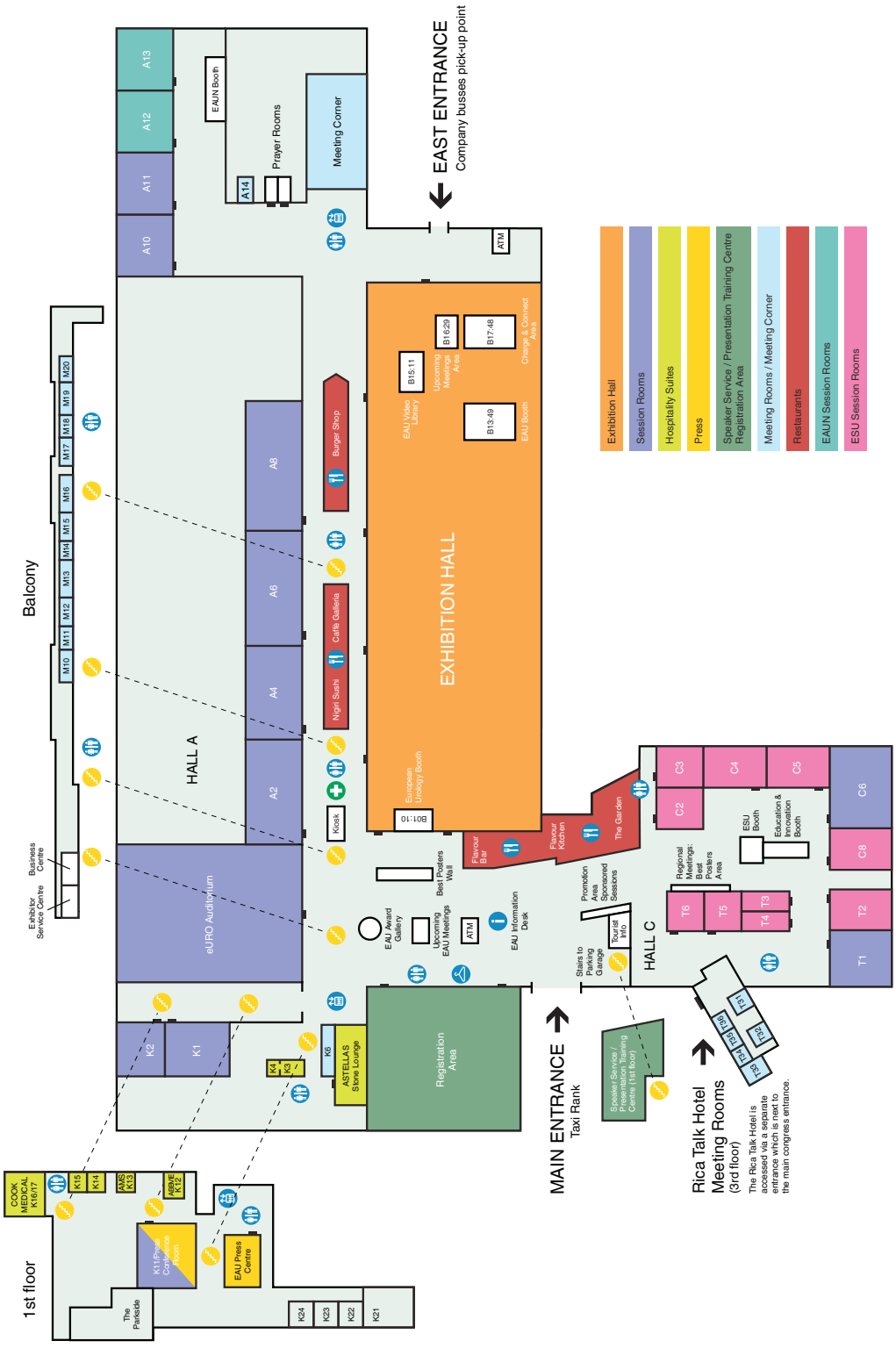
The EAUN board looks forward to this content-rich meeting, which will most certainly be a great success thanks to your continued support and enthusiasm.

Farväl!



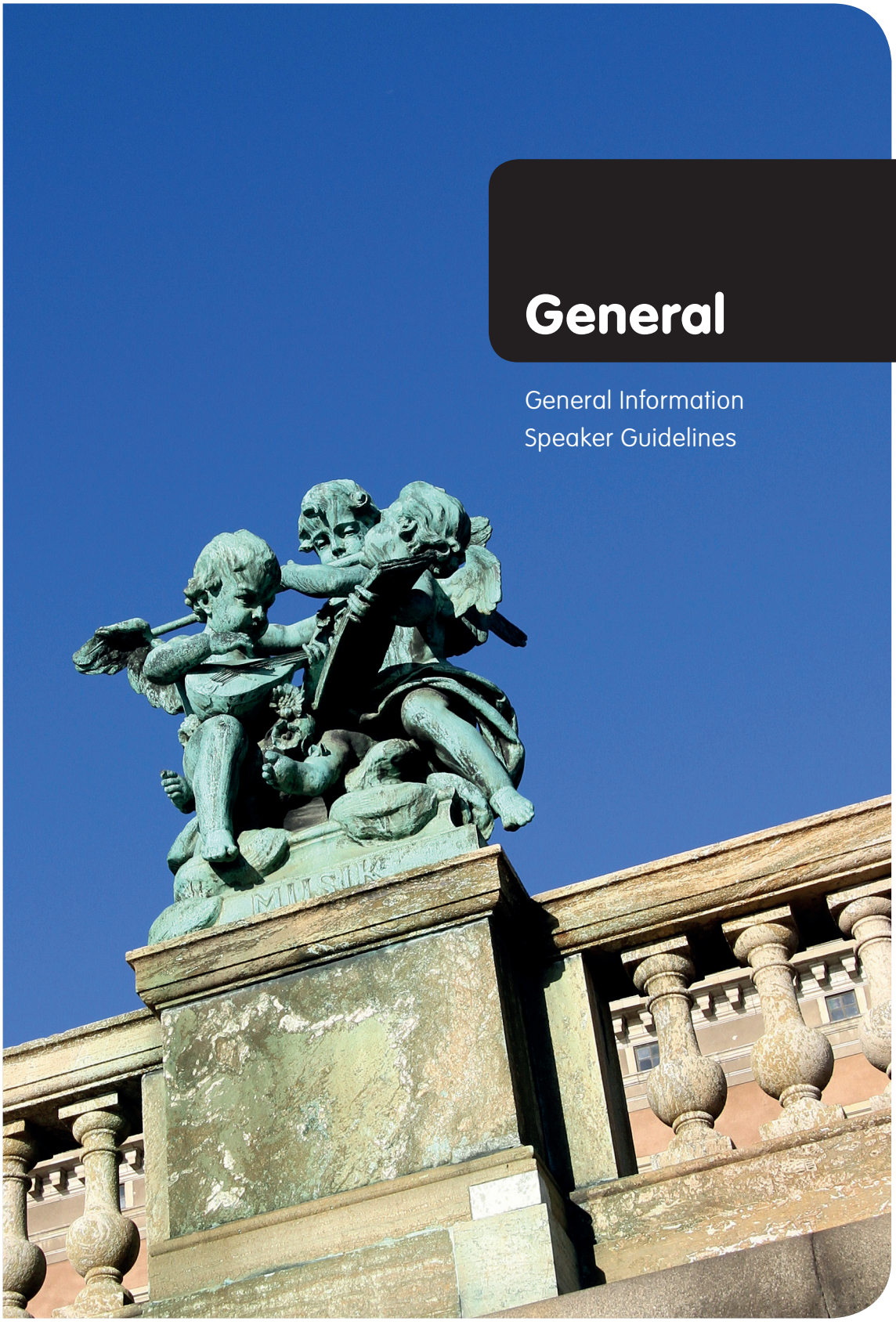
Kate Fitzpatrick
EAUN Chair

Floorplan Stockholmsmässan



General

General Information
Speaker Guidelines



General information

Abstracts

More than 1,100 EAU abstracts have been accepted for presentation during poster and video sessions in Stockholm. The EAU Abstract CD 2014 will be distributed to all congress delegates by FERRING PHARMACEUTICALS (booth B01:29 in the exhibition). The EAU Poster DVD 2014 will be distributed to all congress delegates by AMGEN (booth B06:21 in the exhibition). All abstracts and PDFs of the posters are available online at www.eaustockholm2014/scientific-programme. Abstracts are also available through the congress App.

The EAU Abstract CD 2014 is supported by an educational grant from FERRING PHARMACEUTICALS
The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Access to the Session Rooms

Seating is regulated on a first-come, first-served basis. We recommend delegates to go to the session room well in advance of the session. Due to safety regulations, the organisers will close the session room when all seats are taken. It is not allowed for delegates to stand in the aisles of the rooms.

Address and Accessibility Congress Centre

Stockholmsmässan is easily accessible by public transport. It takes only 10 min. by train from the Central Station in the city centre. The public transport system is easy to use and a very efficient way to get around the city. All congress delegates may collect a complimentary transportation pass in the registration area. See also "Transportation pass".

Address congress centre:
Stockholmsmässan
Mässvägen 1; Älvsjö, 125 80 Stockholm, Sweden
T +46 (0)8 749 4100
www.stockholmsmassan.se

Commuter Train
The commuter train from Arlanda Airport stops at Älvsjö station, which is only a 200-meter walk from Stockholmsmässan's Main entrance. The journey takes 47 minutes. There are also 8-12 commuter train departures every hour from Stockholm Central Station to Älvsjö Station. Trains depart from platforms 13 and 14 and you can take trains going to Södertäljehamn, Västerhaninge, Östertälje or Nynäshamn.
Train station: Älvsjö

Airport Shuttle Bus

Flygbussarna, the Airport Coaches, operate between all Stockholm's airports and Stockholm Central Station. Then it's a short walk to the commuter trains that that stop at the congress centre "Stockholmsmässan" (Älvsjö station). To get to the City Centre from Arlanda Airport, it is recommended to use the Arlanda Express. To obtain a 20% discount on your ticket go to the Arlanda express website https://www.arlandaexpress.com/ and fill out the discount code: EAU14.

App - Your smart congress companion

Use the Congress Apps to navigate through the 29th Annual EAU Congress and the 15th International EAUN Meeting. The applications offer the best mobile overview of these scientific events. You do not need constant internet access to use the App. Check under "EAU 2014" and "EAUN 2014" in your App Store or Android market to get your smart congress companion.

Award Gallery

At the EAU Award Gallery located in the main entrance hall, you will find a complete overview of all awards that are handed out by the EAU during this congress. It also features information on past winners of the most prestigious EAU prizes. The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years.

Congress Hours

	Speaker Service Centre	Registration	Exhibition
Thursday, 10 April	14.00-19.00	08.00-20.00	
Friday, 11 April	08.00-19.00	07.00-20.00	
Saturday, 12 April	07.00-19.30	07.00-20.00	09.15-18.15
Sunday, 13 April	07.00-19.30	07.00-19.30	09.15-18.15
Monday, 14 April	07.00-19.30	07.00-19.30	09.15-18.15
Tuesday, 15 April	07.00-14.00	07.00-13.30	

Badge Tracking System

Congress delegates have a barcode on their badge which enables them to leave their contact details with exhibitors in a quick and easy way. The barcode will also be scanned at the entrance of the session rooms to gather CME and statistic information.

Badges

The badge classification is as follows:

Blue badge	:	EAU member
White badge	:	Delegate
Brown badge	:	Nurse
Green badge	:	Exhibitor
Red badge	:	Press
Purple badge	:	Guest
Yellow badge	:	Organising staff

Bank, Exchange and Credit Cards

The national currency in Sweden is the Swedish Krona (SEK). Three ATM machines are available at the congress centre; two in the main entrance hall and one at the East entrance. There are also banks near the congress centre, please go to the EAU Information Desk for detailed information. Banks do not handle exchange anymore, the best place for exchange is "Forex" at Stockholm Central Station which is open daily 07.00-21.00 hrs.

Best Posters

The Best Posters Wall features the best scientific posters of the 29th Annual EAU Congress. This high-tech plasma wall is accessible during congress hours in the main entrance hall. The best posters can also be viewed through the congress website during and after the congress.

The EAU Best Posters Wall 2014 is supported by an unrestricted educational grant from ALLERGAN

Business Centre

A small Business Centre is located on the balcony accessible from the main entrance hall which offers facilities such as computers, printers, copiers and internet.

Certificate of Attendance

A Certificate of Attendance for the Stockholm Congress can be printed online at www.eaustockholm2014.org as of Wednesday 16 April 2014. To print your Certificate of Attendance you need the number under the barcode on your badge (type the number without the *).

Cloakroom / Luggage

The cloakroom is located in the main entrance hall and open during congress hours. Please be sure to collect all personal belongings at the end of the day.

CME Accreditation

The EAUN applied for accreditation of the 15th International EAUN Meeting for nurse specialists and nursing and care professionals in the Netherlands.

Congress Bag

Each delegate can collect a congress bag in the registration area.

The congress bags are sponsored by ASTELLAS

Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters are available on Saturday, Sunday and Monday. The newsletters cover on-site news, congress session information and background information on a variety of subjects. The first edition also contains an Exhibition Guide.
The newsletters will also be available online at www.eaustockholm2014.org during and after the congress.

