



Stockholm

17-21 March 2009

10th International EAUN Meeting, 18-20 March 2009
In conjunction with the 24th Annual EAU Congress

Programme Book



eaun

European
Association
of Urology
Nurses



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Welcome to Stockholm

From Vienna to Stockholm in 10 years...

Dear Colleagues,

On behalf of the board I welcome you to the 10th *International Meeting of the European Association of Urology Nurses (EAUN)*.

Established by a few enthusiastic urology pioneers 10 years ago in Vienna, the EAUN has reached this year its first major milestone, an achievement that shows that all our efforts were worthwhile! And we can assure everyone that we will continue the hard work to maintain the unique partnerships we have forged, during the last decade, in urology nursing.

We could never have reached this milestone alone. And this is reflected in the Opening Ceremony in Stockholm where we will again be honoured by the presence of EAU Secretary General Per-Anders Abrahamsson who will speak on *'One decade with EAUN'* and future collaboration. This reminds me that I should express my sincere thanks to all members, speakers, sponsors and host country Sweden for making it possible for us to meet in Stockholm. I also take this opportunity to congratulate the Swedish Association with their own jubilee which they are celebrating during the EAU Congress!

New features in the EAUN programme

Apart from the interesting state-of-the art lectures, an ESU course on UTI, abstract sessions and symposia, we are proud to offer, for the first time, pre-congress workshops organised in collaboration with our sponsoring companies and educational working group. The workshops have attracted an international faculty and we would definitely encourage you to register.

Moreover, the EAUN has launched a new segment, a workshop on *"Ensuring continence in difficult cases - solutions by nurses"* which will feature cases from our daily practice. Do not miss the opportunity to attend this exciting session! On Friday we will present a comprehensive masterclass on *"Evidence-based Practice in bladder cancer nursing care"* (D.L. Berry, Boston, USA).

New publication

As has been done in previous meetings, we will launch our latest publication in the *'Good Practice in Health Care'* series. The *"Incontinent Urostomy"* booklet, written by EAUN members and peer-reviewed by national urology nurses associations, was published with an educational grant from Hollister Incorporated. After the launching, all participants will receive a free copy.

Finally, I hope you will enjoy the sessions and fully benefit from the excellent learning and networking opportunities. I also encourage you to attend the General Assembly. We hope you will join, share your ideas with our members and the board and help us realise our long-term goals. The EAUN is looking for members dedicated to special interest groups. Think about it! We need your contribution and professional skills as we strive for new goals in the next decade.

Welcome to Stockholm!



