

ean



Specialist nursing and nursing specialists: Are they the same and why should we care?

Plenary Session

Saturday, 25 March
09:00 - 10:00

Location: Room 3/4

Chair: S. Terzoni, Milan (IT)

09:00 - 09:05

Welcome to the 18th International EAUN Meeting
S. Terzoni, Milan (IT)

09:05 - 09:10

Welcome to London
C.R. Chapple, Sheffield (GB)

Aims and objectives of this presentation

The aim of this lecture is to provide an overview of the scientific basis for bladder function and to overview the overactive bladder symptom complex and its clinical basis.

09:15 - 09:35

Advancing urological practice: Challenges from the literature?
J.T. Marley, Newtownabbey (GB)

09:35 - 09:55

Nurse-led clinic for men with suspected prostate cancer: An exemplar of practice
P. Aslet, Basingstoke (GB)

Aims and objectives of this presentation

To explore the potential role of the specialist Nurse in seeing men with suspected prostate cancer.
To review intended benefits of integrated nurse led clinics in this setting.
To identify any risks of nurses reviewing patients with a suspected prostate cancer.
To understand the Challenges faced when changing the way care is delivered.
How to ensure standards of care maintained.

09:55 - 10:00

Discussion

Female urology

Thematic Session 1

Saturday, 25 March
10:15 - 11:15

Location: Room 3/4

Chair: J. Verkerk-Geelhoed, Gouderak (NL)

Aims and objectives of this presentation

This session will give the delegates an insight in the female urology of the women in menopause. The participants will get an overview of:

- The specifics of the female urology and the hormonal issues in menopause.
- The symptoms and impact women experience on Genitourinary Syndrome of Menopause (GSM).
- The possible treatments that are available for women experiencing symptoms of GSM, including HRT.
- The symptoms and treatment with bladder prolapse related to the problems in menopause

10:15 - 10:20

Introduction

10:20 - 10:35

Female urology

L.S. Mertens, Amsterdam (NL)

10:35 - 10:50

Genitourinary Syndrome of Menopause (GSM)

D. Holloway, London (GB)

Aims and objectives of this presentation

To give an overview of Genitourinary Syndrome of Menopause (GSM) and alternative definitions. This will include the symptoms and presenting complaints and treatments and its impact on the women and her health.

10:50 - 11:05

Bladder prolapse: Symptoms and treatment

C. Carvalho Ferreira, Matosinhos (PT)

Aims and objectives of this presentation

- Introduction to and classification of pelvic organ prolapse
- Prevalence, risk factors, symptoms and diagnosis
- Treatment conservative versus non-conservative
- The role of nurses in the diagnosis, management and follow-up of women with bladder prolapse.

11:05 - 11:15

Questions and answers

Challenges in testicular cancer

Thematic Session 2

Saturday, 25 March
10:15 - 11:15

Location: Room 1

Chair: P. Allchorne, London (GB)

Aims and objectives of this presentation

Aim:

An update on how nursing can optimise testicular cancer care

Objectives:

To give an overview and update on testicular cancer – how far have we come.

Demonstrate the importance of supporting men at key stages of their diagnosis and long term care.

Does peer support have a role in mens recovery.

What ethical challenges do health professionals face with men who have an intellectual disabilities.

What support and training should be given to health professionals treating men with intellectual disabilities.

10:15 - 10:20

Introduction

10:20 - 10:35

Testicular cancer: An overview and update

M.P. Laguna, Amsterdam (NL)

10:35 - 10:50

Nursing support and follow-up in testicular cancer care

L. Shephard, London (GB)

Aims and objectives of this presentation

Aim:

To set up a testicular cancer health and wellbeing event for patients 3-6 months following diagnosis.

Objectives:

1. To design a one off event that will enable survivors to manage the transition from active treatment to survivorship.
2. To establish a group of stakeholders that will support these events.
3. To deliver an informative programme to address the specific issues these patients face.
4. To address these issues, offer specialist support and advice and signpost to relevant services.
5. To give patients an opportunity to meet other patients going through similar experiences for peer support.
6. To evaluate the effectiveness of these events through patient questionnaires and feedback

10:50 - 11:05

Exploring the treatment challenges in men who have an intellectual disability and testicular cancer

N. Love-Retinger, New York (US)

11:05 - 11:15

Questions and answers

Advanced urodynamics

Thematic Session 3

Saturday, 25 March
11:30 - 12:30

Location: Room 3/4

Chair: L. Van De Bilt-Sonderegger, Eindhoven (NL)

Aims and objectives of this presentation

Urodynamic studies are useful to evaluate lower urinary tract function in an objective manner. Symptoms of dysfunction are not specific and not sensitive. And when initial treatment on the basis of signs and symptoms fails a precise diagnosis of the dysfunction may be required to establish a further management plan.

Urodynamic testing requires understanding of normal physiology, as well as of pathophysiology. Furthermore performing invasive testing requires personal, communicative and instrumental skills. The session will elaborate on technical and other pitfalls, on the prevention of errors and on the recognition of errors and artefacts and the possibility for correction. The recently published (December 2017) ICS Good Urodynamic Practices document will be the basis of this presentation.

11:30 - 11:35

Introduction

11:35 - 11:50

Future trends in urodynamics

P.F.W.M. Rosier, Nijmegen (NL)

Aims and objectives of this presentation

Lower urinary tract symptoms are subjective while expressed by the patient and also when interpreted by the health professional. Objective testing and diagnosis is the golden standard for management of every disease or dysfunction. Urodynamic testing provides objective diagnosis of lower urinary tract function, unbiased by subjectivity. Adequate testing requires skills, knowledge and also cooperation with the patient. Future urodynamics will be better standardized, better controlled for technical errors. Future urodynamics will be better practice supported but also more decision and evaluation supported, but also more patient friendly. This presentation will unveil the scene for the following decade of urodynamics.

11:50 - 12:05

Urodynamics in women: Current issues, challenges and practice

T.A. Schwennesen, Århus (DK)

12:05 - 12:20

Urodynamics in men: Current issues, challenges and practice

T.A. Schwennesen, Århus (DK)

12:20 - 12:30

Questions and answers

Nursing solutions in difficult cases

Special Session

Saturday, 25 March
11:30 - 12:30

Location: Room 1

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

Aims and objectives of this presentation

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.