EAU Congress Office

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info@congressconsultants.com
www.eaustockholm2014.org

EAU Education Office (European School of Urology)

The European School of Urology (ESU), working with European faculties, aims to provide high quality international educational courses in urology. The ESU has a special booth in Hall C with extensive information on its activities. Registration for the courses can be made at the ESU registration desks in the registration area. The ESU Courses CD 2014 is distributed at the EAU desk next to the MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY booth (booth B02:31 in the exhibition) to all congress delegates.

The ESU Courses CD 2014 is supported by an unrestricted educational grant from MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY

Fees ESU Courses (for congress registered delegates only)

	2 hrs.	3 hrs.
EAU members	€ 33	€ 49
Non-EAU members	€ 49	€ 71
Residents and nurses (members/non-members)	€ 22	€ 22

Prices are excl. 21% VAT

EAU Booth

The EAU Booth (booth B13:49 in the exhibition) consists of the EAU(N) Membership Booth, EBU Corner, Young Urologists/ Residents Corner, EAU Madrid 2015 Promotion Counter, EAU Research Foundation and the EAU Historical Exhibition.
There is also information on European Urology and other EAU publications. The EAU(N) Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Booth for further information and to apply for EAU(N) membership.

EAUN Board

K. Fitzpatrick, Dublin (IE), Chair
B. Thoft Jensen, Århus (DK), Past Chair
L. Drudge-Coates, London (GB), Chair Elect
W. De Blok, Amsterdam (NL)
S. Vahr, Copenhagen (DK)
P. Allchorne, London (GB)
S. Borg, B'kara (MT)
S. Terzoni, Milan (IT)

Electricity

The electricity in Sweden runs on 230 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

Emergency Phone Numbers

In case of an emergency please call 112 for police, fire brigade or ambulance service. In case of an emergency in the congress centre please call +46 8 749 99 11 or contact a security guard immediately. See also "First Aid".

Excursions and Stockholm Information

Information on Stockholm and excursions will be available at the Tourist Information & Shop in the main entrance hall.

Exhibition

An extensive technical exhibition will be held jointly with the congress. The exhibition is open to technical equipment manufacturers, pharmaceutical companies and scientific publishers.

Exhibition Hours

Saturday, 12 April	09.15-18.15 hrs
Sunday, 13 April	09.15-18.15 hrs
Monday, 14 April	09.15-18.15 hrs

First Aid

There is a medical unit present for first aid in the main entrance hall indicated on the directional signs with ✚. In case of emergency, contact a security guard immediately or call +46 8 749 99 11. See also "Emergency Phone Numbers".

Guidelines

EAU Extended guidelines

The EAU extended urological guidelines edition 2014, are distributed at the EAU Booth (booth B13:49 in the exhibition). EAU members can collect the guidelines free of charge. This publication is also available for purchase.

EAU Pocket guidelines

EAU urological guidelines in pocket format including a CD are distributed by Olympus (booth B03:31 in the exhibition) to EAU members only.

The distribution of the EAU Pocket Guidelines 2014 is supported by OLYMPUS

Historical Exhibition

The EAU History Office has set up an historical exhibit located at the EAU Booth (booth B13:49 in the exhibition). The exhibit will present "Visualization in urology - From Andreas Vesalius to hi-tech imaging".

Hotel Accommodation

The EAU has contracted the company K.I.T. Group GmbH to deal with the housing for the congress. K.I.T. staff will be available at the Hotel Desk in the registration area.

Insurance

The organisers do not accept responsibility for any personal damage. Participants are strongly recommended to arrange their own personal insurance.

Language

All presentations during the EAU Congress and 15th International EAUN Meeting will be conducted in English, the official language of the EAU. There will be no translation provided.

Learning Objectives

The EAU Congress provides a forum for presenting original unpublished data and sharing ideas for urological innovation as well as disseminating evidence-based knowledge of primary clinical relevance.

Urologists and affiliated professionals attending the EAU Congress and EAUN Meeting will be able to:

- Review innovative techniques and scientific advances in the field of urology and its sub-specialities
- Review the latest data and emerging trends from studies in clinical and translational research
- Enhance their knowledge of evidence-based approaches to the management of urological disease
- Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease
- Enhance their practical knowledge and skills by educational activities, including hands-on-training and courses
- Gain exposure to new developments in drugs and new cutting edge technology in the field of pharmaceutical research and medical technology through visiting the EAU Congress Exhibition
- Communicate, collaborate and network with representatives of a large international audience – medical professionals, national urological societies, patient groups, medical industry and the media.

Lost and Found

Found items should be returned to the EAU Information Desk in the main entrance hall. If you lose something, please report to this desk for assistance.

Media Policy

Photography, filming and interviews during the congress (with the exception of the EAU Press Centre and EAU Press Conference Room) are prohibited without written permission from the EAU Communication Officer Ms. Ivanka Moerkerken (i.moerkerken@uroweb.org).

Mobile Phones

The sound and flash lights of mobile phones must be switched off during all sessions.

Personal Planner

Do not miss anything during this year's congress, use the EAU Personal Planner!

- It is fully integrated with the scientific programme of the congress.
- You can select your priority sessions and add your private appointments.
- If you are presenting at the congress – your faculty appointments will be automatically displayed.
- You can export it to your Outlook, Google Calendar or print it out.

Visit the congress website for more information: http://www.eaustockholm2014.org/scientific-programme/eau-personal-planner/

General information

Poster Builder Service
Poster presenters who created their posters for the Stockholm Congress through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre (1st floor).

Poster DVD
A DVD with a collection of EAU scientific posters from the Stockholm Congress will be distributed by AMGEN (booth B06:21 in the exhibition).
The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Prayer Room
A special room dedicated to prayer for men and women is located near the East Entrance (follow the signs).

Presentation Training Centre
For information on the presentation training centre see Speaker Guidelines, page 14.

Press Centre
Journalists and medical/science writers can obtain free registration to the congress. Journalists receive a press pack, to be collected at the EAU Press Centre (level 1). All press are invited to report to the EAU Press Centre to obtain the assistance and information they require. Internet access, printer and photocopier are provided.

Resource Centre
Urology Science and Learning
All of the congress's scientific content, including abstracts, posters and webcasts will be available online on the Congress Website Resource Centre (www.eaustockholm2014.org). Content is constantly updated over the course of the congress and afterwards. Watch scientific sessions you may have missed, or reread the data of the latest research. Access the Resource Centre by logging in with your MyEAU account or with the number under the barcode on your badge (type the number without the *).

Restaurant Reservations
Traditional Swedish cooking is made up of unpretentious but tasty dishes. Popular dishes are Swedish Meatballs and 'Smorgasbord'. To make a restaurant booking go to the Tourist information & Shop in the main entrance hall.

Safety
All bags may be subject to inspection. Security is present for your safety. Please take all personal effects with you when leaving a session room.

Smoking Policy
Smoking is prohibited inside the congress centre and in the hall.

Social Media
We are using social media at the congress to encourage an open discussion on urology (nursing) science and experiences at the congress. EAU(N) congress speakers, opinion leaders, delegates and media share their ideas, commentary and photos on Facebook and Twitter. The EAU Twitter profile is @uroweb. The hashtag used for the EAU Congress #EAU14, for the EAUN Meeting is #EAUN14. Join the conversation!

Speaker Service Centre
For extensive speaker information see page 14.

Taxi Service
The major taxi companies have fixed prices to and from Stockholmsmässan from Arlanda, Bromma and Stockholm City. If you wish to book a taxi in Stockholm we recommend to call the following companies:
- Taxi Stockholm, Telephone +46 815 00 00
- Taxi Kurir, Telephone +46 8 30 00 00
- Taxi 020, Telephone +46 20 38 38 38

The maximum price for trips within the marked zone boundaries is 625 SEK. Taxis will be available in the taxi rank in front of the main entrance.

Transportation Pass
Congress delegates may collect a complimentary transportation pass in the registration area which is valid during the congress. The pass covers underground, tram and bus within the city limits of Stockholm. The airport cannot be reached with this transportation pass. See also "Airport Shuttle Bus".

Upcoming Meetings
Posters and other information on upcoming meetings can be displayed in the "Upcoming Meetings" promotion area in the exhibition. It is strictly forbidden to put up promotional material at any other location in the building.

Webcasts (W) & Live Streams (L)

Many sessions will be webcasted via www.eaustockholm2014.org. The webcasted sessions are indicated with a special logo in the synopsis and will be online within several hours after the session. The webcasts have not been edited and are exactly as presented. The statements and the opinions featured in the webcasts are solely those of the individual presenters and not of the EAU(N). Webcasts are not accredited and no CME credits can be obtained by watching the webcasts.

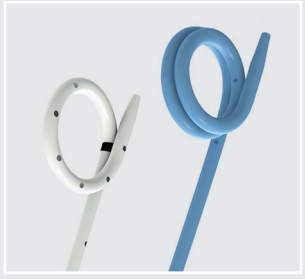
In addition to the webcasts there will be live streams of several sessions available at the congress website: www.eaustockholm2014.org. These sessions are also indicated in the synopsis with a special logo.

WiFi / Charge and Connect Area

Free wireless internet, provided by the congress centre, will be available in all areas and session rooms. Please search for the "Stockholmsmässan", you do not need to enter a username and password.

A special "Charge and Connect Area" with tables and power outlets is available in the exhibition. The "Charge and Connect Area" allows you to charge your laptops and phones.

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Contact your local Cook representative or Customer Service for details.

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Speaker guidelines

Speaker Service Centre

Only digital presentations will be accepted during the congress and all presentations should be handed in at least three hours prior to the start of the session at the Speaker Service Centre (1st floor). Failure to do so could result in presentations not being available for projection when required. *If you have an early presentation, please hand in your presentation the previous day!*

Opening hours

Thursday, 10 April	14.00 - 19.00
Friday, 11 April	08.00 - 19.00
Saturday, 12 April	07.00 - 19.30
Sunday, 13 April	07.00 - 19.30
Monday, 14 April	07.00 - 19.30
Tuesday, 15 April	07.00 - 14.00



If you are a chair person

Locate your session room in time. Please be in your session room at least 15 minutes prior to the start of the session.

Kindly note that:

- Speakers should strictly observe timing.
- Discussants should first clearly state their name, institution and country of origin.

If you are presenting a poster

Posters must be put up on the poster boards in front of Room A12, 15 minutes prior to the start of the session. The poster boards are numbered and your poster should be mounted on the board which corresponds with your abstract number. Pushpins are available in the session room. Please remove your poster immediately at the end of the session. A maximum of 5 PowerPoint slides is allowed during poster presentation.

Prize-winning posters

If a PDF of the poster has been submitted to the EAUN before the start of the annual meeting the winning posters will be made available on the digital Best Posters Wall.

Disclose links to the industry

The EAU Scientific Congress Office requests that you disclose to the audience any links you may have with the industry related to the topic of your lecture at the beginning of your session. A link can be: Being a member of an advisory board or having a consultancy agreement with a specific company.

Presentation Training Centre

Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Please go to the Speaker Service Centre to make an appointment for this popular training session.



Scientific Programme

European Association of Urology Nurses
Programme Overview, 12-14 April 2014

	12 April Saturday		13 April Sunday		14 April Monday	
Room	Room A13	Room A12	Room A13	Room A12	Room A12	In front of Room A12
08:30						
09:00		EAUN Opening	Workshop How to close the gap between research and practice	Inside the body - surgery in motion (videos)	Workshop Nursing solutions in difficult cases	Unmoderated poster viewing
09:15	Lecture Presentation of the EAUN Guidelines for writing guidelines	International panel discussion How is urology nursing evolving in European perspective				
09:30						
09:45	State-of-the-art lecture Fournier's gangrene					
10:00		Break	State-of-the-art lecture Men's health		Break	
10:15	Break			Workshop Update on bladder cancer management - Muscle invasive disease	EAUN-ESU Course - 2 Part 1 Lithotripsy for operating room nurses	
10:30	Workshop Nursing in robotics	Workshop Neurogenic bladder dysfunction: From assessment to treatment	Lecture Patient involvement in modern hospital treatment and care			
10:45						
11:00						
11:15	EAUN Nursing Research Competition	Break		Break	Break	
11:30				Poster viewing		
11:45		Workshop Testicular cancer: Hitting below the belt	Lecture Enrolled in a research project: The patient's perspective		EAUN-ESU Course - 2 Part 2 Lithotripsy for operating room nurses	
12:00				Poster Abstract Session		
12:15	Break		Workshop Urological cancer as a chronic disease - early palliative care		Break	
12:30		Break				
12:45	Lecture Renal cell carcinoma - An update on the SURTIME study of the European Organisation for Research and Treatment of Cancer (EORTC)	Symposium Maximizing patient care in mCRPC: Practical and clinical aspects of new radiopharmaceuticals		Break	General Assembly	
13:00						
13:15						
13:30			Break 1.5 hrs	Symposium The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) - A multiprofessional focus		
13:45	EAUN-ESU Course - 1 Part 1 Upper urinary tract obstruction	Poster viewing			Award Session	
14:00					Workshop Journal club: Making sense of clinical articles	
14:15		Poster Abstract Session				
14:30				Break		
14:45	Break					
15:00	EAUN-ESU Course - 1 Part 2 Upper urinary tract obstruction			Workshop Intermittent catheterisation	State-of-the-art lecture Gender reassignment	
15:15						
15:30		Break	Workshop Market Place Session Pain management in urological patients		Lecture The Prostate Cancer Education Project (PrEP) study	
15:45				Break		
16:00						
16:15		Workshop Penile cancer				
16:30				EAUN-EONS Workshop The nursing role in new cancer developments		
16:45						
17:00						
17:15		EAUN get-together				
17:30						
17:45						

The extensive EAUN programme is available in the special EAUN programme book and EAUN 2014 App

EAUN Session

09.00 - 09.15 EAUN Opening Session

Room A12

P-A. Abrahamsson, Malmö (SE)
K. Fitzpatrick, Dublin (IE)
H. Thulin, Stockholm (SE)

EAUN Panel discussion

09.15 - 10.00 How is urology nursing evolving in a European perspective?