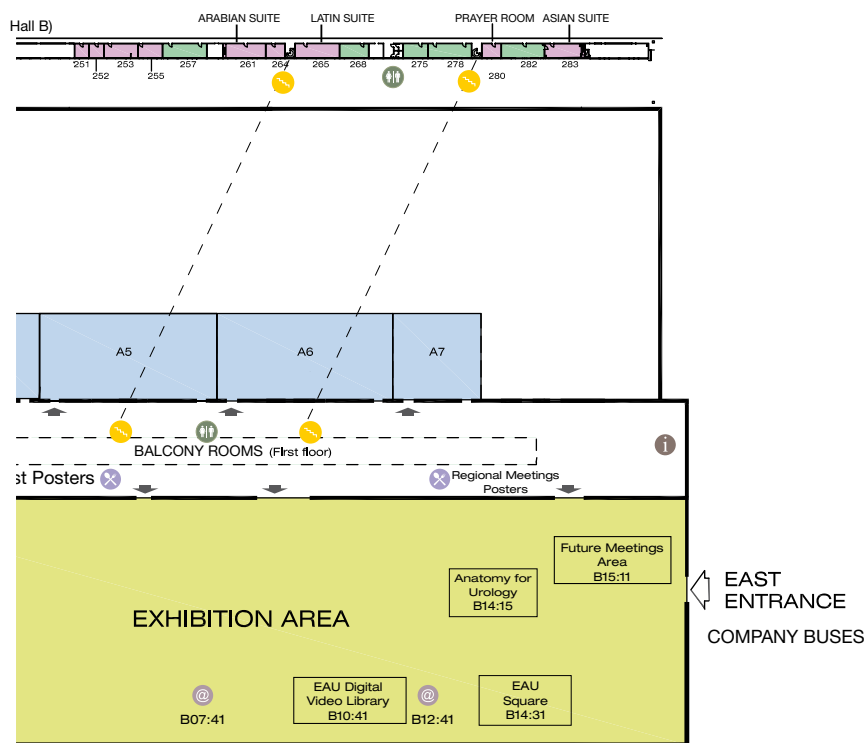
**Bente Thoft
Jensen**
EAUN Chair

Floorplan

Stockholm International Fairs



Stockholmsmässan
Stockholm International Fairs



EXHIBITION AREA
SESSION ROOMS
HOSPITALITY SUITES
MEETING ROOMS
PRESS AREA
SPEAKER SERVICE CENTRE / PRESENTATION TRAINING
OFFICES AND OTHER AREAS
REGISTRATION AREA

LINK

- Lift
- Stairs

SERVICES

- Toilet
- Cloakroom
- Internet corner
- Info point
- Restaurant
- First Aid

Webcast

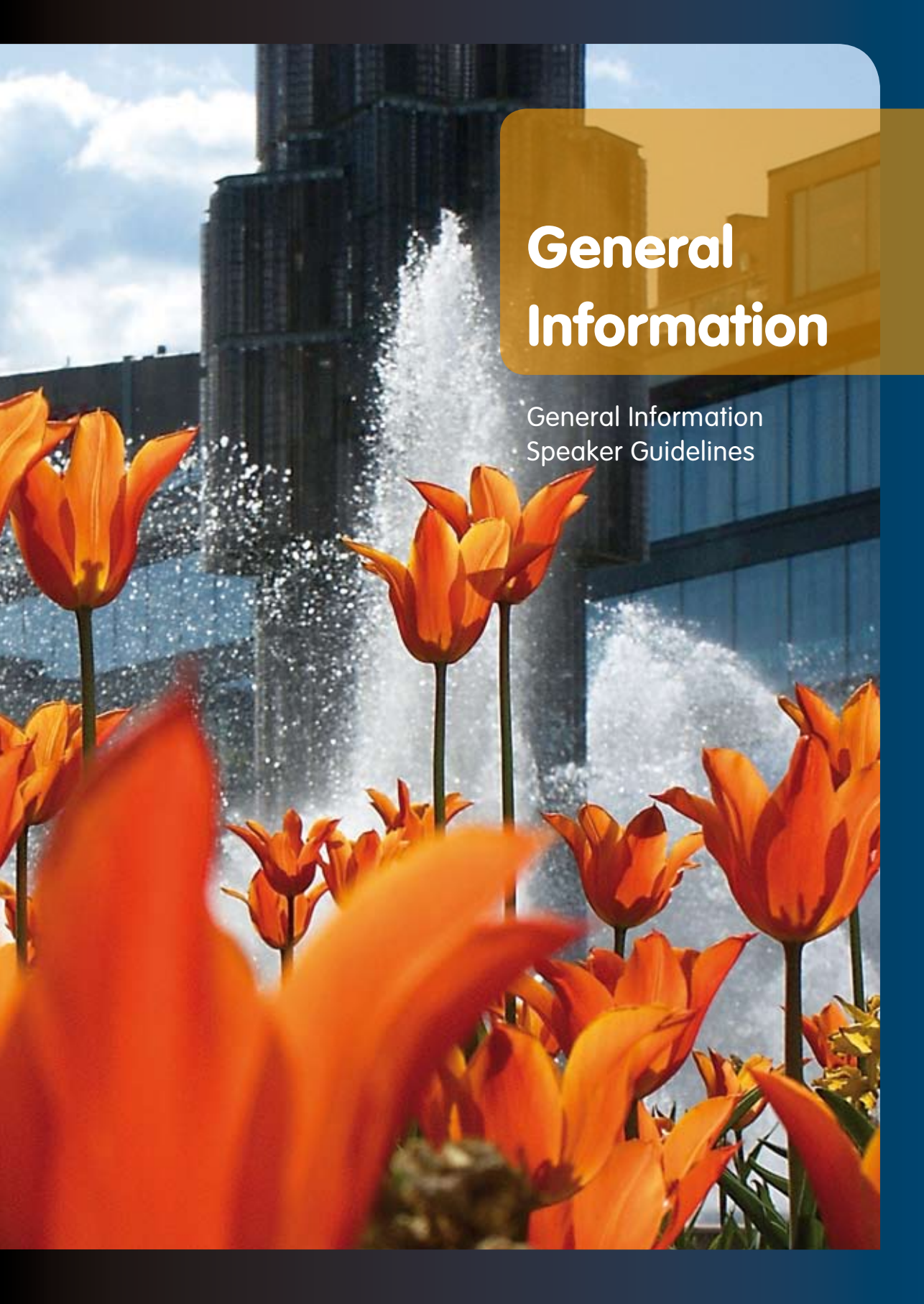
All sessions showing the webcast symbol will be available online at

www.eaustockholm2009.org

The webcasts are supported
by an unrestricted educational
grant from ASTELLAS.