The submitted cases have been evaluated by an expert jury:

- Ronny Pieters, Ghent, Belgium (Urology Nurse)
- Eva Wallace, Dublin, Ireland (Urology Nurse)
- Helen Forristal, Dublin, Ireland (Urology Nurse Practitioner, sub-specialisation in uro-oncology)
- Steen Walter, Odense, Denmark (Professor in Urology)
- Françoise Picard, Bordeaux, France (Head Nurse Urology Department)

11:30 - 11:35

Welcome and introduction

L. Drudge-Coates, London (GB)

11:30 - 12:30

Deviating from the standard – Stoma care of a patient with trisomy and autistic tendencies

C. Hübsch-Aeppli, Zürich (CH)

11:45 - 11:55

Robotic surgery in kidney transplantation: Nursing role in the first European case

T. Alonso Torres, Barcelona (ES)

11:55 - 12:05

Post-operative complications post Radical Robotic Prostatectomy

To be confirmed

12:05 - 12:15

Treating 'complications' post Radical Robotic Prostatectomy

M. O'Brien, Dublin (IE)

12:15 - 12:20

Conclusions

EAUN Industry Session

EAUN Industry Session

Saturday, 25 March
12:45 - 13:45

Location: Room 3/4

Memorial Service - Bruce Turner

Memorial Service

Saturday, 25 March
12:45 - 13:00

Location:

Room 3/4

Chairs:

To be confirmed
To be confirmed

Joint EAUN-ICS Session: Challenges with urine incontinence

Thematic Session 4

Saturday, 25 March
12:45 - 13:45

Location: Room 1

Chair: V. Geng, Lobbach (DE)

Aims and objectives of this presentation

Incontinence – a topic which increasing of course by democratic development as well as a result of new therapeutic approaches with consequences for continence.

The participants should get an overview about

- Different types of urinary incontinence
- urinary incontinence and the Quality Of Life (QOL) which is related to the incontinence
- gender typical differences in QoL
- interventions if intermittent catheterisation is not an option
- changes and challenges with incontinence as a problem

12:45 - 12:50

Introduction

12:50 - 13:05

ICS Lecture: Intervening when patients are not able to use standard CIC

S. Eustice, Truro (GB)

13:05 - 13:20

The effect of urinary incontinence on health related quality of life: Is it similar in men and women?

D.A. Bedretdinova, Paris (FR)

13:20 - 13:35

Is surgery the answer for urinary incontinence?

W. Naish, Redhill (GB)

Aims and objectives of this presentation

Identify different types of urinary incontinence by symptoms and explore management options.

Outline of published guidelines on management and when surgery is appropriate.

13:35 - 13:45

Questions and answers

Poster Session

Poster Session 1

Saturday, 25 March
14:15 - 16:00

Location: Room 3/4

Chairs: B.T. Jensen, Aarhus (DK)
 J.T. Marley, Newtownabbey (GB)

Poster viewing of 30 minutes. Short introduction of 4 minutes by the chair of the session. Presentations will take place on stage. Standard presentations are 6 minutes in length, followed by 2 minutes for discussion.

14:15 - 14:45

Poster viewing

- P01 **A randomized controlled trial study of the efficacy of intensive pre-operative pelvic floor muscle training to decrease post-prostatectomy urinary incontinence among Chinese men**
By: Ng S.L.¹, Tse Y.B.¹, Yeung L.¹, Ho B.², Ng A.², Ma W.K.², Tsu J.², Yiu M.K.²
Institutes:¹Queen Mary Hospital, Dept. of Surgery, Hong Kong West Cluster, Hong Kong, ²Queen Mary Hospital, Dept. of Surgery, The University of Hong Kong, Hong Kong
- P02 **MEN with MEC: Satisfaction and recommendations**
By: Cobussen-Boekhorst J.G.L.¹, Van De Bilt-Sonderegger L.², Van Der Heijden F.³, Mulder H.J.⁴
Institutes:¹Radboudumc, Dept. of Urology, Nijmegen, The Netherlands, ²Catharina Hospital, Dept. of Urology, Eindhoven, The Netherlands, ³Hoogland Medical, Hoogland Medical, Oss, The Netherlands, ⁴Martini Hospital, Dept. of Urology, Groningen, The Netherlands
- P03 **Enhancing recovery in prostate cancer care can we do it better? Experiences from a nurse led survivorship programme**
By: Ferguson J.M., Aning J.J.
Institutes:Newcastle upon Tyne Hospitals Nhs Foundation Trust, Dept. of Urology, Newcastle upon Tyne, United Kingdom
- P04 **The impact of a comprehensive functional health assessment on men after treatment for prostate cancer: The True NTH exercise and diet study**
By: Faithfull S.¹, Poole K.¹, Aning J.⁵, Lemanska A.¹, Gasson S.¹, Griffin B.², Heyworth J.⁷, Langley S.⁴, Manders R.³, Marshall J.⁸, Saxton J.⁶, Turner L.¹, Wainwright J.³
Institutes:¹University of Surrey, School of Health Sciences, Guildford, United Kingdom, ²University of Surrey, Dept of Nutritional Sciences, Guildford, United Kingdom, ³University of Surrey, School of Bioscience and Medicine, Guildford, United Kingdom, ⁴Royal Surrey County Hospital, Urology, Guildford, United Kingdom, ⁵Freemans Hospital, Urology, Newcastle, United Kingdom, ⁶Northumbria, Department of Sport, Exercise & Rehabilitation, Newcastle Upon Tyne, United Kingdom, ⁷Prostate Cancer UK, Patient Volunteer, London, United Kingdom, ⁸Prostate Cancer UK, Patient Representative, London, United Kingdom
- P05 **Transition from hospital-based supervised exercise to unsupervised exercise in the community: Experiences from men with prostate cancer**
By: Schmidt M.L.K.¹, Midtgaard J.², Ragle A-M.³, Avlastenok J.¹, Sønksen J.¹, Østergren P.¹
Institutes:¹Herlev & Gentofte University Hospital, Dept. of Urology, Herlev, Denmark, ²Copenhagen University Hospital Rigshospitalet, The University Hospitals' Centre For Health Research (UCSF), Copenhagen, Denmark, ³Herlev & Gentofte University Hospital, Dept. of Rehabilitation, Herlev, Denmark
- P06 **A descriptive study of experienced burden by spouses living with men undergoing androgen deprivation therapy for prostate cancer**