Room A12

Moderator: R. Pieters, Ghent (BE)

What is urology nursing?

Panel:
F. Charnay-Sonnek, Paris (FR)
E. Janhsen-Podien, Bremen (DE)
D. Mair, Innsbruck (AT)
H. Thulin, Stockholm (SE)

Aims and objectives
An overview of urology nursing in the European Union with a discussion on the pros and cons of certain evolutions in urology nursing.

EAUN Session

09.15 - 09.45 **Presentation of the EAUN Guidelines for writing guidelines**

Room A13

V. Geng, Lobbach (DE)

Aims and objectives
The participants of this session will learn:
- Why a guideline for writing EAUN guidelines is needed
- The systematic process of developing guidelines
- The review process in guidelines development
- Which are the quality criteria of a good guideline
- The external control from the National Guideline Clearinghouse (NGC), USA



EAUN State-of-the-art lecture

09.45 - 10.15 Fournier's gangrene

Room A13

Fournier's gangrene: Patho-physiology, epidemiology, treatment, psychosocial aspects, risk for delirium
N. Love-Retinger, New York (US)

Aims and objectives
Aim:
To understand the disease process of Fournier's gangrene and its emergency management
Objectives:
- Describe the pathophysiology of the infection process
- Identify potential precipitating factors
- Correlate predisposing factors
- Outline nursing interventions for treatment
- Operationalise psychosocial aspects of care

EAUN Workshop

10.30 - 11.15 Nursing in robotics

Room A13

Chair: P. Allchorne, London (GB)

10.30 - 10.35 **Introduction**
P. Allchorne, London (GB)

10.35 - 10.45 **The future of robotics - Stones**
K. Ghani, Ann Arbor (US)

10.45 - 10.55 **The role of simulation in robotics – Theatre to bedside**
J.E. Kinsella, London (GB)

10.55 - 11.05 **"Which" review – Theatre instruments and disposables**
J.P. Petersson, Aalborg (DK)

11.05 - 11.15 **Ethics, patient advocacy – Live surgery**
A. Gavazzi, Florence (IT)

Aims and objectives
- "Taster session" - ERUS Nurse Course Amsterdam 2014
- For nurses across urology to achieve a better understanding of the future of robotic surgery
- Demonstrating the important role of simulation for both theatre and ward based nursing teams
- To provide understanding of the ethical and medico-legal implications of "live surgery"
- Achieving cost savings in robotic urology practice

EAUN Workshop

10.30 - 11.15 Neurogenic bladder dysfunction: From assessment to treatment

Room A12

Chair: *K. Fitzpatrick, Dublin (IE)*

10.30 - 10.35 **Introduction**
K. Fitzpatrick, Dublin (IE)

10.35 - 10.55 **Assessment of bladder dysfunction**
M.J. Drake, Bristol (GB)

Aims and objectives
Assessment of bladder dysfunction: clinical assessment/anamnesis (level I), urodynamic testing (level II) in both neurological and non-neurological patients

10.55 - 11.15 **Treatment options managed by nurses**
S. Terzoni, Milan (IT)

Aims and objectives
To discuss advanced treatment options managed by nurses: short-term and long-term outcomes of conservative methods (functional electrical stimulation, biofeedback, extracorporeal magnetic innervation, percutaneous tibial nerve stimulation).

Overall aims and objectives of the session
- To provide participants with an overview on intermediate/high level bladder problems, with particular focus on advanced treatments
- To provide concepts that nurses can apply into clinical practice
- To provide fundamental literature references that nurses may use to go in-depth with this topic

EAUN Session

11.15 - 12.15 EAUN Nursing Research Competition

Room A13

Chair: *R. Pieters, Ghent (BE)*

Jury:
C. Curran, Antrim (IE)
V. Geng, Lobbach (DE)
J.T. Marley, Newtownabbey (GB)
G. Karazanashvili, Tbilisi (GE)

11.15 - 11.20 **Report from the research competition winner of 2011: Can postoperative nutritional therapy influence the convalescent period for patients who have undergone radical cystectomy?**
L. Lydom, Frederiksberg (DK)

11.20 - 11.25 **Discussion**

11.25 - 11.30 **Report from the research competition winner of 2012: Which factors make clean intermittent (self) catheterisation successful?**
J.G.L. Cobussen-Boekhorst, Nijmegen (NL)
E.M.C.J. Van Wijlick, Nijmegen (NL)

Aims and objectives
Presentation of the short-term results of our study. We will give an overview of the included and excluded patients. Furthermore, a brief overview of patient characteristics, and we will also consider some other topics e.g.: how many patients still performed CI(S)C after 3 months, how do they judge quality of life, did they continue to have UTI?

11.30 - 11.35 **Discussion**

11.35 - 11.40 **Report from the research competition winner of 2013: Optimizing the implementation of fast-track nephrectomy pathways**
E. Grainger, Århus (DK)

Aims and objectives
Fast-track pathways for patients undergoing nephrectomy was implemented in the department in June 2009.
The degree of adherence among nursing staff showed results for improvement.
The present project claims that an educational intervention may improve the level of implementation.
A quality assurance project, that measures the degree of adherence among the nursing staff before and after the educational intervention.

11.40 - 11.45 **Discussion**

11.45 - 11.50 **RP14-01 Needs and expectations of patients with prostate cancer and their partners – Development of an innovative and comprehensive nurse consulting in Switzerland**
F. Geese, Berne (CH)
R. Willener, Berne (CH)

Aims and objectives

Prostate cancer (PC) is the most frequent cancer and is with 14.9% the third leading cause of cancer death in men in Switzerland. Depending on the stage of disease and on the chosen treatment prostate cancer patients (PCP) will experience emotional burden and side effects.

There is obviously a high need for professional support and counseling for PCP and their partners. Therefore we developed a nursing concept with a special programme for PCP and their partners led by an Advanced Practice Nurse (APN). The programme starts at the moment of diagnosing PC and continues according to the needs of the patient and his partner over the entire period of the disease, until end of life. Both will thus benefit from long-term nurse consultation. To adapt APN consulting optimally to their needs, the aim of the planned study is:

- To explore experiences of PCP with illness, therapies, symptoms and side effects and to identify further expectations of PCP with APN consulting
- To optimise the APN consultation according to patients` needs based on the results of the qualitative study
- To describe the number of consulted patients and partners, their demographic and clinical characteristics, the number, duration and content of consultations

Subsequently, according to the findings, the APN consulting will be adapted and a further study will be planned. APN consulting will help to optimise the patient care on an evidence-based level.

11.50 - 11.55 **Discussion**

11.55 - 12.00 **RP14-02 Xbox 360 Kinect exercise for men receiving androgen deprivation therapy for prostate cancer**

B.R. Villumsen, Holstebro (DK)

Aims and objectives

The aim of this study is to determine the efficacy of 1) patient information about adverse effects of androgen deprivation therapy and 2) information about the importance of compliance to a 6 months exercise programme using the Xbox system in order to prevent and/or overcome adverse effects of androgen deprivation therapy.

Objectives: the objective of this study is to determine the efficacy of a 6 months exercise programme measured by using the EORTC QLQ-C 30 and FACIT – F questionnaires at baseline, end of intervention and 6 months after end of intervention.

12.00 - 12.05 **Discussion**

12.05 - 12.15 **General discussion**

Overall aims and objectives of the session

The nursing research competition aims to be a teaching tool for nurses who want to start a research programme or improve their skills in setting up a research programme. The presentation of and discussion on the research plans of colleagues shows the pitfalls, the objectives, the do's and don'ts.

The session gives insights into

- Planned projects in urology from the nursing view
- How to bring nursing procedures or questions about nursing procedures into research projects
- Developments which take place in the urological field
- Doing a project plan for research activities
- How research plans are presented

Prize for the Best EAUN Research Competition Project supported with an educational grant from FERRING PHARMACEUTICALS

EAUN Workshop

11.30 - 12.30 **Testicular cancer: Hitting below the belt**

Room A12

Chair: *T. Aronsen, Stockholm (SE)*

11.30 - 11.50 **Epidemiology and risk factors**
W. Ansell, London (GB)

11.50 - 12.10 **Diagnosis and staging**
P. Albers, Düsseldorf (DE)

12.10 - 12.30 **Definition and treatment of high risk patients**
J. Palou, Barcelona (ES)

Aims and objectives
- To provide participants with an overview of testicular cancer including the epidemiology, and risk factors
- To highlight the key tools in the assessment and diagnosis of testicular cancer, explain the different tumour types staging and prognostic types
- To specifically define who are the high risk patients and the treatment approaches, and guidelines regarding follow up and details of any current clinical trials

Symposium

12.45 - 13.45 **Maximizing patient care in mCRPC: Practical and clinical aspects of new radiopharmaceuticals**

Programme Sponsored Sessions from page 45

EAUN Lecture

12.45 - 13.45 Renal cell carcinoma - An update on the SURTIME study of the European Organisation for Research and Treatment of Cancer (EORTC)

Room A13

C.N. Tillier, Amsterdam (NL)
A. Bex, Amsterdam (NL)

Aims and objectives
The objectives of this session is to explain how targeted therapies can be used before or after nephrectomy. The role of the nurse and the management of the side effects will be reviewed.

Abstract Session

13.45 - 15.30 Poster Session 1

Room A12

Chairs: *L. Drudge-Coates, London (GB)*
S. Vahr Lauridsen, Copenhagen (DK)

Poster viewing: 30 minutes
Introduction by chair: 4 minutes
Presentations: 6 minutes for presentation and 2 minutes discussion

1 **Nurse-led extracorporeal shock wave therapy for chronic pelvic pain syndrome**
K.L.G. Lui (Hong Kong, Hong Kong)

2 **To get a grip on the bladder is work – specialized nursing guaranties effective self-management after cystectomy and neobladder**
R. Willener, I. Bischofberger (Berne, Zurich, Switzerland)

3 **Nutrition of patient undergoing radical cystectomy: A retrospective study**
M. Boarin, L. Caiazza, G. Villa (Milan, Italy)

4 **Incidence of urinary infections associated with the use of long-term bladder catheter with pre-connected system**
E. Federico, S. Ciciliato, F. Visalli, L. Toffoli, E. Belgrano (Trieste, Italy)

5 **Indwelling urinary catheter. What, when, how and who?**
M. Lauritzen, H. Thulin, O. Akre (Stockholm, Sweden)

6 **Nurse led follow up in the prostate cancer patients improves adaptation and adjustment in the first three months of post treatment follow up**
I.B. Vieira (Gillingham, United Kingdom)

7 **Be autonomic aware .....avoid a scare!**
E. Wallace, L. Croxon, S. Lewis, E. Smith, S. Carraig, K. Lennon (Dublin, Ireland)

8 **Investigating young people's attitude towards sexual and reproductive health and their access to counselling services**
K.V.N. Madhushanthi, P.G.V. Perera, S.N. Silva (Welisara, Sri Lanka)

9 **Comparison of nursing outcomes between retropubic radical prostatectomy and robotic-assisted radical prostatectomy: A prospective comparative study**
M. Boarin, F. Abbadessa, N. Suardi, P. Dell'Oglio, G. Villa (Milan, Italy)

Aims and objectives
The aim of this session is to update the delegates with recent research activities and findings in the development of evidence-based urological care.

ESU Course 1

13.45 - 16.00 Upper urinary tract obstruction

Room A13

Chair: *V. Bucuras, Timisoara (RO)*

The team effort in urology – a glimpse towards the future of our discipline
V. Bucuras, Timisoara (RO)

Pathophysiology of the upper urinary tract obstruction: The consequences of having hydronephrosis
V. Bucuras, Timisoara (RO)

Therapeutic interventions to prevent and to treat
F. Keeley, Bristol (UK)

Nursing interventions
R.N. Knudsen, Århus (DK)
E.A. Grainger, Århus (DK)

Problems that might occur when patients have a:
Nephrostomy tube
V. Bucuras, Timisoara (RO)
Stent, single or double J
F. Keeley, Bristol (GB)

Case discussions from daily practice
R.N. Knudsen, Århus (DK)
E.A. Grainger, Århus (DK)

Take home messages
V. Bucuras, Timisoara (RO)

Aims and objectives
After the course the delegates will have a complete view of the:
- Patho-physiology and development of hydronephrosis;
- Consequences of having hydronephrosis;
- Therapeutic interventions to prevent it and/or to treat it;
- Nursing interventions for patients with hydronephrosis;
- Problems that might occur when patients have a nephrostomy tube (and solutions);
- Problems that might occur when patients have a stent, single or double J (and solutions);
- Tips and tricks to solve daily challenging cases.