**European
Association
of Urology**

A vibrant orange tulip in the foreground, with a city skyline and a fountain in the background. The tulip is in sharp focus, showing its bright orange petals and green stem. In the background, a tall, dark skyscraper rises against a blue sky with scattered white clouds. A large, energetic fountain spray of water is visible, creating a dynamic contrast with the still flower and building. The overall scene is bright and colorful, suggesting a sunny day in an urban park or plaza.

General Information

General Information
Speaker Guidelines

General information

Abstracts

More than 1,000 EAU abstracts have been accepted for presentation during poster, oral and video sessions at the Annual EAU Congress in Stockholm. All congress delegates can obtain a free copy of the EAU abstract book at a special desk in the main entrance hall. Abstract books can also be purchased at the cashier desk. The abstract CD will be distributed to all congress delegates from the Ferring booth (booth B02:31). **Abstract CDs are supported by an unrestricted educational grant from FERRING PHARMACEUTICALS**

Access to the Session Rooms

Seating is regulated on a first-come, first-served basis. We advise you to go to the session room well in advance of the session. Due to safety regulations, the organisers will close access to the room if all seats are taken. Delegates are not allowed to stand in the aisles of the session rooms.

Address and Accessibility Congress Venue

The Stockholm International Fairs is easily accessible by public transport (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 will receive a complimentary transportation pass valid on all public transport within the city of Stockholm during the Congress.

Address:

Stockholmsmässan - Stockholm International Fairs
Mässvägen 1; Älvsjö
125 80 Stockholm Sweden
T +46 (0)8 749 4100
F +46 (0)8 749 6372
W www.stockholmsmassan.se
Metro station: Älvsjö or Stockholmssmassan/Stockholm International Fairs. Car parking is available under hall C.

Buses should arrive/depart at the East entrance.
For the organisation of buses/parking please contact:
Mr. Torbjörn Erkers
T +46 (0)8 749 4298
E torbjorn.erkers@stofair.se

Business Centre

A small Business Centre is located on the balcony level of the venue which is accessible from the main entrance hall. This service will be available to all congress participants during the congress.

Certificate of Attendance

A Certificate of Attendance for the 10th International EAUN Meeting is handed out at EAUN session room A4.

Cloakroom/Luggage

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

Congress Bag

In the registration area each delegate can collect a congress bag which includes an EAU programme book. EAUN congress bags and programme books are handed out at EAUN session room A4.

The EAU congress bags are sponsored by ASTELLAS
The EAUN congress bags are sponsored by HOLLISTER INCORPORATED

Congress Hours

Tuesday, 17 March	11.00 - 18.00 hrs
Wednesday, 18 March	08.30 - 20.30 hrs
Thursday, 19 March	07.45 - 19.00 hrs
Friday, 20 March	07.45 - 19.00 hrs
Saturday, 21 March	08.00 - 13.30 hrs

Congress Office

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Badges

The badge classification is as follows:

- Blue ID Card : Congress delegate EAU member
- Grey ID Card : Congress delegate non-EAU member
- Orange ID Card : Nurse EAUN member
- Brown badge holder : Nurse non-EAUN member
- Green badge holder : Exhibitor
- Red badge holder : Press
- Purple badge holder : Accompanying person
- Pink badge holder : Special registration
- Yellow badge holder : Organising staff

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 ESU booth in Hall C with extensive information on the activities of the European School of Urology. Registration for the courses can be made at the ESU registration desks in the registration area. All congress delegates can collect an ESU Course CD at the booth of Sanofi-Aventis (booth B03:21). The programme will be adhered to as closely as possible; the ESU is not responsible for any unavoidable last minute changes. **ESU Course CDs are supported by an unrestricted educational grant from SANOFI-AVENTIS**

Daily Congress Newsletter

Special daily congress newsletters are available on 17, 18, 19 and 20 March 2009.