By: [Avlastenok J.](#), Rud K., Køppen H., Føns F., Østergren P.
Institutes: Herlev and Gentofte Hospital, Dept. of Urology, Herlev, Denmark

- P07 **Management of bone health in patients with advanced cancer: A survey of specialist urology nurses**
By: [Drudge-Coates L.](#)¹, Van Muilekom E.², De La Torre Montero J.C³, Leonard K.⁴, Van Oostwaard M.⁵, Aerts E.⁶, Niepel D.⁷, Jensen B.T⁸
Institutes:¹King's College Hospital NHS Foundation Trust, Dept. of Urology, London, United Kingdom, ²Antoni Van Leeuwenhoek, Netherlands Cancer Institute, Amsterdam, The Netherlands, ³Comillas Pontifical University, San Juan De Dios School of Nursing and Physical Therapy, Madrid, Spain, ⁴St Luke's Radiation Oncology Centre, St James's Hospital, Dublin, Ireland, ⁵Máxima Medisch Centrum, Vallen, Fracturen En Osteoporose., Eindhoven/veldhoven, The Netherlands, ⁶Haematology Nurses & Healthcare Professionals Group, University Hospital Zurich, Zurich, Switzerland, ⁷Amgen (Europe), Oncology, Vienna, Austria, ⁸Aarhus University Hospital, Centre of Research In Rehabilitation, Aarhus, Denmark
- P08 **Evaluate the clinical nursing staff's knowledge and competency before and after training program on using bladder scanner to check post void residual urine (PVRU) for urological patients**
By: [Ng S.L.](#)
Institutes: Queen Mary Hospital, Division of Urology, Dept. of Surgery, Hong Kong West Cluster, Hong Kong
- P09 **The optimal volume of bladder filling in case of trial without catheter (TWOC), the patient is in control**
By: Van Kesteren J.D., Lely M.J., [Takkenberg J.H.](#)
Institutes: OLVG - Locatie Oost, Dept. of Urology, Amsterdam, The Netherlands

Acute and chronic kidney failure

Thematic Session 5

Saturday, 25 March
14:15 - 15:15

Location: Room 1

Chair: C.N. Tillier, Amsterdam (NL)

Aims and objectives of this presentation

Kidneys are one of the body's vital organs and have several key tasks such as:

- acting as filters;
- balancing the minerals which are necessary to the body;
- maintain water balance; and
- producing hormones, enzymes and vitamins.

In this session we will examine the importance of renal function and have an overview of acute and chronic kidney failures. We will focus, particularly, on chronic renal failure, a condition which involves significant decrease in kidney function, regardless of the cause, and which leads to the kidney's losing the ability to properly filter blood. As nurses, how can we provide good patient counseling? This topic and other issues will be discussed in this session.

14:15 - 14:20

Introduction

14:20 - 14:35

Acute and chronic renal insufficiency

F.M.E. Wagenlehner, Giessen (DE)

Aims and objectives of this presentation

The aim of this presentation is to explore and discuss the function of the kidneys from development and anatomy to physiology and their role in general and urological diseases. The diagnostic criteria and pharmacological impact of diseased kidneys will be presented. The following aspects will be highlighted:

- Anatomy of the kidneys
- Physiology and pathophysiology of kidney function
- Diseases impacting kidney function
- Urological diseases and kidney function
- Diagnosis of kidney function
- Pharmacology in reduced kidney function

14:35 - 14:50

Patient counselling for chronic kidney disease

G. Rütli, Bern (CH)

Aims and objectives of this presentation

Chronic kidney disease (CKD) is often progressive but associated with few symptoms in early stages. A healthy life style and adherence to medical treatment may halt CKD progression. Advanced Practice Nurse (APN) consultation aims at promoting knowledge, self-management and self-efficacy of CKD patients and their family members. The consultation program in our outpatient clinic includes a needs assessment, basic CKD information and individually tailored sessions. CKD knowledge significantly improved after one month and one year in patients and family members. Interviews showed that they struggled with an incomprehensible diagnosis. The APN supported them in handling CKD by offering information, insights and understanding, provided a new outlook and filled some gaps in CKD care. APN consultation has the potential to improve CKD knowledge; the ongoing guidance and continuity of care is highly appreciated by patients and family members.

14:50 - 15:05

The importance of diet for patients with chronic renal insufficiency
M. Borre, Aarhus (DK)

15:05 - 15:15

Questions and answers

Guidelines catheterisation urethral intermittent in adults

State-of-the-art 1

Saturday, 25 March
15:30 - 16:00

Location: Room 1

Chair: G. Villa, Milan (IT)

Aims and objectives of this presentation

This session will highlight the scientific basis for this guideline, in particular: the indications, contraindications and alternatives for intermittent catheterisation, the indications about the procedure and the equipments, the nursing interventions related to complication.

15:30 - 15:35

Introduction

15:35 - 16:00

A summary of the intermittent catheterisation guidelines

S. Vahr Lauridsen, Copenhagen (DK)

Aims and objectives of this presentation

Implementation of clinical guidelines is still a major challenge. To make knowledge from EAUN Guidelines easier to use, an edited summary of the 2013 EAUN Guideline "Catheterisation urethral intermittent in adults" has been published. In this session you will get an introduction to the evidence behind the intermittent catheterisation procedure performed by a health care professional. A short overview of new evidence regarding the procedure and patient related perceptions of intermittent catheterisation published after the release of the 2013 guidelines will also be presented.

High-risk non-muscle invasive bladder cancer: What's new?

Thematic Session 6

Saturday, 25 March
16:15 - 17:15

Location: Room 3/4

Chair: W.M. De Blok, Utrecht (NL)

Aims and objectives of this presentation

The shortage of BCG showed to the urological society that the treatment method depending on one source can cause great difficulty and can even lead to cystectomy.

In the session the speakers will show that innovation of the treatment for Non Muscle Invasive Bladder Cancer (NMIBC) is on its way.

The psycho social burden on patients with NMIBC is in comparison with other oncological illnesses a long lasting burden. Unmet needs have, because of the length of the treatment and follow up, a deep impact.

In this session the speakers will elaborate on these themes.