Since the urologist, radiologist and nurses often come across patients with hydronephrosis, a multidisciplinary approach is desirable in the treatment. In the session the speakers will focus on their view on the team effort.

EAUN Workshop

16.00 - 17.00 Penile cancer

Room A12

Chair: *E. Skeppner, Örebro (SE)*

16.00 - 16.20 **Care pathway**
J.K. Jakobsen, Århus (DK)

16.20 - 16.40 **Counseling clinic**
A.D. Seyer-Hansen, Århus (DK)

16.40 - 17.00 **Follow-up**
H.A.M. Van Muilekom, Amsterdam (NL)

Aims and objectives
The impact of delay in seeking help, on sexuality before and after organ-sparing treatment

17.00 - 18.00 EAUN get-together

Want to catch up with old friends? Perhaps make some new ones? Come join us for the EAUN get-together outside Rooms A12 -A13.

The EAUN get-together is only accessible for EAUN registered delegates.

EAUN Workshop

09.00 - 10.00 How to close the gap between research and practice

Room A13

Chair: *S. Terzoni, Milan (IT)*

09.00 - 09.20 **From evidence to practice - factors influencing implementation of guidelines**
S. Terzoni, Milan (IT)

09.20 - 09.40 **How to involve leaders in implementation of guidelines**
G. Villa, Milan (IT)

09.40 - 10.00 **Implementation of an EAUN guideline - practical examples**
J.G.L. Cobussen-Boekhorst, Nijmegen (NL)

Aims and objectives

- To provide participants with real-world examples of evidence development and implementation
- To discuss the challenges and opportunities that nurses face while implementing literature evidence in real clinical situations: interaction with other professionals, disseminating evidence among the colleagues, evaluating patients' outcomes after the implementation of new evidence

EAUN Session

09.00 - 10.15 Inside the body - surgery in motion (videos)

Room A12

Chairs: *S.J. Borg, St. Julians (MT)*
S. Morton, Dublin (IE)

V64 **The Phorbas system – a new single incision adjustable male sling: Implantation technique and first results**
R.M. Bauer, S. Herschorn, T.B. Olmedo, O.D. Reyes, W. Huebner (Munich, Germany; Toronto, Canada; Santiago De Chile, Chile; Korneuburg, Austria)

Aims and objectives
Since 2000 male slings have gained increasing interest for the treatment of male incontinence. In recent years several adjustable and non-adjustable sling systems were introduced. Today male sling systems are widely used as a result of success rates of up to 70% and easy handling for the patient. However several issues occurred including elaborate adjustment, insufficient fixation, poor results due to lack of urethral contact, and, most disturbing, persistent pain.
Aim of the video is to show the implantation technique and to present the first results of the new male sling system Phorbas.

- **Laparoscopic radical nephrectomy: Methods of renal vein ligation**
A.N. Andrianov, B.Ya. Alekseev, A.S. Kalpinskiy, K.M. Nyushko, N.V. Vorobyev, V.A. Polyakov, A.D. Kaprin (Moscow, Russia)

- **Laparoscopic partial resection in the left horn of a horse-shoe kidney**
M.J. Ribal, L. Peri-Cusi, T. Vilaseca, M. Musquera (Barcelona, Spain)

Aims and objectives
Nephron sparing surgery can be performed using a laparoscopic approach, but this can be very challeging in cases of renal malformations. The aim of this video is to show the feasibility of a laparoscopic approach in a partial nephrectomy in a horse shoe kidney. The use of this technique can be very helpful in decreasing patient morbidity and improving recovery.

V68 **Adult male circumcision with a circular stapler**
X.D. Jin, J-J. Lu (Hangzhou, Ningbo, China)

Aims and objectives
We investigated the safety and efficacy of a new male circumcision with a circular stapler. 101 Cases of stapler circumcision and 105 of conventional circumcision were performed. Patients are followed up 1 week, 2 weeks, 3 weeks and 1 month after surgery. Data were collected and analysed. Operative time, pain score, blood loss, postoperative complications, and treatment costs were compared between the two groups. We proved that circular stapler is a safe, efficient new device for adult male circumcision. It has some advantages: short operative time, less pain, less blood loss, less complications and better cosmetic results. However, the device still need to be further improved on staple residues.

EAUN State-of-the-art lecture

10.00 - 10.30 Men's health

Room A13

Men's health in the EU, for better or for worse
I. Banks, Spa (IE)

Aims and objectives
- General overview of men's health in Europe including key statistics
- Work of the men's health forum around lower urinary tract symptoms and prostate cancer
- How the EAUN and its members can support on-going work

EAUN Workshop

10.15 - 11.15 Update on bladder cancer management - Muscle invasive disease

Room A12

Chair: *K. Fitzpatrick, Dublin (IE)*

10.15 - 10.35 **Patient selection from an oncological and surgical point of view**
T.S. O'Brien, London (GB)

10.35 - 10.55 **Neoadjuvant chemotherapy in muscle invasive bladder cancer. A multi-disciplinary approach**
B.W.G. Van Rhijn, Amsterdam (NL)

10.55 - 11.15 **Impact of chemotherapy - Nursing perspective**
E. Van Der Laan, Amsterdam (NL)

Aims and objectives
- To outline the key points for patient selection for the surgical management of muscle invasive disease
- To outline the current supporting evidence for the use of chemotherapy in patients with muscle invasive bladder cancer
- To discuss the key nursing issues for and impact on patients undergoing chemotherapy

EAUN State-of-the-art lecture

10.45 - 11.45 Patient involvement in modern hospital treatment and care

Room A13

K. Lomborg, Århus (DK)

Aims and objectives

The lecture will address the current paradigm shift in health care services across different specialities in modern hospitals. The objectives are:

- To discuss how upcoming patient expectations, needs and preferences should be met
- To shed light on the challenges faced by nurses
- To give examples from Århus University Hospital of how we strive to develop the competences on demand

Abstract Session

11.30 - 13.15 Poster Session 2

Room A12

Chairs: *L. Drudge-Coates, London (GB)*
S. Vahr Lauridsen, Copenhagen (DK)

Poster viewing: 30 minutes
Introduction by chair: 4 minutes
Presentations: 6 minutes for presentation and 2 minutes discussion

10 **An audit to assess patient safety and acceptability in men having radiotherapy following prostatectomy for prostate cancer in Guy's and St Thomas' hospital**
P.H. Reynolds, M. Van Hemelrijck, J. Kinsella (London, United Kingdom)

11 **Life after prostatectomy – a qualitative study**
A-K. Jönsson, K. Stenzelius (Helsingborg, Malmö, Sweden)

12 **Postoperative pain assessment and management in radical prostatectomy: A literature review**
M. Boarin, R. Bisio, G. Villa (Milan, Italy)

13 **Physical activity on prescription before radical cystectomy: A research plan for a pilot study**
A. Porserud, H. Thulin, G. Faager (Stockholm, Sweden)

14 **Information in the form of group sessions - beneficial to patient and caregiver?**
M. Harris, L. Hjertzell, H. Thulin (Stockholm, Sweden)

15 **How do patients experience self-catheterisation?**
S.E.M. Hermeling, J.G.L. Cobussen-Boekhorst, H.G.I. Van Gaal (Nijmegen, The Netherlands)

16 **Same size of urinary catheter, are they the same?**
T.K.L. Tsang, K.L.G. Lui (Hong Kong, Hong Kong)

17 **Implementation of patient involvement in postoperative care after cystectomy**
L. Vitoft, K. Strømvig, P. Bengtsson, A.K. Lund Larsen, A.M. Loff, M. Mindedahl Pedersen, K. Rud, B. Bonfils, G. Wrist Lam (Herlev, Denmark)

18 **Complications related to a nephrostomy catheter**
R.N. Knudsen, E. Grainger, S. Kristensen, B.T. Jensen (Århus, Denmark)

Aims and objectives
The aim of this session is to update the delegates with recent research activities and findings in the development of evidence-based urological care.

EAUN State-of-the-art lecture

11.45 - 12.15 Participation in a research project: The patient's perspective

Room A13

What's in it for me? Why do patients with advanced prostate cancer sign up for randomised controlled trials and other experimental treatments
C. Arnfeldt Christensen, Århus (DK)

Aims and objectives
Why do patients sign up for randomised controlled trials? What incentives do they stress and what are their expectations? This lecture aims at giving an insight into how a group of men with prostate cancer, who participated in randomised controlled trials, perceived and understood their own participation and role within the trials. Uncertainty, trust and the concept of care will stand as the main themes, illustrating that the randomised controlled trial can be both a challenging concept for those participating in the trials as well as for the clinical staff who manage them.

EAUN Workshop

12.15 - 13.15 Urological cancer as a chronic disease - early palliative care

Room A13

Chair: B.T. Jensen, Århus (DK)

12.15 - 12.45 **Support and palliative care in two ward settings**
A. Lannie, Dundee (GB)

Aims and objectives
This lecture reports on a qualitative study which aims to compare patient and health care professionals' perspectives and experiences of support and palliative care provision in two hospital wards; a specialist cancer ward and a general medical ward in a general hospital. The objectives are two fold. Firstly, to show the complex and potentially conflicting perspectives of this heterogeneous group of patients and their professional carers as they respond to the challenges raised during the supportive and palliative care stages. Secondly, how they negotiate the conflicting demands of the social, clinical and procedural processes and the patients' life worlds. The implications for health care delivery and professional training for gero-oncology will be considered.

12.45 - 13.15 **Support and palliative care phase**
L. Fleure, London (GB)

Symposium

13.30 - 14.30 **The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) - A multiprofessional focus**

Programme Sponsored Sessions from page 45

EAUN Workshop

14.45 - 15.45 **Intermittent catheterisation - How does this impact everyday life and sexuality**

Room A12

Chair: *V. Geng, Lobbach (DE)*

14.45 - 15.10 **Consequences of IC in everyday life - Male perspective**
C. Hultling, Stockholm (SE)

15.10 - 15.35 **Living with spinal cord injury, 20 years' experience with everyday life and catheterisation - Female perspective**
E. Nilsson, Solna (SE)

15.35 - 15.45 **Discussion**

Aims and objectives
- To show which effect intermittent catheterisation has on daily life and activities from different perspectives
- Experience from people who use intermittent catheterisation will be shown

Supported by an educational grant from WELLSPECT HEALTHCARE

EAUN Workshop

14.45 - 16.45 Market place session: Pain management in urological patients

Room A13

This session involves 4 workshops that run in parallel: Each presentation is repeated every half hour each time for a new group of 35 delegates (delegates move from stall to stall). The first 140 delegates who wish to enter the room are admitted.

14.45 - 16.45 **Pain management after surgical interventions for non oncological urological diseases**
P. Macek, Prague (CZ)

14.45 - 16.45 **Pain management in urooncology - acute pain and pain remaining after treatment**
D. Visser, Amsterdam (NL)

14.45 - 16.45 **Dealing with pain in home care / Transition from oncology department to palliative care at home**
D. Scholt, Bremen (DE)

Aims and objectives
Although health systems vary throughout Europe regarding structures and understanding of aims and tasks in different settings, the greatest challenge for all of us is to handle changes in perspectives between acute medical care and palliative care.
To find a common language and develop a shared understanding, we start with a short definition of palliative care – what it is and what is is not. Then we will look on structures in palliative care, needed to guide people during their journey through illness and transitions between different settings.
Afterwards a case example is used for discussions about pain management in home care.

14.45 - 16.45 **Bladder pain syndrome**
E.J. Messelink, Groningen (NL)

Aims and objectives
Patients with bladder pain syndrome are often seen by the urologist. They are referred to the urologist because they have concomitant micturition problems. The urologist is the specialist in ruling out well known diseases that can cause pain in the bladder. In patients where no explanation is found, the pain should be looked at as a disease rather than a symptom. Treating this disease should preferably be done within a multidisciplinary team using multimodal treatment options. It is important to realise that bladder pain syndrome is very frequently part of a broader problem: chronic pelvic pain syndrome.
At the end of this presentation participants will know the basic principles of chronic pain in general and of chronic pelvic pain and bladder pain syndrome in more detail. They will know how to approach the patient with bladder pain syndrome by taking a history and by interpreting the results of physical examination. They will have knowledge on the myofascial and psychological aspects of bladder pain syndrome.

Overall aims and objectives of the session
This year Pain is the topic of the interactive market place session.
Pain is often one of the symptoms of any urological problem. Not always can we solve the problem and in some cases the pain stays. In this session we hope to give a multi professional insight in how pain can be dealt with in each topic.
In this session, the opportunity is given to "shop" for knowledge and practical tools on different urological topics, around the theme Pain.
The session will aim to encourage questions and discussion with the nursing audience, sharing knowledge and learning where clinical development and education within nurses' own clinical areas can be considered.

EAUN - EONS Workshop

16.15 - 17.15 The nursing role in new cancer developments

Room A12

Chair: *W.M. De Blok, Amsterdam (NL)*

16.15 - 16.35 **New medicine in oncology. A nurse's role in targeted therapies**
A. Margulies, Zürich (CH)

Aims and objectives
The understanding of biological processes at the molecular level have led to the development of new drugs leading to new therapeutic strategies.
Regardless of the tumour, nurses caring for cancer patients will be confronted at some point of time with one or more of these new drugs. The ever increasing number and complexity of targeted cancer drugs can pose a great challenge for nurses in everyday clinical practice.
Nurses should understand the basic mechanisms, the safe and correct administration, monitoring the toxicities and supporting/educating the patients during these treatments, all of which is essential for best practice and excellent patient care.