EAU Central Research Office



The EAU Central Research Office initiates and coordinates, as well as refines investigator initiated and other clinical research protocols. It also acts to facilitate all aspects of clinical research and expand the current network of active research centres and investigators - basic and clinical - both within the EAU member states and its international affiliates. The office coordinates clinical and translational research in close liaison with the Basic Research Committee of the EAU Research Foundation. The EAU Central Research Office can be visited at the EAU stand B14:31 in the exhibition hall.

EAU Internet Corners

The EAU Internet Corners are at your disposal at different locations in the exhibition hall.

Supported by an unrestricted educational grant from ASTELLAS

EAU Digital Video Library

The EAU Digital Video Library (booth B10:41) will be operational during exhibition hours in the exhibition area. A wide choice of EAU videos, including all videos presented in Stockholm and previous EAU Congresses, can be viewed on request on individual monitors. All videos can be copied to DVD, a service that is provided free of charge for all congress delegates. Requested DVD's can be collected at the Astellas booth B01:21. **Supported by an unrestricted educational grant from ASTELLAS**

EAU Historical Exhibition

The members of the EAU History Office have, once more, set up a historical exhibit located at the EAU square. The exhibit will highlight the history of sexual-ity in urology under the title "The Power of Love".

EAUN ID Card

During the 10th International EAUN Meeting the EAUN ID Card will function as an entrance badge for EAUN members.

Please make certain to collect your EAUN ID Card in the registration area when you are registered as a congress delegate for the meeting. Non-EAUN members will receive a paper congress badge. Attendees are expected to have their EAUN ID Card visible at all times. A fixed price of € 15 will be charged for the replacement of a lost EAUN ID Card.



EAU Square

The EAU Square (booth B14:31) in the exhibition area consists of the EAU/EAUN Membership Booth, EBU Corner, the ESRU Corner, the EAU Barcelona 2010 Promotion Counter, the Clinical Research Office, the UroSource work station and the EAU Historical Exhibition. There is also information on European Urology and other EAU publications. The EAU/EAUN Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Square for further information and to apply for EAUN membership.

General Information

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 Telephone Number

In case of emergency call 112 for police, fire brigade and ambulance service. In case of an emergency in the congress venue contact a security guard immediately.

European Urology

European Urology, the official journal of the EAU, has been a respected urological forum for over 20 years and is currently read by more than 9,000 urologists across the globe. With an impact factor of 5,634, the journal has become the leading scientific publication in the field of urology. To keep up with the rapidly evolving world of medicine, technology and surgical techniques, European Urology is constantly updating and innovating its features and layout in order to provide the best clinical guidance, research and education for urologists across Europe and the world. Come see European Urology for yourself - visit either the European Urology (booth B01:01) or EAU Square (booth B14:31) at the exhibition.

Excursions and Stockholm Information

Information on Stockholm and excursions will be available at the Excursion and Stockholm Information Desk in the registration area.

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. The official opening will take place on Wednesday, 18 March at 09.00 hrs.

Exhibition Hours

Wednesday, 18 March	09.00-18.00 hrs
Thursday, 19 March	09.00-18.00 hrs
Friday, 20 March	09.00-18.00 hrs

First Aid

There is a medical unit present for first aid in the entrance hall. In case of emergency contact a security guard immediately.

Future Meetings Promotion

Posters and other information on future meetings can be displayed in the "Future Meetings Area" located in the the exhibition hall, booth B15:11. It is strictly forbidden to put up promotional material at any other location in the building.

Hotel Accommodation

The EAU has contracted the company Congrex Sweden AB to deal with the housing for the congress delegates. Congrex staff will be available at the Hotel desk in the registration area.

Hospitality Suites: Special Latin-American, Arabian and Asian Suites

During the 24th Annual EAU Congress there will be special hospitality suites to welcome congress delegates from the Latin-American, Arabian and Asian countries. You can find the suites on the balcony level accessible from the main entrance hall.

Company Hospitality Suites

Astellas	Lounge and stone room; ground floor
Cook Medical	Room K22; 1st floor

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 congress will be conducted in English, the official language of the EAU. No translation will be provided.

Lost and Found

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

Mobile Phones

Mobile phones must be switched off during all sessions.

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 Office.

Message & Service Points

You can use this interactive system to retrieve your messages and to send messages to other congress delegates. The system also includes information on sessions and the exhibition. Please follow the instructions on the message/service monitors at the various locations in the congress venue.