16:15 - 16:20

Introduction

16:20 - 16:40

Innovations in treatment for high-risk non-muscle invasive bladder cancer

K. Hendricksen, Amsterdam (NL)

16:40 - 17:05

Unmet psycho-social needs in bladder cancer

N. Mohamed, New York (US)

Aims and objectives of this presentation

Improvement in treatment of Urothelial Carcinoma of the urinary Bladder (UCB) has led to a larger numbers of survivors living with the impact of treatment and side effects on their Health-Related Quality Of Life (HRQOL). However, methodological limitations and the lack of sensitivity of the HRQOL measures used to assess gender-, age-, and treatment-related differences may limit the generalisability of their outcomes and their utility in clinical settings. A vast body of research identifying patients' informational and supportive care needs during survivorship has emerged. Research examining unmet needs in UCB patients lags significantly behind that of other cancers both in terms of the adequacy of needs measures and the breadth and depth of published studies on these issues. Our recent studies in UCB patients showed significant unmet informational and supportive care needs that vary across the disease trajectory. This paper will review study results and discuss their implications for UCB research and health care.

17:05 - 17:15

Questions and answers

Nursing research in urology: Who's afraid of the big bad wolf?

Thematic Session 7

Saturday, 25 March
16:15 - 17:15

Location: Room 1

Chair: K. Fitzpatrick, Dublin (IE)

16:15 - 16:20

Introduction

16:20 - 16:40

Exploring the anatomy of a urological research paper
R. Leaver, London (GB)

16:40 - 17:05

Statistics without tears - it can be done
P. Slater, Coleraine Co. Londonderry (IE)

17:05 - 17:15

Questions and answers

EAUN Industry Session

EAUN Industry Session

Saturday, 25 March
17:30 - 18:30

Location: Room 3/4

E-health and empowerment

State-of-the-art 2

Saturday, 25 March
17:30 - 18:00

Location: Room 1

Chair: F. Geese, Berne (CH)

Aims and objectives of this presentation

At present, nurses and urologists are still working towards realising the empowerment strategy of the WHO. Implementing a patient-centered pathway is only possible when we as health care professionals know the individual needs of our patients. But how does that work? One opportunity offers the EAU Patient Information Group through offering evidence-based information, developed on a european level and published via webpage. This session will give an overview about the initiative, the website and how you as a nurse can use it to support your patients.

17:30 - 18:00

The informed patient - How EAU Patient Information supports communication between patients and health care professionals

F. Geese, Berne (CH)

L. Shephard, London (GB)

Tomorrow is already today: Urology healthcare in the near future

Thematic Session 8

Sunday, 26 March
08:30 - 09:30

Location: Room 3/4

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

Aims and objectives of this presentation

This session will give the delegates an insight in the role of digital technology and examples of how it now plays an increasingly important role in health care provision in addressing the challenges faced by health services around the world.

The participants will get an overview of:

- The specific use of e-health and how it plays a pivotal role in evolving the way in which care health care is delivered.
- The use of the internet and patient access for clinical information.
- The impact of technology and how it is changing traditional hospital consultation practices

08:30 - 08:35

Introduction

08:35 - 08:55

e-Health in urology: What can we expect?

H.G. Van Der Poel, Amsterdam (NL)

Aims and objectives of this presentation

eHealth is changing medicine. Both health care workers and patients communicate and gather information on the digital highways. How will these changes impact healthcare? How is regulation of the highway traffic done in a safe and rapid fashion? We will reflect on the possibilities and needs.

08:55 - 09:10

Online health information seeking among patients

J. Moreland, Elgin (GB)

Aims and objectives of this presentation

Online Health Information Seeking (OHIS) has become an area of increasing interest over the last decade.

The Internet has enabled the democratisation of health information, as knowledge that was previously exclusive to health professionals is now available to the public.

The prevalence of patient OHIS and the impact it has on health professionals, in the context of patient consultations, is the focus of an on-going body of research outlined in this lecture.

09:10 - 09:20

Urology nursing tomorrow: Webconsultation

W.M. De Blok, Utrecht (NL)

Aims and objectives of this presentation

Now that the current communication systems make it possible that grandfather can communicate with his grand daughter with one mouse click, new options for our patients should be considered.

In hospitals where not only new technology can offer innovation of care, discussions are on-going about what should or should not be done.

Privacy legislation can be an obstacle for innovative plans, where as on-line technology open up options that weren't possible 1 year ago.

In this session examples of opportunity and threats will be shown and discussed.

09:20 - 09:30

Questions and answers

Challenges and opportunities in geriatric onco-urology care

Thematic Session 9

Sunday, 26 March
08:30 - 09:30

Location: Room 1

Chair: C.N. Tillier, Amsterdam (NL)

Aims and objectives of this presentation

The management of urological cancer in the elderly is a major public health problem due to the ageing population, increased cancer risk with age and therapeutic progress. Do we have to make a difference in treatments because of the patient's age ? Can you propose to seniors, for example a prostatectomy, nephrectomy, cystectomy or neo-adjuvant chemotherapy before cystectomy? Does the treatment depend on the age of the patient or on his general condition. Do we still have just to use the Charlson Index to evaluate if a patient can undergo a treatment. Do we have to use other instruments/ validated questionnaires? What is the role of the nurse? These session will clarify this questions.

08:30 - 08:35

Introduction

08:35 - 08:50

Improving care of elderly persons affected by urological cancer: The place of the advanced nurse specialist in geriatrics/oncology

A. Roveri, Rennes (FR)

Aims and objectives of this presentation

Age should not be the primary factor in oncology treatment decision making for elderly persons. It remains a challenge to estimate the real benefit of a treatment for one individual, or to predict treatment tolerance and postoperative complications . Comprehensive Geriatric Assessment (CGA) may improve outcomes for vulnerable older patients with cancer.

08:50 - 09:20

Person-centered cancer care in the elderly

B. McCormack, Musselburgh (GB)

09:20 - 09:30

Questions and answers

Exploring patients' lack of engagement with structured education

State-of-the-art 3

Sunday, 26 March
09:45 - 10:15

Location: Room 3/4

Chair: L. Van De Bilt-Sonderegger, Eindhoven (NL)

09:45 - 09:50

Introduction

09:50 - 10:15

Lessons from diabetes care

D. Chaney

Aims and objectives of this presentation

The aim of this lecture is to build awareness of the successes and challenges of Structured Diabetes Education (SDE) programmes within the UK.