16.35 - 16.55 **New developments in advanced nursing practice roles in oncology**
H.A.M. Van Muilekom, Amsterdam (NL)

Aims and objectives
Cancer incidence in Europe is increasing, caused by for example the aging population. As a result of this more people will need treatment and follow up in a curative or palliative setting. Due to the fact that cancer treatment is often very successful, the group cancer survivors will also increase and conventional follow-up will have a major impact on outpatient services. So new strategies for follow up and advanced nursing care are needed. The available studies and experiences from the field show that patients appeared satisfied with nurse-led follow-up. Patient-initiated or telephone follow-up could be practical alternatives to conventional care. However, more well-conducted research is needed before equivalence to physician-led follow-up can be assured in terms of survival, recurrence, patient well-being and cost-effectiveness.

16.55 - 17.15 **New surgical techniques - What is the role of the nurse?**
J.E. Kinsella, London (GB)

Aims and objectives
- Urological malignancies are a substantial part of the daily practice of urologists and nurses
- Development of new techniques and new medication has a huge impact on the practice of the urologists, the nurses and other involved medical disciplines. All for the good of the patient!
- Where in early days, only the urologist was involved in determination what treatment should or should not be given, nowadays it is a multidisciplinary decision
- The new technical options, for instance laparoscopic surgery and robotic surgery have a big impact on all involved. Not in the least for the nurses
- New medication demand a different approach of those involved, perhaps even adjustment of their expertise?

The speakers, each in their own expertise with the changing landscape of treating patients with urological malignancies, will give their perspective on the above described.

EAUN Workshop

09.00 - 10.00 Nursing solutions in difficult cases & case discussions

Room A12

Chair: *S. Vahr Lauridsen, Copenhagen (DK)*

09.00 - 09.10 **DC14-01: Patient care and psychological help for a patient after penis amputation**
A. Motuz, Vilnius (LT)
A. Pociūnienė, Riešė (LT)

09.10 - 09.15 **Discussion**

09.15 - 09.25 **DC14-02: Management of a patient with Gitelman Syndrome in intensive care**
D. Pierre, Ipswich (GB)

09.25 - 09.30 **Discussion**

09.30 - 09.40 **DC14-03: How to meet the nursing needs of the complex cystectomized patient**
S. Hansen, Copenhagen (DK)
M. Kliim, Copenhagen (DK)

09.40 - 09.45 **Discussion**

09.45 - 09.55 **DC14-04: Metastatic testicular cancer- trials and tribulations**
H. Forristal, Dublin (IE)

09.55 - 10.00 **Discussion**

Aims and objectives
In guidelines it is common practice to describe/focus on typical cases, but we all know that there is also a need for information on nursing practice in atypical (difficult) cases. All nurses encounter problems in daily nursing practice and have found their own solutions or sometimes have not found a solution. In this session these challenging cases are presented and discussed offering delegates a unique opportunity to learn from each other's experience with atypical cases.
The submitted cases have been evaluated by an expert jury, which included Ronny Pieters, Ghent, Belgium (Urology Nurse), Eva Wallace, Dublin, Ireland (Urology Nurse), Helen Forristal, Ireland (Nurse practitioner in urology, sub-specialisation in uro-oncology), Steen Walter, Odese, Denmark (Professor in Urology) and Nevin Kanan, Istanbul, Turkey (Professor in Perioperative Nursing and Urology Nursing). Those who submitted the most interesting cases (as decided by the jury) were granted a free registration for the 15th International EAUN Meeting and were invited to present their case in this workshop.

Unmoderated poster area

09.00 - 12.00 Unmoderated poster viewing

In front of room A12

Aims and objectives

Although not chosen for formal presentation, the EAUN for the first time this year invites authors to share their work in our unmoderated poster area. The authors will be asked to be present next to their posters in the session breaks at the dedicated viewing time taking the opportunity to discuss their work with delegates. Unmoderated posters do not qualify for entry into the abstract competition.

ESU Course 2

10.15 - 12.45 Lithotripsy for operating room nurses

Room A12

Chair: *B.S.E.P. Van Cleynenbreugel, Leuven (BE)*

10.15 - 10.45 **Ureter obstruction**
- Cause
- Effect and treatment

B.S.E.P. Van Cleynenbreugel, Leuven (BE)

10.45 - 11.15 **Different methods of lithotripsy**
- Ballistic
- Electrohydraulic
- Ultrasound
- Laser

K. Sarica, Istanbul (TR)

11.15 - 11.45 **Break**

11.45 - 12.15 **Indications, technical points and results of PCNL**
K. Sarica, Istanbul (TR)

12.15 - 12.45 **Perioperative safety issues**
- Patient positioning
- Sterility and asepsis
- Recognising complications
- Care of the patient in the recovery room
- Specific patient care in relation to their surgical intervention (PCNL)

S. Morton, Dublin (IE)

Aims and objectives
This course will give the participant an idea about the causes, symptoms, treatment and consequenses of ureter obstruction.
The surgical treatment will of kidney stones be discusssed, with special attention for the role of the nurse in the preparation of percutaneous stone extraction and early recognition of possible complications.

After the break we will discuss clearly safe patient positioning for urology patients, with special attention given to lithotomy position and the inherent risks for patients.
To outline an Irish centre's method of caring for their patients, which may or may not differ from European nurses' experience.

EAUN Session

13.15 - 13.45 Annual General Meeting (AGM)

Room A12

The Annual General Meeting is open to all delegates. Only Full EAUN Members can vote.

Chair: *K. Fitzpatrick, Dublin (IE)*

P. Allchorne, London (GB)
S.J. Borg, St. Julians (MT)
W.M. De Blok, Amsterdam (NL)
L. Drudge-Coates, London (GB)
B.T. Jensen, Århus (DK)
S. Terzoni, Milan (IT)
S. Vahr Lauridsen, Copenhagen (DK)

Agenda
- Welcome by the chair
- Approval new board members
- Approval of the Minutes AGM 2013
- The report of the chair with presentation of the achievements of 2013/2014
- Long-term Strategy, growth targets and budget
- Cooperation with other organisations
- Report on the meeting of the board with the presidents of national societies in Stockholm on Saturday
- Subjects for the next Congress in 2015 in Madrid
- Proposals from the members will be accepted at this time
- Any other business

EAUN Session

13.45 - 14.00 Award session

Room A12

Chair: *K. Fitzpatrick, Dublin (IE)*

- First Prize for the Best EAUN Poster Presentation
- Second Prize for the Best EAUN Poster Presentation
- Third Prize for the Best EAUN Poster Presentation
- Prize for the Best EAUN Nursing Research Project

Prize for the Best EAUN Research Competition Project supported with an educational grant from FERRING PHARMACEUTICALS

EAUN Workshop

14.00 - 15.00 Journal club: Making sense of clinical articles

Room A12

14.00 - 14.30 **Publications**
R. Leaver, London (GB)

14.30 - 15.00 **Academic rigour**
J.T. Marley, Newtownabbey (GB)

Aims and objectives
Academic rigour is essential for the development and use of knowledge to inform high quality nursing care. This session aims to explore key issues in academic rigour from multiple perspectives including: Individual authorship, the publication process and perhaps most critically of all from the perspective of the urology nurse, the research consumer, as they consider how to use knowledge to inform practice. The workshop will engage attendees to engage with the journals both as consumer and producer in a more rigorous and confident manner. The workshop seeks to encourage nurses to be more rigorous and confident in their use of knowledge from journals and to understand their innate ability to critique evidence for the benefit of their patients.

EAUN State-of-the-art lecture

15.00 - 15.30 Gender reassignment

Room A12

L. Jarolim, Prague (CZ)

Aims and objectives
Gender or sex reassignment surgery represents a significant phase in the complex care of transsexual persons. The existence of this considerable group of patients brought a need for a specific development in reconstructive surgery of genitalia and urethra.
Recently the technique of sex reassignment surgery has underwent some refinement improving functional and cosmetic results.
The outcome of the gender reassignment in patients with male-to-female transsexualism is a very accurate imitation of female genitalia enabling intercourse with an orgasm. The outcome of an inverse reassignment depends on the used technique, preserves the possibility of an orgasm and can bring a possibility of micturition in a standing position and a satisfactory neopenis appearance.

EAUN lecture

15.30 - 16.00 The Prostate Cancer Education Project (PrEP) study

Room A12

What did we learn from the PrEP study. Future directions for cooperation in uro-oncology care
H.A.M. Van Muilekom, Amsterdam (NL)

Aims and objectives
The Prostate Cancer Education Project (PrEP) was developed by EONS to address the training needs of nurses and doctors working in prostate cancer. The PrEP study was developed in collaboration with EAUN, ECCO, EAU, Europa Uomo and Amgen. The EAUN was represented in the task force by Bente Thoft Jensen and many EAUN members have responded to the survey.
The final goal of the project is to develop a comprehensive and tailored education programme for dissemination across Europe, based on training needs analysis of nurses and doctors and the expressed needs and experiences of patients themselves. In this session the delegates will be updated on the results of the study.



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Sponsored Sessions

Symposium

12.45 - 13.45 Maximizing patient care in mCRPC: Practical and clinical aspects of new radiopharmaceuticals

Room A12

Chair: *D. Heinrich, Lørenskog (NO)*

Welcome and introduction
D. Heinrich, Lørenskog (NO)

Recent changes in patient care: Introducing a new radiopharmaceutical in mCRPC
D. Heinrich, Lørenskog (NO)

Optimizing patient management in mCRPC: Practical aspects of a new radiopharmaceutical in the clinic
L. Causer, Surrey (GB)
B. Johnson, London (GB)

Questions and answers

Aims and objectives
- Discuss the disease course of metastatic castration-resistant prostate cancer (mCRPC) and the impact of bone metastases on the patient
- Introduce the novel radiopharmaceutical Radium 223, and summarize the key clinical data for Radium 223 and other available treatment options in mCRPC
- Discuss practical aspects of treating patients with Radium 223, including handling and administration, management of common adverse events, quality of life benefits, and counselling information for patients

Sponsored by BAYER HEALTHCARE

Symposium

13.30 - 14.30 **The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) - A multiprofessional focus**

Room A12

Chair: *L. Drudge-Coates, London (GB)*

Welcome and introduction
L. Drudge-Coates, London (GB)

Therapeutic approaches in mCRPC: The challenges in the clinic
B. Tombal, Brussels (BE)

Treatment optimisation: Monitoring and assessment
L. Fleure, London (GB)

Discussion Q&A
L. Drudge-Coates, London (GB)
L. Fleure, London (GB)
B. Tombal, Brussels (BE)

Sponsored by ASTELLAS

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Abstracts

P1 Room A12

NURSE-LED EXTRACORPOREAL SHOCK WAVE THERAPY FOR CHRONIC PELVIC PAIN SYNDROME

Lui K.L.G.

Paemela Youde Nethersole Eastern Hospital, Dept. of Surgery, Hong Kong, Hong Kong

Introduction & Objectives
Chronic pelvic pain syndrome (CPPS) is one of the most frequent urological diseases diagnosed in outpatients. It is accompanied by many symptoms like voiding disorders and pain in perineum, testis, penis, bladder and back. Quality of life of the affected men is often poor. Shock wave has been widely used in Extracorporeal Shock Wave Lithotripsy (ESWL). It was modified and also applied as extracorporeal shock wave therapy (ESWT) with rewarding results were achieved in previous studies in the treatment of pain. We evaluated the effectiveness of ESWT by nurse for treatment of CPPS related symptoms.

Material & Methods
Patients with CPPS for a minimum of 6 months, no inflammation signs in urine and seminal fluid and no clinical evidence of prostate cancer were included into the study. At each session, 3000 pulses of focused SW were applied at a frequency of 3.5Hz. The treatment was effected at an energy level of 0.25mJ/mm2. The time between individual treatments was one week. A total of 4 sessions in the course of four weeks is scheduled. Follow up was conducted after 4 weeks. Specific complaints were investigated by National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI).

Results
12 patients (age 23-73, mean 48.2) were treated as outpatients. Duration of CPPS complaints was on average 18 months. No other treatment was given whilst study period. The treatment was well tolerated and anaesthesia was not required. The duration of ESWT was each 13 minutes. No side effects occurred. All patients completed the treatment course and follow up. NIH-CPSI improved markedly. The average NIH-CPSI score was improved by 24.78% (28.25 to 21.25) P=0.00038 after ESWT. The overall pain score reduced by 30.97% (14.125 to 9.75) P=0.0023. The average urinary symptoms score improved by 27.08% (6 to 4.375) P=0.013. The average score of quality of life was improved by 12.31% (8.125 to 7.125) P=0.067 after ESWT.

Conclusions
ESWT of the prostate region can be a safe and effective treatment with remarkable release of symptoms. It was an easily performable treatment conducted by nurse so far showing no side effects at all. ESWT achieved a reduction of CPPS related pain and complaints which leading to better quality of life. Further large scale randomized controlled study is required to establish its efficacy due to the limitation of small sample size.