Poster Builder Service

The EAU(N) offered a Poster Builder Service that enabled poster presenters to create posters for the 24th Annual EAU Congress and the 10th International EAUN Meeting online. Posters can be picked up at the Speaker Service Centre.

Prayer Room

A special room dedicated to prayer is located on the balcony level accessible from the main entrance hall.

Presentation Training Centre

As in previous years, you can take advantage of working with speaking consultant Mr. Paul Casella (Iowa, USA). Mr. Casella gives 'Individual Presentation Skills training' that will help improve your 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 very popular training session.

Press Centre

Journalists and medical/science writers can obtain free registration to the Congress. Press registrations have to be made through the online registration system (preferred) or at the Press Desk in the registration area. All media operators must show their credentials (press card dated 2009 and original assignment letter).

Journalists will receive a copy of the press pack, to be picked up at the press centre. 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.

Restaurants

Stockholm is one of the world's leading gastronomic destinations. Home to a very lively dining scene, the city's cuisine has become ever more complex in recent years. Restaurants serving traditional Swedish fare flourish alongside internationally renowned, cutting-edge cuisine. No matter what kind of cuisine you prefer, be it Asian or North American, Mediterranean or Swedish, you will never go hungry in Stockholm.

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.

Shuttle Buses

On March 18-19 there will be shuttle buses to bring delegates from the East entrance to the main entrance at the Stockholm International Fairs. Only delegates with a valid badge and badge holder can enter at the East entrance.

Smoking Policy

Smoking is prohibited inside the congress centre and the exhibition areas.

Taxi Service

A taxi service will be available at the Information desk in the main entrance of the venue.

Ask for fixed rates to Stockholm International Fairs from either Arlanda airport or downtown Stockholm. To book a Taxi in Stockholm we recommend to call one of the following companies that have reasonable and fixed rates.

Taxi 020, T +46 (0)20 20 20 20

Taxi Kurir, T +46 (0)8 30 00 00

Taxi Stockholm, T +46 (0)8 15 00 00

Transportation

Congress delegates will receive a transportation pass which is valid on all public transport within the city of Stockholm during the congress days.

Webcasts



Various sessions will be webcasted via www.eaustockholm2009.org. The webcasted sessions are indicated with the special  logo in the EAU programme book and will be online within several hours after the session. The webcasts have not been edited and are exactly as presented.

These  sessions are supported by an unrestricted educational grant from ASTELLAS.

WIFI

Free wireless internet will be available within the Stockholm International Fairs during the congress (in all areas with marble floors).

Speaker Guidelines

Speaker Service Centre

Only digital presentations will be accepted during the congress and all presentations should be handed in at the Speaker Service Centre at least three hours prior to the start of the session. Failure to do so could result in presentations not being available for projection when required.

Opening hours

Monday, 16 March	14.00-19.00 hrs
Tuesday, 17 March	07.00-19.00 hrs
Wednesday, 18 March	07.00-19.00 hrs
Thursday, 19 March	07.00-19.00 hrs
Friday, 20 March	07.00-19.00 hrs
Saturday, 21 March	07.00-13.00 hrs

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.

We remind you that:

- Speakers should strictly observe timing.
- Discussants should not speak without permission and must first clearly state their name, institution and country of origin.

If you are a speaker in an oral session

Locate your session room in time. Facilities are provided for PowerPoint presentations only. Please be in your session room no later than 15 minutes prior to the start of the session. Do remember that time allotted to speakers in oral sessions is 10 minutes (including 2 minutes for discussion). A maximum of 10 PowerPoint slides is allowed.



'EAU TV', live in Stockholm

The EAU goes for video news filmed and recorded on the occasion of our 24th Annual EAU Congress in Stockholm in March 2009. "EAU TV" will be broadcasted both on the EAU website as well as on site from the EAU TV Studio. Seven roundtable discussions will take place on Thursday and Friday, 19 and 20 March about major urological topics: Prostate cancer, bladder and testicular cancer, renal cell cancer, benign prostatic hyperplasia, robotics, urinary incontinence and andrology.

Follow the chairs' instructions, in particular those regarding the timing of your presentation.

If you are presenting a poster

Posters must be put up in the room 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. One PowerPoint slide is allowed during your poster presentation. Also a PowerPoint slide of your poster, supplied by yourself prior to the congress, will be projected during discussion of your abstract.