Objectives:

Following the presentation those attending will be able to:

- Describe the historical development of structured diabetes education in the UK.
- Understand the challenges faced when introducing a SDE programme.
- Discuss potential facilitators to assist with development and introduction of a SDE programme.
- Utilise the knowledge gained and apply it to the development of similar programmes for people experiencing urological disorders.

Survivorship care programme in surgical oncology

State-of-the-art 4

Sunday, 26 March 09:45 - 10:15	Location: Room 1 Chair: B.T. Jensen, Aarhus (DK)
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09:45 - 09:50	Introduction
09:50 - 10:15	Establishing a research-focused and nurse-driven survivorship clinic across cancer surgical specialities T. Juul, Aarhus (DK)

Poster Session

Poster Session 2

Sunday, 26 March
10:30 - 12:15

Location: Room 3/4

Chairs: B.T. Jensen, Aarhus (DK)
J.T. Marley, Newtownabbey (GB)

Aims and objectives of this presentation

The aim of this session is to evaluate outcomes of treatments in high risk and oligo-metastatic prostate cancer.

Poster viewing of 30 minutes. Short introduction of 4 minutes by the chair of the session. Presentations will take place on stage. Standard presentations are 6 minutes in length, followed by 2 minutes for discussion.

10:30 - 11:00

Poster viewing

- P10 **Nurse continence specialist impacting continence care in the community**
By: Skelly J.
Institutes: McMaster University, Hamilton Ontario, Canada
- P11 **Translating Unique Learning for Incontinence Prevention, the TULIP Project: Comparative effectiveness study of a diverse population of adult women receiving bladder health education**
By: Newman D.K.¹, Miller J.², Keri K.², Sampsel C.²
Institutes: ¹Penn Center for Continence & Pelvic Health, Division of Urology, Philadelphia, United States of America, ²University of Michigan, School of Nursing, Ann Arbor, Mi, United States of America
- P12 **Is re-use of intermittent urethral catheters safe and preferred? Real world data from the United States**
By: Newman D.K.¹, O'Connor C.², Clark L.³
Institutes: ¹Penn Center for Continence & Pelvic Health, Division of Urology, Philadelphia, United States of America, ²Froedtert Medical College and Specialty Clinic, Division of Urology, Milwaukee, WI, United States of America, ³North Idaho Urology, Division of Urology, Coeur D'Alene, Idaho, United States of America
- P13 **Incidence and impact of urinary tract infections (UTI) when starting intermittent catheterisation (CIC) and the effect on quality of life (third preliminary analysis)**
By: Mulder H.
Institutes: Martini Ziekenhuis, Dept. of Urology, Groningen, The Netherlands
- P14 **An exploration of bacillus Calmette-Guerin treatment for non-muscle invasive bladder cancer: A mixed methods approach**
By: Alcorn J.¹, Burton L.², Garside J.², Topping E.³
Institutes: ¹Mid Yorkshire Hospitals Nhs Trust, Dept. of Urology, Wakefield, United Kingdom, ²University of Huddersfield, School of Nursing, Huddersfield, United Kingdom, ³Hamad Medical Corporation, Nursing, Doha, Qatar
- P15 **Efficacy of preoperative uro-stoma-education on self-efficacy after radical cystectomy; secondary outcome from a prospective randomized controlled trial**
By: Jensen B.T., Kiesbye B., Soendergaard I., Kristensen S.A.
Institutes: Aarhus University Hospital, Dept. of Urology, Aarhus N, Denmark

- P16 **How a multidisciplinary approach to an enhanced recovery program for robotic assisted radical cystectomy reduces length of stay and improved outcomes**
By: Roodhouse A., Blizzard J., Ward K., Tinsley S., Moscoanas D., Soares R., Jones C., Mostafid H., Swinn M., Woodhams S., Perry M., Patil K.
Institutes: Royal Surrey County Hospital, Dept. of Urology, Guildford, United Kingdom
- P17 **Self-care and quality of life in patients with urostomy**
By: Giorgio S.M.², Boarin M.¹, Villa G.², Manara D.F.²
Institutes:¹San Raffaele Hospital, Dept. of Urology, Milan, Italy, ²Vita-Salute San Raffaele University, School of Nursing, Milan, Italy
- P18 **Live with an urostomy: A phenomenological study**
By: Bresciani M.¹, Boschetti N.¹, Leggio N.², Villa G.¹, Manara D.¹
Institutes:¹Vita-Salute San Raffaele University, School of Nursing, Milan, Italy, ²San Raffaele Hospital, Dept. of Urology, Milan, Italy

The urology nurse as patient advocate: Forgotten role?

Thematic Session 10

Sunday, 26 March
10:30 - 11:30

Location: Room 1

Chair: N. Love-Retinger, New York (US)

10:30 - 10:35

Introduction

10:35 - 11:00

Nurse advocacy: Is it hiding in plain sight?

H.A.M. Van Muilekom, Amsterdam (NL)

Aims and objectives of this presentation

Nurses have always been the best advocates for patients. Although over the years more and more patients are able to take care of themselves during their diagnosis and treatment, it is still of enormous importance that they receive the best information they need to make informed decisions. Help to make the right choices and support in this process is for everybody necessary to make sure their unmet needs recognised and nothing is done without their consent and interest.

- What is patient advocacy
- How can nurses fulfill the patient advocacy role
- What do nurses need to be able to be a patient advocate

11:00 - 11:25

Nurse advocacy: What does ethics tell us?

D. Watson, Amsterdam (NL)

Aims and objectives of this presentation

In the era of evidence-based medicine clinical practice is often characterized by a protocol-driven approach to individual patient care. This trend seems to be amplified by a growing organisational focus on efficiency improvement (e.g. 'lean management'). At the same time patients express their opinions about their treatment more assertively. Some show signs of disease-related infobesity when they discuss this with doctors and nurses. In this context practising respectful, attentive care becomes imperative. In patient-centred healthcare individual patient needs are as important as patient values. This approach optimises patient buy-in and satisfaction with the chosen treatment without compromising its scientific quality. Nurses and doctors have complementary roles in this respect. The presentation will address what respectful, attentive care involves and how nurses can align with patients in mutually satisfactory shared-decision making about their treatments.