P2 Room A12

TO GET A GRIP ON THE BLADDER IS WORK – SPECIALIZED NURSING GUARANTIES EFFECTIVE SELF-MANAGEMENT AFTER CYSTECTOMY AND NEOBLADDER

Willener R.[1], Bischofberger I.[2]

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Introduction & Objectives
Cystectomy and neobladder construction following bladder cancer is a surgical intervention with considerable impact on physical and emotional integrity of the patients concerned. After surgery, patients are experiencing significant consequences of their diagnosis and have to follow a complex therapy regime. Success of rehabilitation depends strongly on their self-management skills. Therefore, a specific education program was developed and set up at a Swiss university hospital. The aim of this program is to instruct, educate and support patients by a specialized nurse. She supervises the patients' self-management skills usually during three to six months, sometimes even for an unlimited period of time. In order to evaluate the patient education program, a study was conducted.
The purpose was: a) to assess the added value of the patient education program from the patients' perspectives, b) to demonstrate how patients cope with the impact of disease and requirement of therapy after surgery within the first three months at home following hospital discharge.

Material & Methods
A longitudinal research design was chosen, including ten patients concerned who were interviewed three times. Twenty eight interviews were conducted using an interview guide. The first interview was hold face to face before hospital discharge. The second and third were performed by telephone after two weeks and after three months post discharge. All interviews were tape recorded and transcribed verbatim. A content analysis approach was used for data evaluation.

Results
Results show that patients benefit a lot from the education program and therefore rehabilitation is enhanced. Interventions have a beneficial effect on patient's self-management at home and guarantee safe transfer from inpatient to domestic area. All interviewed persons could realize self-management of therapy at home. Data analyses show two key categories: "therapy management" and "coping with changes in daily life". Therapy management means learning to control bladder function and to prevent metabolic complications like blood acidosis as well as to deal with fatigue. Coping with changes includes feeling safe in managing all challenges, learning to live with cancer and sexual dysfunction. The main challenge for self-management was, to get a grip on the bladder.

Conclusions
The educational interventions by specialized nurses enhance success of rehabilitation. Most suitable patient education interventions start before surgery and continue after discharge from hospital. Also, patients need very high effort to get the new bladder under control and to go back to daily life during the first three months following operation. Urological nurses have to be aware about this insight which reaches beyond the hospital stay, when educating patients and their partners.

P3 Room A12

NUTRITION OF PATIENT UNDERGOING RADICAL CYSTECTOMY: A RETROSPECTIVE STUDY

Boarin M.[1], Caiazza L.[2], Villa G.[2]

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Introduction & Objectives
Radical cystectomy (RC) is a surgical procedure associated with a significant morbidity and mortality. In the last years patient's nutritional status has been considered an incisive factor in determining the outcomes after RC, representing an important aspect of the postoperative period. The aim is to describe the impact of nutritional support after RC on patients morbidity, complications and nursing-sensitive outcomes, comparing the efficacy of early oral nutrition and analyzing the impact on outcomes.

Material & Methods
A monocentric retrospective study was conducted in the Department of Urology at San Raffaele Hospital (OSR) of Milan, consulting clinical records of 50 patients undergoing to RC with urinary diversion through the use of ileal conduct. Data collection was performed from January to September 2013 (9 months). The following outcomes were investigated: presence of postoperative nausea and vomiting (PONV), presence of postoperative ileus (POI), day of nasogastric tube (NGT) removal, NGT repositioning, time to normal intestinal activity recovery, health care-associated infections (urinary tract infection, blood stream infection, surgical site infection) presence, anastomosis and surgical wound dehiscence, hospital length of stay.

Results
The sample of 50 examined patients is made up of 43 men (86%) and 7 women (14%), with a mean age of 67.5 years (range 49-84 years); 40 patients were subjected to RC with Bricker ileal urinary conduit and 10 patients to RC with orthotopic ileal neobladder. Only 5 patients (10%) received an early oral nutrition; some patients (18%) needed a parenteral support, according to the specific clinical conditions. The NGT has been removed on average of 2.3 days after surgery; the NGT repositioning was necessary in 8 patients (16%). The intestinal activity recovery occurred on average of +2.56 postoperative-day for first flatus and on average of +5.46 postoperative-day for faeces. 21 patients (42%) presented PONV and 5 (10%) POI; in 10 patients (20%) health care-associated infections (UTI in 2, SSI in 2 and BSI in 6 patients) have been reported; anastomosis and surgical wound dehiscence respectively in 4% and 6% of patients. The hospital length of stay was on average of 15.6 days (range 6-30 days).

Conclusions
There are no clear indications on what kind of nutrition is better to give to patients undergoing RC and there is no a definition of ideal parenteral support. In the Department of Urology OSR it has been observed that enteral nutrition is not administered, though it is described in literature. Because of the sample's slenderness and the disparity between the number of patients undergoing to the two different surgical procedures and the number of patients that received the early nutrition compared to those who have not, it is necessary to perform further studies in order to determine post-RC outcomes and to analyze the benefits of a multimodal approach centered on early oral nutrition and on intestinal function recovery, on pain control and early mobilization.

P4 Room A12

INCIDENCE OF URINARY INFECTIONS ASSOCIATED WITH THE USE OF LONG-TERM BLADDER CATHETER WITH PRE-CONNECTED SYSTEM

Federico E., Ciciliato S., Visalli F., Toffoli L., Belgrano E.

Azienda University Hospital of Trieste, Dept. of Urology, Trieste, Italy

Introduction & Objectives
The Urinary Tract Infection (UTI) in patients with indwelling bladder catheter are associated with increased mortality, morbidity and costs.
The primary objective of this study was to determine the effect of the type of indwelling urethral catheter and the collection system on the risk of urinary tract infection in adults who undergo long-term urinary catheterization. We analyzed the efficacy of the catheterization in a closed system and preconnected system vs. unconnected catheter and drainage bag.

Material & Methods
It was evaluated a cohort of 241 patients undergoing catheterization with a clinical diagnosis of chronic urinary retention. We compared two strategies of catheterization: silicone catheters pre- connected with closed system (drainage bags with attached plastic seals on the junctions), unconnected catheter and drainage bag. We randomize according to a simple scheme randomization. Outcomes included the incidence of symptomatic UTI, bacteriuria and the occurrence of complications related to catheterization.

Results
The prospective, randomized study involved 241 adults. Catheterization was performed for all patients by a group of health care professionals with silicone catheters in closed drainage system pre- open and connected. The catheter pre- connected closed system was not associated with a statistically significant reduction in asymptomatic bacteriuria (RR 0.89 , 95% CI 0.68 to 1.15) compared with the catheters open system. Catheterization with pre- connected closed system has significantly reduced the incidence of symptomatic bacteriuria (RR 0.54 95 % CI 0.43 to 0.67) in adults catheterized patients. There is a significant reduction in episodes of hematuria, obstruction of the catheter.

Conclusions
The results suggest that the use of silicone-coated catheter closed drainage system and pre- connected to catheterization of adults reduces the risk of urinary tract infection (CAUTI).

P5 Room A12

INDWELLING URINARY CATHETER. WHAT, WHEN, HOW AND WHO?

Lauritzen M., Thulin H., Akre O.

Karolinska University Hospital, Dept. of Urology, Stockholm, Sweden

Introduction & Objectives
How urinary catheters are used is one of the key questions related to reduction of healthcare associated urinary tract infection. The use of indwelling catheter is well-known as the most common reason. For the patient a urinary tract infection is painful and a risk for severe illness. Prolonged time at hospital, urinalyses and use of antibiotics are costly. On top resistance to antibiotics is a world-wide problem that increases.
Karolinska University Hospital buys more than 27 000 urinary catheters for indwelling use a year and the treatment is diversed on many units. Division of responsibilities, choice of catheter, routines for handling the catheter, reasons for changing it and ending the treatment are factors needed to be put in relation to each other.
In order to get a basis for guidelines we made a survey to explore the routines and the state of knowledge of treatment with indwelling urinary catheter. We also wanted a ground for further analytic studies.

Material & Methods
The project was presented on intranet and at various meetings on departments and units. An electronic questionnaire was constructed and tested at the urology department. After some adjustments it was sent to health care personal of all categories caring for patients with indwelling urinary catheter at Karolinska University Hospital. The questions concerned indications, handling routines, documentation and follow-up of indwelling catheter. Answers were anonymous but we could trace who had answered and up to three reminders were sent.

Results
Out of 4403 questionnaires there were 1846 answers. We evaluated 1553 from contributors who cared for this patient group: 820 nurses, 317 nursing assistants, 296 physicians and 120 midwives.
A majority of all categories considered the physician or local guidelines responsible for initiating the treatment, 86%. Asked about whom inserts the catheter 58% of the physicians thought it to be nurses while 80% of nursing assistants answered their own category. Catheter material used was unknown for 84% of physicians, 64% of the nurses and 35% of nursing assistants. Nurses, midwives and nursing assistants agreed on choice of size while 55% of physicians didn't know. Concerning documentation of catheter treatment 62% in total considered the nurse to be responsible, 26% of the physicians didn't know. Some (15%) did not know who had the responsibility to finish the treatment or on what criteria.

Conclusions
In the study we notice an unclear division of responsibilities. Documentation is hard to overlook, who is expected to do it, the patients way through different units and diverse record systems are factors involved. We also see various handling routines and knowledge of materials. There is a need for further studies on factors influencing catheter associated urinary tract infections such as routines and materials. That requires a system where indwelling urinary catheter can be traced through the treatment time, seen and followed by all categories of health care professionals involved.

P6 Room A12

NURSE LED FOLLOW UP IN THE PROSTATE CANCER PATIENTS IMPROVES ADAPTATION AND ADJUSTMENT IN THE FIRST THREE MONTHS OF POST TREATMENT FOLLOW UP

Vieira I.B., MacInnes Douglas

Medway Maritime Hospital, Dept. of Urology, Gillingham, United Kingdom

Introduction & Objectives
Prolonged follow up (FU) poses a serious healthcare burden and it has been suggested that it doesn't necessarily meet patients' expectations. The role of the Urology Cancer Nurse has expanded to reflect the rapid changes in the field of prostate cancer diagnostics, treatment and the improved survival rate. New initiatives for care delivery taken on by nurses, such as FU are aimed at helping men and their families cope with the impact of their disease. The aim of this systematic review is to examine existing evidence and to establish of whether or not there is a difference between nurse-led (NFU) versus medical follow up (MFU). Specifically, to explore if NFU is of more benefit than standard MFU in relation to the patient's experience, their quality of life and emotional wellbeing. Examining outcomes can lead to an understanding of what form of FU can best meet patients' needs and where to direct limited resources.

Material & Methods
Databases searched included: MEDLINE (1995 to 2011), EMBASE (1995 to 2011) and CINAHAL (1995 to 2011). Randomised control trials (RCT) comparing medical follow up with nurse led follow up and assessing satisfaction, quality of life and emotional wellbeing for patients with any type of cancer were selected. From 162 original articles only 21 RCTs were identified. After checking inclusion and exclusion criteria, 11 studies were selected for quality assessment. Two were excluded due to a low Jaded score and 9 RCTs were included. The total number of patients was 1588, mean age 63 years (56-78), 336 male participants with any malignancy, 495 identified as prostate cancer patients, and 757 female. Mean FU time since completion of treatment was 20.5 months (3months-5years). The RevMan software was used for statistical representation of meta-analysis.

Results
It was found that there is an advantage to NFU concerning quality of life, social and emotional functioning. This was particularly evident at the first 3 months of follow up, where improvements in emotional wellbeing and social functioning were greater in NFU ($p < 0.0001$). This was significant at the beginning of follow up, perhaps due to the period of adjustment and adaptation to life after completion of treatment. There was no significant difference found between NFU and MFU in other outcomes, however there was some indication in favour of nurse led care.
Included trials are of small sample size, with some outcome data missing and questionable equivalence regarding the use of similar tools. Based on these assertions, the results were interpreted with caution. The currently available evidence suggests that there is no difference between NFU and MFU

Conclusions

It appears reasonable to conclude for men with prostate cancer who have low risk of disease recurrence after potentially curative treatment, that short term healthcare-driven follow up is appropriate. This would follow a thorough holistic needs assessment which appears to be the best practice recommendation, based on the review evidence. In this way resources can be directed to the minority of men with specific needs to enhance their health-related quality of life and satisfaction with care, as well as improving their psychological health. It would seem that nurses are in a strong position to carry out such follow up.

P7 Room A12

BE AUTONOMIC AWARE .....AVOID A SCARE!

Wallace E., Croxon L., Lewis S., Smith E., Carraig S., Lennon K.

National Rehabilitation Hospital, Dept. of Urology, Dublin, Ireland

Introduction & Objectives
Patient safety is the corner stone of high quality health care. Education plays a pivotal role an essential component in preventing negative outcomes: Patients require clear information on their medical condition which could prevent life threatening situations. Autonomic Dysreflexia (AD) is a medical emergency specific to patients with spinal cord injuries (SCI) at the neurological level of T6 or above. It requires quick corrective action. An acute episode results in rapidly rising blood pressure with accompanying risk of brain haemorrhage and death (Kavchek-Keys 2000). The most common cause is over distension of the bladder. AD is a condition that continues to have limited awareness outside the spinal injury centres. Patients susceptible to AD, need a prompt as they often struggle to recall information, during an episode. The objective of this poster is: visually pleasing, simple to use for long term recall, a reliable source of information, in a format that is understood.