Disclose links to the industry

The EAU Scientific Committee 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

At this year's EAU Congress, as in previous years, you can take advantage of working with speaking consultant Mr. Paul Casella (Iowa, US) to help improve your presentation and delivery skills. The one-on-one half hour sessions are free of charge and are available to all speakers. As these sessions have proved to be very popular in the past, please make your appointment at the Speaker Service Centre.





Scientific Programme

	18 March Wednesday		19 March Thursday		20 March Friday
Room	Room A4		Room A4		Room A4
08:00					
08:15				8.30 Bus leaves for Hospital visit	
08:30					
08:45					
09:00	Workshop State of the art of nocturia causes - treatments and reasons for treating		ESU Course Urinary Tract Infection (UTI) Part 1 Chair: M. Grabe, Malmö (SE)		EAUN Nursing Research Competition Learning session Chair: R. Pieters
09:15					
09:30	Chairs: B.T. Jensen, Århus (DK) J.P. Norgaard, Copenhagen (DK)			Hospital visit to the Karolinska University Hospital, Stockholm (SE)	
09:45			Break		Workshop Management of prostate cancer: The once-yearly LH-RH agonist Vantas® F.M.J. Debruyne, Nijmegen (NL) Sponsored by ORION PHARMA
10:00					
10:15			ESU Course Urinary Tract Infection (UTI) Part 2		
10:30					Break
10:45	Break				
11:00					State-of-the-art lecture with 20 min hands-on mannequin session Suprapubic catheters E. Wallace, Dublin (IE)
11:15	Workshop Superficial bladder cancer - Hexivix®		Break		
11:30	Chair: F. Charnay-Sonnek, Strasbourg (FR)				
11:45		11.30 Bus leaves for Hospital visit	Symposium Neurogenic bladder and sexuality Chair: C. Hultling, Stockholm (SE)		Break
12:00			Sponsored by ASTRA TECH AB		State-of-the-art lecture Evidence based practice in bladder cancer nursing care D.L. Berry, Boston (US)
12:15	Sponsored by GE HEALTHCARE and PHOTOCURE				
12:30					EAUN General Assembly Chair: B.T. Jensen, Århus (DK)
12:45					
13:00		Hospital visit to the Karolinska University Hospital, Stockholm (SE)	Nurses Lunch Gathering		
13:15			Sponsored by AMGEN (EUROPE) GMBH		Lunch
13:30	Special session of the Swedish Association of Urology Nurses Clinical practice, education and research in urology nursing in Sweden				State-of-the-art lecture Body-image and sexuality in urology H. Forristal, Dublin (IE)
13:45	Chairs: K. Stenzelius, Lund (SE) H. Thulin, Stockholm (SE)		Poster viewing		
14:00					
14:15			Poster Abstract Session		Oral Abstract Session
14:30			Chairs: R. Pieters, Ghent (BE) K. Fitzpatrick, Dublin (IE)		Chairs: V. Geng, Lobbach (DE) B.T. Jensen, Århus (DK)
14:45					
15:00					
15:15	Break		State-of-the-art lecture Current research in the treatment of incontinence in the elderly M. Drake, Bristol (UK)		Break
15:30					
15:45	EAUN Opening P-A. Abrahamsson, Malmö (SE) B.T. Jensen, Århus (DK)				Award Session Best EAUN Nursing Research Project Prize supported by an unrestricted educational grant from FERRING PHARMACEUTICALS
16:00	Introduction guideline Incontinent Urostomy V. Geng, Lobbach (DE)		Workshop Ensuring continence in difficult cases - solutions by nurses		
16:15	U. Konheiser, Unterföhring (DE)		Chair: R. Pieters, Ghent (BE)		
16:30	Symposium Neurogenic bladder management - Intermittent catheterisation Chairs: W. Arribani, Padua (IT) B.T. Jensen, Århus (DK)				
16:45	Sponsored by HOLLISTER INCORPORATED				
17:00					
17:15					
17:30	Champagne Reception				
17:45	Sponsored by HOLLISTER INCORPORATED				
18:00					
18:15					

Hospital visit

11.30 - 14.30 10th International Meeting of the European Association of Urology Nurses (EAUN)

11.30 - 12.00 Bus transfer

The bus to Karolinska University Hospital will be leaving at 11.30 in front of the main entrance (west) of Stockholm International Fairs. Non-registered participants are allowed to take part in the Hospital Visit should some of the pre-registered participants decide not to go.