11:25 - 11:30

Discussion

Nursing research competition

Special Session

Sunday, 26 March
11:45 - 12:15

Location: Room 1

Chair: R. Pieters, Ghent (BE)

Aims and objectives of this presentation

The aim of the nursing research competition is to give nurses the chance to start research in the field of urology nursing. The audience is presented the research plans that are being discussed by a jury, so this sessions also becomes an interactive learning session for pitfalls and opportunities in setting up nursing research.

11:45 - 11:55

Quality of life in penile cancer patients: A survey of patient reported outcomes

To be confirmed

11:55 - 12:05

Improving quality of life in patients with neurogenic bladder

V. Katsarou, Athens (GR)

Aims and objectives of this presentation

The main strategic scientific aims are treefold. First of all, will be recorded patients with neurologic bladder disorders living in island of Santorini. Secondly, the questioner study will perform to examine quality of life in patient with neurogenic bladder in Santorini. Finally, the result will be studied with the ambitions to provide innovate action for improving quality of life patients with Parkison, Multiple Sclerosis and other neuro-logical disorders.

The overall aims of the project is to inform and assist nurse at national levels.

Ultimately, the project will develop, specific tools and actions evidence-based to optimizing the delivery of care to the large promotion of Santorini citizens.

12:05 - 12:15

DACOACH - Feasibility of self-tracking and data-guided health-coaching via personal, mobile and wearable devices in chronic care management

L.F. Øbro, Vejle (DK)

EAUN Industry Session

EAUN Industry Session

Sunday, 26 March
12:30 - 13:30

Location: Room 3/4

Learning curve in urological surgery

EAUN-ESU Course 1

Sunday, 26 March
12:30 - 15:00

Location: Room 1

Chair: J.W. Collins, Stockholm (SE)

Aims and objectives of this presentation

What does it entail for you as a nurse, when your hospital starts up a programme of robot assisted surgery? How to efficiently accomplish patient and robot installation? What are the avoidable, common errors that you should not make?

This course takes a closer look at the practical points of such an event, and takes a closer look at the start-up, learning curve and development of such a programme. It will also give you insight in the pros and cons of robot assisted surgery, as well as the indications and limitations.

12:30 - 12:50

Indications and limitations of robot assisted surgery

J.W. Collins, Stockholm (SE)

12:50 - 13:10

Starting with robot assisted surgery in your OR: Wisdom, warnings and what I wish I would have known

A. Hartman

13:10 - 13:30

Patient installation and robot positioning

J.W. Collins, Stockholm (SE)

A. Hartman

13:30 - 14:00

Break

14:00 - 14:20

Learning curve for the surgeon

J.W. Collins, Stockholm (SE)

14:20 - 14:40

Learning curve for the nurse

A. Hartman

14:40 - 15:00

Discussion

Unmoderated poster session

Poster viewing

Sunday, 26 March
13:00 - 17:00

Location: EAUN Poster Area

The EAUN: An analysis of what differentiates current members from non members

P. Allchorne, London (GB)

The clinical outcomes of patients with urinary retention managed with clean intermittent catheterization

To be confirmed

Evaluate the outcome of developing a clinical pathway on male acute urinary retention in the AED and Urology Centre

S.L. Ng, Hong Kong (HK)

Audit of One Stop Haematuria clinic in a Dublin Hospital over 1 year - 2016

M. O'Brien, Dublin (IE)

Surgical treatment of BPH: Nursing evolves with new techniques?

I. Zordan, Cuneo (IT)

Use of WeChat Intelligent Terminal for improving follow-up rate of patients after radical cystectomy

To be confirmed

Patient involvement in ERAS treatment program: Patient diary after radical cystectomy

M. Ronge, Oslo (NO)

Pre surgical health and well being clinic for men undergoing robotically assisted laparoscopic prostatectomy (RALP)

J. Billing, Exeter (GB)

Application of humanistic care conception in nursing care of 88 bladder cancer patients treated by total resection of the bladder and urinary diversion

To be confirmed

Video Session

Video Session

Sunday, 26 March
14:00 - 14:45

Location: Room 3/4

Chair: S.J. Borg, St. Julians (MT)

Aims and objectives of this presentation

Urology Nursing is very dynamic, propelled forward by emerging technology, evidence based practice and clinical demands. However, it is a mistake to assume that Urology Nursing practice is of the same level, or offering the same services, evenly thought the EU. In fact, what is taken for granted as a recognised Nurse led practice in one country, is totally the opposite in another EU state. With this in mind, the video session's aim is to showcase such practices by Nurses to other fellow urology Nurses, what has been achieved and fine-tuned in specific areas. It will also be an occasion to ask our fellow urology Nurses on how they had overcome situations that may still be presenting in other emerging Clinical Nursing practices.

14:00 - 14:02

Introduction

S.J. Borg, St. Julians (MT)

V1

My second visit to Africa - follow up

By: Keil B.

Institutes: University of Heidelberg, Medical Clinic Heilbronn, Heilbronn, Germany

V2

Instruction video of urodynamic studies in adults with air filled catheters

By: Decalf V.¹, Spinoit A-F.², Ragolle I.², Kumps C.¹, Denys M-A.², Hoebeke P.², Everaert K.²

Institutes:¹Ghent University, Dept. of Medical Sciences, Ghent, Belgium, ²Ghent University Hospital, Dept. of Urology, Ghent, Belgium

Prostatitis

State-of-the-art 5

Sunday, 26 March
15:15 - 15:45

Location: Room 1

Chair: P. Allchorne, London (GB)

Aims and objectives of this presentation

Aim:

Diagnosis and treatments of prostatitis (EAU guidelines)

Objectives:

Pathophysiology,

Types,

Diagnosis,

Treatments,

Future developments.

15:15 - 15:20

Introduction

15:20 - 15:45

Prostatitis: Types and treatment

J. Shah, London (GB)

Aims and objectives of this presentation

Prostatitis is a "Cinderella" condition which causes heartsink for the clinician and distress for the patient. Many patients have suffered for many years. They will often have received long courses of antibiotics with little benefit and the usual unwanted side effects. Is there another way of treating prostatitis that could ease the symptoms and return the patient to a more normal way of life? During this lecture I will explore what is current and what is recommended. I will then discuss perhaps a new way forward to investigate and treat this troublesome condition.