Material & Methods
Verbal one to one is the most traditional form of education and is regarded as the gold standard, but successful education is ultimately dependent on choosing an individual method that is most appropriate for the given patient (Dent 2000). Over time patients may struggle to recall information or suffer from information overload. Providing a one page simple visual tool would benefit all patients / health care workers (HCW) to recognise and manage AD in the primary, secondary and tertiary centres. The use of a visual tool with pictures and diagrams explaining the pathophysiology, signs symptoms, causative factors and immediate management would be of benefit in preventing complications which could lead to morbidity and mortality. The poster was designed with the co-operation of school children patients with SCI HCW and peer groups. The use of a variety of educational tools is essential and the language used was in line with the National Adult Literacy Agency.

Results
A poster was designed and following this we asked other healthcare professionals and spinal cord injury patients, families, students and non-medical personnel for evaluation. The reaction was tremendous with numerous requests for the poster from SCI, advocate groups, HCW and nursing colleagues from Europe. Indeed the poster has since been translated into Dutch, German, Polish, with further requests from nursing colleagues for a translation to Greek.
Using the poster at our nurse led clinic, patients reported that they are more aware of the risks involved with AD and find it a very helpful tool in explaining to others how to preventing/treating AD. This poster provides standards, protocols and information that is accessible easy to use, when suffering from an episode of AD. Having a copy of the poster to seek help allays the fear of any complications.

Conclusions
Posters are easily distributed and effective way of information sharing. It is essential to improve the clinical awareness of AD for all SCI careers, HCW. Learning to identify the possible triggers, the prompt recognition, potential causes, prevention and treatment will promote an established standard of care for the management of AD reducing the likelihood of complications in the SCI population, thus promoting and protecting the health and wellbeing of both patient and staff. The unexpected result was the unsolicited requests from other HCW outside Ireland requesting to have a copy, now in 4 languages!
Finally our message to you is: Be Autonomic Aware..... Avoid a Scare.

P8 Room A12

INVESTIGATING YOUNG PEOPLE'S ATTITUDE TOWARDS SEXUAL AND REPRODUCTIVE HEALTH AND THEIR ACCESS TO COUNSELLING SERVICES

Madhushanthi K.V.N.[1], Perera P.G.V.[2], Silva S.N.[3]

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Introduction & Objectives
This study examined the attitude among young people from ages 18-29 towards sexual and reproductive health and their access to Sexual and Reproductive Health Services (SRH)
Objective: To evaluate the attitude of the young people towards sexual and reproductive health and to evaluate the access to and the use of counseling services.

Materials & Methods
The data was collected using a mixed research method through administering a closed and open ended survey to 302 participants and interviewing from a sample of youth from Sri Lanka and abroad who attended the closing ceremony of Commonwealth Youth Forum held from 10-14 of November, 2013 in Hambanthota, Sri Lanka.

Results
The main demographic divisions were 112 females and 190 males, 20 foreigners and 282 locals. 35% approved pre-marital sex and 29% said their friends approved one-night stands. Perception on pre-marital sex significantly ($p=0.029$) depended on gender and strongly deferred ($p=0.000$) between foreign and local youth. With regard to access 26 out of 47 who had SRH issues have not visited a service center. Out of 55 who had accessed SRH counseling 49 said their needs were met. However, only 30 were satisfied with the privacy provided.
Qualitative analysis indicated that the majority of unmarried youth held liberal attitudes toward premarital sex and about half held liberal attitudes toward any form of sexual activity and premarital pregnancy. Largely they preferred to discuss sexual issues with friends and even the rare instances where they asked parents were on issues of reproductive health. Youth from abroad and Sri Lankans from only Northern and North-Central indicated knowledge of SRH service centers in the government hospitals. Further the locals were not sure of confidentiality whereas international participants (Australia, Namibia, Papua New Guinea, St. Lucia) thought SRH services were confidential.

Conclusions
The cultural attitudes, values, norms and taboos are evident from the findings from the local youth. The international participants had more liberal/free-thinking attitudes. The access to SRH counselling is barred from cultural values, lack of interest and inhibition among the local youth whereas international participants were open to access such services. There were significant differences between the opinions of males and females with regard to SRH matters.

P9 Room A12

COMPARISON OF NURSING OUTCOMES BETWEEN RETROPUBIC RADICAL PROSTATECTOMY AND ROBOTIC-ASSISTED RADICAL PROSTATECTOMY: A PROSPECTIVE COMPARATIVE STUDY

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Introduction & Objectives
Radical prostatectomy is considered the gold standard for prostate cancer treatment. During the last years, robotic-assisted radical prostatectomy (RARP) is widely spreading as well displacing the common open retropubic radical prostatectomy (RRP). The novel approach has a strong impact on different aspects of nursing practice such as the management of perioperative period, the return to activities of daily living (ADLs) as well as the monitoring of complications that may affect quality of life. The aim of our study is to compare RRP with RARP in order to investigate the differences in patients' outcome which impact nursing care in clinical practice.

Material & Methods
A prospective comparative study was conducted in the Department of Urology at San Raffaele Hospital (Milan) between July 1st and October 1st 2013 (3 months); patients were divided into two groups: Group 1 with 17 patients undergoing nerve-sparing RRP and Group 2 with 17 undergoing nerve-sparing RARP. The following outcomes were investigated: surgery time, blood loss values, postoperative complications, transfusion rates, postoperative pain (Visual Analogue Scale - VAS) and pain-killers management, time to bowel activity recovery, mobilization, hospital length of stay and ADLs recovery. Finally, time to urinary continence (UC), as defined by the use of no pads and of erectile function (EF), as defined by the return to the ability to achieve sexual intercourse with or without oral medication (PDE5-inhibitors) was investigated.

Results
Mean surgery time was 198.5 and 241 min in RRP and RARP, respectively ($p=0.04$). Mean blood loss was 832 and 279.4 ml in RRP and RARP, respectively ($p<0.001$). Postoperative complications occurred in 52% of cases in RRP and 35% of cases in RARP ($p=0.02$). No blood transfusions were performed. When analyzing post-operative pain, a statistically significant difference was seen at 6 and 24 hours after surgery (1.5 vs. 2.7; $p=0.02$ and 2 vs. 3.1; $p=0.04$), respectively, while no differences were seen at 1 and 48 hours after surgery. Mean time to bowel activity recovery was 3.58 days in RRP and 2.63 days in RARP ($p=0.02$). Mean time to mobilization was 1.17 days in RRP and 0.94 days in RARP group ($p=0.03$). Mean in-hospital length of stay was 6.8 days for patients undergoing RRP and 4.1 days for patients undergoing RARP ($p=0.01$). ADLs recovery occurred 3.94 days after RRP and 2.47 days after RARP ($p=0.01$). Finally, patients submitted to RARP had a faster UC recovery at 1 month (85 vs. 58%, respectively, $p=0.01$). When analyzing post-operative EF recovery, 22 and 31% of patients submitted to RRP and RARP were able to achieve sexual intercourse, respectively ($p=0.11$).

Conclusions

RARP is associated to higher operative time, lower blood loss, lower post-operative complications and post-operative pain. Moreover, patients submitted to RARP show earlier time to mobilization, bowel recovery and return to ADLs. Despite the short follow-up, the return to urinary continence is higher while no difference in terms of EF recovery was observed. Longer follow-up is needed to better evaluate functional results. Nursing standard of care needs to take into consideration the evolving surgical management of prostate cancer patients.

P10 Room A12

AN AUDIT TO ASSESS PATIENT SAFETY AND ACCEPTABILITY IN MEN HAVING RADIOTHERAPY FOLLOWING PROSTATECTOMY FOR PROSTATE CANCER IN GUY'S AND ST THOMAS' HOSPITAL

Reynolds P.H., Van Hemelrijck M., Kinsella J.

St. Thomas Hospital, Dept. of Clinical Oncology, London, United Kingdom

Introduction & Objectives
Radiotherapy is being used as salvage or adjuvant therapy in men who have had a radical prostatectomy for prostate cancer with or without short or long course androgen deprivation. This is being assessed as part of a randomized controlled trial in the UK-"RADICALS". We have audited our patients who have had surgery followed by radiotherapy to assess safety and patient acceptability as well as early biochemical efficacy.

Material & Methods
92 patients who had previously undergone radical prostatectomy followed by either adjuvant or salvage radiotherapy between June 2006 and June 2011 were contacted. Clark's validated two-item regret questionnaire was used. Patients were asked whether they had any adverse events from radiotherapy or had residual side effects and whether they ultimately regretted having radiotherapy. Mean follow up of patients was 24 months.

Results
81 patients had salvage radiotherapy and 11 had adjuvant. 38 patients also received adjuvant hormone therapy for between 6 and 24 months as part of the RADICALS trial. 9 of the 92 patients were diagnosed with biochemical relapse following radiotherapy.
The most frequently experienced side effects following radiotherapy were documented as lower urinary tract symptoms in 24 (26%), joint pain in 10 (11%), bowel disturbances in 9 (10%) and urethral stricture in 6 (7%).
Despite this only one patient (1%) felt he regretted undergoing radiotherapy.
He suffered an anal fissure, grade II diarrhoea, grade I prostatitis + cystitis post treatment and biochemical relapse only 5 months later.

Conclusions
Patients do not regret having either salvage or adjuvant radiotherapy following radical prostatectomy despite cancer outcome. It is safe. This gives us confidence to support trials such as RADICALS exploring the benefit of multimodal therapy in the management of prostate cancer.

P11 Room A12

LIFE AFTER PROSTATECTOMY – A QUALITATIVE STUDY

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Introduction & Objectives
Radical prostatectomy is a common treatment of localized prostate cancer, however with known common complications as urinary incontinence and erectile dysfunction. There are several studies that investigate how these complications influence daily life, but few focus on younger men even though suck complications would influence life more if the men still are in an active life situation. Therefore the aim of this study was to investigate younger men´s experience of radical prostatectomy about one year after the operation with special focus on these complications.

Material & Methods
The study was a qualitative interview study with 18 men 65 years old or younger. The interviews were transcribed and analysed with content analyse according to Burnard (1991) into units, codes that were categorized and condensed into themes. Both authors were involved in the analyse phase. The study were approved by the ethical committee at Lund university.

Results
The results emerged on the following themes: “A price is paid for the gained life”, included thankfulness of living, bitterness, lost important side of life. The theme ”Fearing of leakage”, including feelings as anger, tiredness, feel it’s ok. “Love changed to friendship” was a theme, which included feelings of lost love, gained another perspective, compensation with other activities. “Sexual life as lost” included feelings of getting old in advance, part of life was lost, loosing manhood. The theme “Sexual life has a cost” included experiences of expensive medications, a choice between sexual life or other family needs.

Conclusions
It seemed that problems with changed sexual life influenced men´s life more than they had expected even though most of them had found strategies to manage. Urinary incontinence was handled even if some had to carry protective aides. The study showed that men may need more support how to handle relations and a changed sexual life in the longer perspective after radical prostatectomy.

P12 Room A12

POSTOPERATIVE PAIN ASSESSMENT AND MANAGEMENT IN RADICAL PROSTATECTOMY: A LITERATURE REVIEW

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Introduction & Objectives
Radical prostatectomy is considered the gold standard for the surgical management of localized prostate cancer. The literature seems to show that the robotic-assisted radical prostatectomy (RARP), although is a procedure with higher surgical times and costs than retropubic radical prostatectomy (RRP), could offer a reduction of postoperative pain and complications. The aim of the review is to compare postoperative pain reported in patients undergoing to RRP and patients treated with laparoscopic or robotic-assisted techniques.

Material & Methods
A overview was carried out through a research in PubMed, CINAHL and Cochrane databases (limits: english and italian languages; year of publication from 2002). 11 articles considered appropriate were selected. The research was carried out also in the grey literature.

Results
From the studies analysis emerged an unanimous opinion about the lack of stable and comparable criteria for post-operative pain assessment: for the pain analysis researchers use different criteria such as numerical or analogic scales (VAS or NRS, Likert score) or the need of analgesics administration (Morphine-Sulfate Equivalent units). A further limitation in the comparability of analyzed cases derives from retrospectivity of most of the studies. It is not defined the limit between the pain treatment protocol and criteria for individual pain management in patients, as there is no uniformity in the choice of recording time of reported pain: some researchers report assessment in the immediate postoperative period, others only in the first postoperative day. In literature, seems that there is not an agreement with the definition of the scores to express postoperative pain, as well as non-uniformity has been achieved in identifying a pain treatment protocol for patients undergoing to laparoscopic-robotic techniques.

Conclusions
From the narrative review, a lack of randomized perspective studies emerges, considering that many analyzed articles are reviews of other researches. No apparent statistically significant differences emerged in relation to postoperative pain related to the surgical technique, although emerges the common tendency to considering RARP related to reduction of postoperative pain, need of perioperative care and functional recovery. Nowadays, there's still an open discussion related to these outcomes, in terms of benefits in perioperative, oncological and functional recovery results, with a consequent impact on the patients quality of life. There's the need to perform accurate randomized and controlled perspective studies to compare nursing-sensitive outcomes among the different surgical procedures for prostate cancer treatment.