'Westminster House of Commons' Session: This house believes that patients do not know what treatment is best for them

Special Session

Sunday, 26 March
15:45 - 16:15

Location: Room 3/4

Chair: R. Pieters, Ghent (BE)

Aims and objectives of this presentation

Patient participation, patient involvement, patient empowerment.... an expanding evolution in patient care. But are patients sufficiently informed regarding the right treatment for their disease? Isn't the doctor best-placed to decide on the right therapy for the right patient? In this session we aim to discuss with the audience the different angles of the current evolution.

15:45 - 16:15

Opposer:

D. Watson, Amsterdam (NL)

15:45 - 16:15

Proposer:

B. McGowan, Newtownabbey (GB)

Joint EAUN-BAUN session: Current issues in urological care

Thematic Session 11

Sunday, 26 March
16:30 - 17:30

Location: Room 1

Chairs: P. Allchorne, London (GB)
J. Taylor, Manchester (GB)

Aims and objectives of this presentation

Aims:

Champion advance nursing practice throughout Europe in urology.

Objectives:

Addressing variability in nursing standards across Europe using examples of best practice and inspirational leadership.

Demonstrating nurses in advanced roles are cost efficient, effective, patient centred and provide much needed continuity of care to patients.

16:30 - 16:40

Introduction

16:40 - 16:50

Brexit - in or out?

J. Brocksom, Leeds (GB)

16:50 - 17:00

The recovery package

M. Bagnall, Wallsend (GB)

Aims and objectives of this presentation

The recovery package is a set of interventions which aims to greatly improve the lives of people living with and beyond cancer and to reduce GP and hospital visits.

The four interventions include holistic assessment, treatment summary, health and wellbeing events and a cancer care review.

This presentation will describe a project funded by Prostate Cancer UK which implemented the recovery package for patients living with prostate cancer in north Northumberland.

17:00 - 17:10

A novel APP approach to nurse-led renal catheter care

K. Melchiorson, Aarhus (DK)

17:10 - 17:20

Leadership driven care implementation: From bench to bedside

L. Aarvig, Aarhus Nord (DK)

Aims and objectives of this presentation

At Aarhus University Hospital, we have implemented research findings from the study dealing with the optimization of patient care for cystectomy patients. How can this best done in practice? What consideration is that when research must implement?

17:20 - 17:30

Questions and answers

Lymphoedema in urological patients after pelvic lymph node dissection

Thematic Session 12

Monday, 27 March
08:30 - 09:30

Location: Room 3/4

Chair: L. Söderkvist, Stockholm (SE)

Aims and objectives of this presentation

Pelvic lymph node dissection in urological cancer treatment is undertaken for both prostate cancer and bladder cancer. Urological patients that undergo pelvic lymph node dissection in addition to their treatment will be subjected to an increased risk of complications such as lymphoedema. This can cause significant morbidity as a result of skin infection, eczema, pain as well as psychological discomfort. This session aims to provide knowledge on detecting risk factors and early signs in patients at high risk of getting lymphoedema and how it can be prevented and treated.

08:30 - 08:35

Introduction

08:35 - 08:50

Lymfoedema after pelvic lymph node dissection: Defining, preventing and treating

I. Schollema-Noordhoff, Drachten (NL)

08:50 - 09:05

Pre- and post-operative evaluation of patients at risk of lymphoedema

M. Pinto, Naples (IT)

Aims and objectives of this presentation

In developed countries cancer is the most frequent cause of secondary lymphedema but there are emerging data about genetic susceptibility and new drugs side effects that increase the risk of developing lymphedema. It is widely accepted that the etiology of lymphedema is multifactorial and risk factors could contribute more or less depending on individual and environmental patient context. Patient evaluation before and after treatment is a strategic step to identify patients at higher risk, to adopt primary prevention strategies (including less invasive surgical procedures such as videoscopic LND) and to promote early detection and early treatment onset (secondary prevention). A detailed medical history (focused to risk factors) and a general clinical examination are followed by body regions volume measurement plus lymphedema stage assessment using standardized methods and by disability and quality of life evaluation using validated scales and instruments.

09:20 - 09:30

Questions and answers

Drug-resistant microorganisms in urology: Is there an avalanche coming?

Thematic Session 13

Monday, 27 March
08:30 - 09:30

Location: Room 1

Chair: S.J. Borg, St. Julians (MT)

Aims and objectives of this presentation

We are all seen, in the last sixteen years, a dramatic upsurge of UTI caused by E. coli that have not responded to the mainstream drugs in use in our first line of defence. Therefore the primary aims & objectives for this session is to have delegates more aware of findings coming out of a worldwide-performed point prevalence study conducted by the Global Prevalence of Infections in Urology's (GPIU). We are in reality running out of time and oral antibiotics that can treat such infection, thus is of upmost importance for urology nurses to be well informed of their salient role in preventing the dissemination of drug-resistant microorganisms.

08:30 - 08:45

The global prevalence of infections in urology study: A long-term, worldwide surveillance study on urological infections

F.M.E. Wagenlehner, Giessen (DE)

Aims and objectives of this presentation

The Global Prevalence of Infections in Urology (GPIU) study is a worldwide-performed point prevalence study intended to create surveillance data on antibiotic resistance, type of urogenital infections, risk factors and data on antibiotic consumption, specifically in patients at urological departments with healthcare-associated urogenital infections (<http://gpiu.esiu.org/>). Apart from the GPIU main study, several side studies are taking place, dealing with transurethral resection of the prostate, prostate biopsy, as well as urosepsis. The GPIU study has been annually performed since 2003, including 27,542 patients. Resistance rates of most uropathogens against antibiotics were high, especially with a note of multidrug resistance. The severity of HAUTI is also increasing, 25% being urosepsis in recent years.

08:45 - 09:05

Antibiotics: Has the urological time bomb exploded?

To be confirmed

09:05 - 09:20

What is the role of nurses in the prevention of CAUTI (catheter-associated urinary tract infections)?

N. Bartlomé-Wyss, Aarau (CH)

Aims and objectives of this presentation

Catheter-Associated Urinary Tract Infections (CAUTI) are the most common nosocomial infections. We used a multi-modal interdisciplinary intervention to reduce CAUTI with three key elements: stringent indications for UC insertion, shifting the task to decide on Urinary Catheter (UC) removal from physicians to nurses and an automatic electronic alert for catheter removal as key elements.

09:20 - 09:30

Questions and answers

Illiteracy and health literacy in patients

State-of-the-art 6

Monday, 27 March
09:45 - 10:15

Location: Room 3/4

Chair: J. Verkerk-Geelhoed, Gouderak (NL)

Aims and objectives of this presentation

This session addresses the impact of illiteracy on health outcomes. What can be done about this with specific materials?

09:45 - 09:50

Introduction

09:50 - 10:15

Health literacy: Are all patients equal for understanding the standard information given?

M.R. Van Balken, Arnhem (NL)

Aims and objectives of this presentation

- to enlighten the audience on the problem of illiteracy
- to highlight the consequences of illiteracy on health care
- example given the financial burden of health illiteracy
- example given unequal initial presentation, outcome of therapy, complication and mortality rates
- to illustrate the problem with urological examples
- to show the audience how to recognize illiterate patients
- to give examples on what can be done to lessen the problem

Unlocking the potential of social media in nursing

State-of-the-art 7

Monday, 27 March
09:45 - 10:15

Location: Room 1

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

Aims and objectives of this presentation

The aim of the session will be to give people an understanding of how social media is and can be used in nursing and healthcare.

The session will cover the following:

The rise of social media

Why social media is valuable for nursing

How nurses can use social media to inform their practice, as part of their practice, and to share and celebrate their practice

Social media, CPD and Revalidation

Some signposting on how to get started

09:45 - 09:50

Introduction

09:50 - 10:15

Unlocking the potential of social media in nursing

T. Chinn, Bristol (GB)

Aims and objectives of this presentation

Social media in nursing is taking off in a huge way – this session aims to explore the potential that has already been realised and the potential that is yet to be unlocked. The session will explore how participants can think differently about social media and use it to inform their work, as part of their work and to share their work.

Urostomy/urinary diversion: Clinical pathway for the management of patients who undergo a cystectomy

EAUN-ESU Course 2

Monday, 27 March
10:30 - 12:30

Location: Room 3/4

Chair: O. Hakenberg, Rostock (DE)

Aims and objectives of this presentation

This session will provide an overview of urinary diversion techniques, their advantages and problems in view of postoperative management and nursing care that these patients will need. This will address issues of complications as well as their prevention.

10:30 - 10:45

Oncological and non-oncological indications for cystectomy

J.A. Nieuwenhuijzen, Amsterdam (NL)

10:45 - 11:00

Stoma or continent reservoir?

O. Hakenberg, Rostock (DE)

11:00 - 11:15

What, when and how to explain to a patient everything about a urostomy

S.P. Fillingham, Kent (GB)

11:15 - 11:30

Continent Urinary Diversion: A patient's view (Mitrofanoff Support UK)

K. Rogers, Bournemouth, Dorset (GB)

11:30 - 11:45

Break

11:45 - 12:00

Complications after radical cystectomy

J.A. Nieuwenhuijzen, Amsterdam (NL)

12:00 - 12:15

Follow-up after cystectomy

O. Hakenberg, Rostock (DE)

12:15 - 12:30

Discussion

Rare cases and diseases in urology

Thematic Session 14

Monday, 27 March
10:30 - 11:30**Location:** Room 1**Chair:** S. Vahr Lauridsen, Copenhagen (DK)**Aims and objectives of this presentation**

This session will provide you with the newest knowledge about uncommon conditions that can be found in urology patients. In everyday practice it is often difficult to find literature and practical information about unusual diseases for timely management of such conditions. The speakers of this session will discuss relevant observations, indications and treatment of these cases.

10:30 - 10:50**Urachuscarcinoma**

M.A. Behrendt, De Meern (NL)

Aims and objectives of this presentation

Urachal Cancer is a rare but potentially deadly disease. Multidisciplinary treatment approaches and translational research as well as centralisation in so called "tumor centres" have changed management and survival of these patients. What used to be a rarity, considered fatal, is now proven to be genetically linked to gastrointestinal tumors, thus opening a range of treatment options and changing the therapeutic approach.

By using Urachal Cancer I would like to give an example of how next generation sequencing and multidisciplinary, translational research can improve understanding and outcome for rare diseases in general.

10:50 - 11:10**Adult hypospadias**

To be confirmed

Aims and objectives of this presentation

This lecture aims at giving the audience insight in the fact that no final word is written on primary hypospadias repair in adults. It is common sense to accept that techniques for repair do not differ between adults and children however sutures, catheters and dressing need to be adapted to the size and the erectile activity of the adult penis. With the increased detection of genital anomalies at a younger age and the advent of microsurgical techniques, virtually most of hypospadias are nowadays diagnosed, and most of them are corrected. Primary adult hypospadias will probably therefore progressively vanish, at least in Western Europe.

11:10 - 11:30**Penile carcinoma: An update**

N.M. Graafland, Woerden (NL)

Urology nurses: Demonstrating our worth to the people who matter

Thematic Session 15

Monday, 27 March
11:45 - 12:45

Location: Room 1

Chair: F. Geese, Berne (CH)

Aims and objectives of this presentation

Nurses, in general, are poor at demonstrating the value of the service we offer to society and to those who pay for health services in particular. A website like www.apollonursingresource.com helps to assist nurses to develop some skills to have a better voice to explain and advocate for the service we offer.

This session will present 2 different perspectives on how we as nurses can support and influence each other to become a stronger voice.

11:45 - 11:50

Introduction

11:50 - 12:20

Valuing what we do, so that we can do what we value

A. Leary, London (GB)

12:20 - 12:35

Recognition of urology nurses in the south of Europe

T. Santos, Barreiro (PT)

Aims and objectives of this presentation

The aim of this presentation is to provide a perspective about the main activities and responsibilities of an urology nurse in the south of Europe, particularly in Portugal. Also it will be introduced the current reality of the nursing education in Portugal.

12:35 - 12:45

Questions and answers

General assembly

Special Session

Monday, 27 March
13:00 - 13:45

Location: Room 3/4
Chair: S. Terzoni, Milan (IT)

Award session

Award Session

Monday, 27 March
14:00 - 14:15

Location: Room 3/4

Chair: S. Terzoni, Milan (IT)