P13 Room A12

PHYSICAL ACTIVITY ON PRESCRIPTION BEFORE RADICAL CYSTECTOMY: A RESEARCH PLAN FOR A PILOT STUDY

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Introduction & Objectives
Patients who undergo treatment due to muscle invasive urinary bladder cancer may have a poor performance status prior to treatment, due to age or the cancer itself. The recommended treatment is radical cystectomy and often in combination with neoadjuvant chemotherapy. The patients receive the chemotherapy during two to three months before the surgery. Chemotherapy often results in different symptoms such as fatigue, nausea and decreased physical function. Research has shown that physical activity improves physical function in patients with cancer, both during and after treatment. Also, it is well known that physical activity may affect symptoms, for example fatigue, in a positive way during chemotherapy. However, the patients do not always receive information about physical activity. An evidence based method to facilitate physical activity with individual counseling is physical activity on prescription. The aim of this pilot study, and a future study, is to enable for patients who are planned for a radical cystectomy to maintain their level of physical activity until surgery.

Material & Methods
Patients who are planned for a radical cystectomy due to urinary bladder cancer at Karolinska University Hospital, Stockholm, Sweden will be consecutively asked to participate in the study. We plan to include fifteen patients in this pilot study. The patients meet a physiotherapist for an individual counseling about physical activity. To involve the patients in planning for physical activity, a behavioral medicine approach is used. As a result of the counseling, the patients receive an individual prescription on physical activity, for example daily walks. Level of physical activity is evaluated with the Physical activity scale by Grimby, and motivation to change with the Self-efficacy scale for exercise. A study specific questionnaire concerning satisfaction with physical activity on prescription as method, well-being, fatigue, anxiety, and appetite is used. The patients also receive a diary, which is used for assessment of physical activity. Evaluation is performed at the same occasion as the individual counseling and as close to the planned surgery as possible.

Conclusions
Implication: With physical activity on prescription as a tool, we hope to provide an increased possibility for the patients to prepare themselves to surgery. Patients who have participated actively to optimize themselves mentally and physically preoperatively, may prevent postoperative complications. The patients may also improve their well-being faster after surgery.

P14 Room A12

INFORMATION IN THE FORM OF GROUP SESSIONS - BENEFICIAL TO PATIENT AND CAREGIVER?

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Introduction & Objectives
Approximately 600 patients a year undergo robot-assisted radical prostatectomy (RALP) at Karolinska University Hospital. We aim at giving all of them a basic understanding of the anatomy in the pelvis, the surgical technique that is used, it's adverse effects on continence and erectile function and tools as how to deal with the situation. We go through pelvic floor exercises, incontinence pads and medical help for E.D. This is time-consuming and we cannot do this for each individual patient. For the past 20 years we have been educating patients in groups. The information we give is based on the questions asked over the years.

Material & Methods
We offer a pre surgery and a post-surgery lecture. Duration of session: 1,5 -2 hrs. Numbers of participants: 6-12/group
Pre surgery session:
The purpose of the lecture is to give the patient sufficient information so that he will feel as safe and well prepared for the process before and after surgery as possible.
Post surgery session:
The purpose of the lecture is to give sufficient information so the patient can deal with his rehabilitation as effectively as possible.

Results
We have evaluated the patient's experience of this approach in a preparatory study.
A questionnaire was handed out at the end of a session to all the participants in the group. We included 7 groups (76 participants).
31/38 of the patients pre surgery and 36/38 patients post surgery experience the group sessions as being valuable to them. 9 have no opinion. Comments are generally very positive. The patients feel very well informed and safer than they did before the session. They say that it was very valuable to meet other patients and take part of their questions. Several urged us to go on doing this!
There are many advantages with lecturing to groups of patients. It is time-saving for us and beneficial to the patient, since he will hear more questions and answers than he would if he were alone with the nurse.
The nurse is forced to structure the information in a way that he/she would not otherwise have done.
There are some disadvantages: A shy or scared patient might not come at all. The session is held in Swedish, and if you do not understand Swedish you will be lost.
979 patients got a RALP Aug-11-Aug-13
The pre-surgery group was attended by 608 patients and the post-surgery group was attended by 579 patients.

Conclusions
Due to the volume of surgeries we cannot see any better way to fill the need for information given. We will continue to develop our approach to reach as many as possible of our patients. Some questions need to be addressed:
Why do some not attend the group sessions? How do we reach everyone? Should we reach everyone? We would like to address these questions in a future study.

P15 Room A12

HOW DO PATIENTS EXPERIENCE SELF-CATHETERISATION?

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Introduction & Objectives
Intermittent self-catheterisation (ISC) is an established technique in urology. More and more patients are advised to perform ISC. From the start of introducing ISC, nurses have been involved in teaching and coaching patients on how to catheterise, continuing support and follow-up care. Between 2004 and 2006 a qualitative study in the Netherlands was done to investigate the factors that influence the adherence of ISC by patients. Due to the outcome of this study in 2006, a national protocol for teaching of ISC was produced and introduced. However after introduction of this protocol, it is unknown how patients' experience ISC in real life. The focus of this study was to investigate patients' experiences with ISC during the learning period of ISC and the follow-up care.

Material & Methods
A qualitative study, carried out by means of doing interviews on the basis of defined items.
The study was done in three hospitals in the Netherlands from March until May 2013. After analyzing the interviews, we allocated codes after which a structure was built by exploring connections and by matching codes, which resulted into main-themes and sub-themes.

Results
Six men and five women, who had practiced ISC for at least three months, were asked after their experiences with ISC. The results were analyzed on the basis of the three main-themes: the learning of ISC, the fitting-in into daily life and the need of support during the follow-up period. The patients performed ISC two to six times a day, for a period of three to eleven months. At the time of the interviews three patients already had stopped ISC and two were admitted in a rehabilitation clinic.
The learning process of ISC was described by all participants as positive; patients hardly had any difficulty in performing ISC. Nevertheless, people planned their daily routine around the moments of catheterisation and not the other way round. It was the preparation prior to the act that made it difficult to fit-in ISC. Patients weren't flexible in frequency of performing ISC during the day. Patients hardly looked for professional support after they had learned to catheterise themselves, although they still had practical questions.
In the leaflet the advice is given to catheterise one to six times a day, but when the nurse says to do it twice a day, the majority of the patients will not do it more often, although sometimes that could lessen their complaints.

Conclusions
Nurses and doctors, who teach or prescribe ISC overestimate the patient's ability to perform ISC in a flexible way according to what is best from a medical point of view. Patients tend to stick to rigid instructions from the instructing person, although the leaflet gives them flexibility. Patients are not inclined to look for professional advice although still have questions after they are taught to perform ISC. The support of patients will have to be adjusted.

The outcome of this study was used to improve the content of the instruction leaflet.

P16 Room A12

SAME SIZE OF URINARY CATHETER, ARE THEY THE SAME?

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Introduction & Objectives

Foley catheter serves purposes of intake and output monitoring and drainage of bladder. The relative size of a Foley catheter is described using French units (Fr).The most common sizes are 10 F to 28 F. 1 F is equivalent to 0.33 mm of diameter. Thus the size in French units is roughly equal to the circumference of the catheter in millimeters. There are two channels inside the Foley catheter, one is used to drain urine and the other is connected to a small balloon inside the bladder that's inflated with sterile water to anchor the catheter.

Urethral catheterization is one of the most commonly performed bedside procedures for hospitalized patients. Despite the lack of evidence, the diameter of the drainage channel of different size of Foley is frequently regarded as increase in the same proportions as the Foley catheter increase in size. But there is a scarcity literature or scientific evidence to support this believes. Therefore, we designed a study to investigate this issue by comparing the drainage channel with different brand name and different size of Foley catheter.

Material & Methods

The diameter of drainage channel from 4 different brand name of silicone coated latex Foley catheter with size Fr 12, 14 and 16 are being measured by digital calliper. Also, the flow rates of different Foley catheter are being measured by the urination flow meter with 500ml normal saline free flow from standard height through the Foley catheter. All the investigation results collected from the study were analyzed.

Results

Of the 12 catheters, the range of inner diameter of Fr 12 Foley catheter range from 1.33mm to 1.85mm (Δ39%) and the maximum flow rate range from 2ml/s to 5 ml/s (Δ150%). For the Fr 14 Foley catheter, the inner diameter range from 1.77mm to 2.05mm (Δ15.8%). The maximum flow rate range from 4ml/s to 6ml/s (Δ50%). For the Fr 16 Foley catheter, the inner diameter range from 2.05mm to 2.6mm (Δ26.8%) and the maximum flow rate range from 7ml/s to 9ml/s (Δ28.5%).

Conclusions

With the investigation of diameter of inner tube with different size of the Foley catheter, we can conclude that the diameter of the drainage channel of different size of Foley have great variation and there is no correlation of outer diameter with drainage channel size and the flow rate.

P17 Room A12

IMPLEMENTATION OF PATIENT INVOLVEMENT IN POSTOPERATIVE CARE AFTER CYSTECTOMY

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Introduction & Objectives
This project describes our past and current postoperative management of patients undergoing cystectomy and urinary diversion. We have used advancements in postoperative nursing care to allow for early institution of patient involvement and sufficient nutrition, mobilization and early hospital discharge.
The role of a patient is no longer a passive recipient of care. The nurses are expected to engage the patients in their own health, care and treatment.
The aim of the study was to compare the postoperative period before and after implementation of the new goal oriented evidence based nursing intervention.

Material & Methods
During January through September 2013 forty consecutive patients underwent radical cystectomy and urinary diversion. The first twenty patients underwent a standard postoperative care plan. Evidence-based modifications to this program were instituted. The next twenty patients received the new nursing program. We analyzed the impact of these modifications.
The study consisted of an audit of 20 nursing journals before implementation of the new nursing intervention. This was followed by a new audit of 20 nursing journals.
The patients were taught and obtained knowledge about nutrition and mobilization. A nutrition plan was prepared in collaboration with the dietician. The physical therapist had created a plan for mobilization. This encourages the patient to be an active participant. The patients were responsible for following the plan and documented in a diary. Patients' calories and protein intake and weight were registered daily as well as the patients' activity.
The nursing staff encouraged the patient to follow the plan and reach the goal. They evaluated daily if a new intervention were needed.

Results
The result for the new intervention showed an improvement.
The genders of the patients were 70% male and 30% female. The patients age were 30% under 60 years and 70% were older than 60 years.
The goal for mobilization on the first day was 3 hours (hr.). Result 50 % over 3 hr.
The goal for mobilization on the second day was 4 (hr.). Results divided as follows: 15% 3 hr., 85% over 4 hr.
Only 20% reached the goal for the nutrition intake. During the first three days 40-55 % of the patients experience postoperative nausea, despite anti emetic therapy.
The patients fully understood the importance of good nutrition and were unhappy about not being able to reach the recommended goal.
Pain management was a central component in the treatment of the patients. They were sufficient covered by nonnarcotic analgesics and had bowel function on the second day.

Conclusions

Successful application of the new nursing care plan has been applied to our patients undergoing radical cystectomy and urinary diversion, with use of evidence-based modifications to improve the postoperative period.

The nurses created a partnership with the patients and the patient had an active role in managing their nutrition intake and physical activity

The patients' activity level was high. They reach the daily goal for mobilization.

The recommendations for nutritional intake were too ambitious. The patients were nauseated and had difficulties in reaching the recommend goals.

A multidisciplinary approach to determine the cause and reduce postoperative nausea will take place.

P18 Room A12

COMPLICATIONS RELATED TO A NEPHROSTOMY CATHETER

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Introduction & Objectives
A nephrostomy catheter is a common treatment for patients having obstruction of the upper urinary tract system. At Department of Urology, Århus University Hospital, approximately 250 patients per year receive a nephrostomy catheter as a acute procedure. Treatment with a nephrostomy catheter can improve the function of the kidney and reduce risk of developing a urinary tract infection. Unfortunately the nephrostomy catheter can also cause complications such as infections, haematuria, skin problems and malfunction.
The aim of the study was to identify the number of patients having complications related to a nephrostomy catheter and the incidence for admission to the hospital caused by complications resulting in replacement of the nephrostomy catheter.

Material & Methods
The study is a quantitative descriptive study based on data from medical and nursing records. The study population contained a group of 120 urology patients who already carried a nephrostomy catheter from the beginning of the data sampling period. Data was searched from March 2011 to March 2013, using a search strategy including diagnostic codes for complications. The number of patients having complications as malfunction, haematuria, infection or pain were categorized. Malfunction included clotting, reduced urine outcome and incorrect placement of the catheter. Haematuria included visible blood in the urine. Infection included fever and inflammation related to the skin surrounding the nephrostomy catheter. Pain included symptoms related to the kidney or to the location of incision in the skin.

Results
The number of patients experienced complications is listed in Table 1.

Table 1

N = 120	Number of patients (n)	%(95CI)
Complication	102	85(77-91)
Malfunction	88	73(64-81)
Haematuria	14	12(7-19)
Infection	38	32(23-41)
Pain	22	18(12-16)

Conclusions
A relatively large number of urology patients are carrying a nephrostomy catheter. The rate of complications to a nephrostomy catheter are highly frequent, calculated incidence 85%.
Complications usually causes admission to the hospital, and most patients experienced malfunction of the nephrostomy catheter as the most common complication. These results warrant further research in preventive initiatives for an example staff and patient education. Testing of different dressing solutions is another interesting point, and may result in efforts to prevent infections and displacement of the nephrostomy catheter.

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