12.00 - 14.30 Hospital visit to the Karolinska University Hospital

Participants that are registered for this Hospital visit have received a confirmation by e-mail or regular mail and the registration is listed on their entitlement list.

Workshop

08.30 - 10.30 State of the art of nocturia causes - treatments and reasons for treating

Room A4

Chairs: B.T. Jensen, Århus (DK)
J.P. Norgaard, Copenhagen (DK)

08.30 - 08.40 Opening

B.T. Jensen, Århus (DK)

08.40 - 08.50 Nocturia: A disease or a natural consequence of ageing? - epidemiology

J.P. Norgaard, Copenhagen (DK)

08.50 - 09.10 Sleep; is it waste of time and is nocturia causing relevant sleep problems

N. Stanley, Norfolk (GB)

09.10 - 09.25 Why treat nocturia - what is the problem from a patient and societal perspective

T. Holm-Larsen, Copenhagen (DK)

09.25 - 09.50 Nocturia - the therapeutic options and the nurse's role in the evaluation

P.E. Van Kerrebroeck, Maastricht (NL)

09.50 - 10.10 Nursing experiences and expectations from clinical practice

K. Stenzelius, Lund (SE)

10.10 - 10.30 Discussion

Aim

To update on most recent developments in nocturia research

Objective

To provide relevant information on advising patients about therapeutic options for this condition with special emphasis on the nurse's role in the evaluation of LUTS in general and specifically in nocturia.



Workshop

11.00 - 13.00 Superficial bladder cancer - Hexvix®

Room A4

11.00 - 13.00 **Superficial bladder cancer - Hexvix®**
Chair: F. Charnay-Sonnek, Strasbourg (FR)

11.00 - 11.10 **Introduction**
F. Charnay-Sonnek, Strasbourg (FR)

11.10 - 11.30 **Indications for Hexvix®**
P.C. Frimodt-Møller, Fredericia (DK)

11.30 - 12.00 **Pre-operative patient care and preparations**
J. Meinung, Herlev (DK)

12.00 - 12.20 **Diagnostics in the theatre / case studies**
D. Murphy, London (UK)

12.20 - 12.40 **Equipment**
- PDD (photodynamic diagnosis) equipment and technique
G. Kasparik, Storz, Tuttlingen (DE)
- PDD Exera equipment TBC
Olympus, Hamburg (DE)

12.40 - 13.00 **Discussion and closure**

Aims and objectives

To give an overview of Hexvix® cystoscopy, including patient selection and benefits, and practical considerations involved in patient preparation and equipment aspects. By the end of the workshop the attendees will be able to organise a fluorescence cystoscopy service in their own hospital and to understand which patients will benefit from this technique.

Sponsored by GE HEALTHCARE and PHOTOCURE

Plenary Session 1

13.00 - 18.15 10th International Meeting of the European Association of Urology Nurses (EAUN)

Room A4

13.00 - 15.00 **Special Session of the Swedish Association of Urology Nurses**
Clinical practice, education and research in urological nursing in Sweden

Chairs: K. Stenzelius, Lund (SE)
H. Thulin, Stockholm (SE)

- 13.00 – 13.05 **Introduction**
K. Stenzelius, Lund (SE)
H. Thulin, Stockholm (SE)
- 13.05 – 13.20 **Clinical practice: Good examples**
Home care for urology patients
L. Trossle, Lund (SE)
- 13.20 – 13.35 Prostate cancer dispensary
A-K. Börjedahl, Helsingborg (SE)
- 13.35 – 13.50 Writing as a tool to reduce stress among cancer patients
D. Thorstinsdottir, Göteborg (SE)
- 13.50 – 14.00 **Education in urology nursing**
Net based education in the last 12 years
K. Stenzelius, Lund (SE)
A-K. Lind, Lund (SE)
- 14.00 – 14.10 **Research in urology nursing: Examples**
Prostate cancer - when cure is not an option
O. Lindqvist, Umeå (SE)
- 14.10 – 14.20 Patients with a prostate condition - who are they talking with
C. Lund-Hagelin, Stockholm (SE)
- 14.20 – 14.30 Living with bladder cancer
H. Thulin, Stockholm (SE)
- 14.30 – 14.40 Sleep disturbances among LUTS patients and their partners
H. Marklund-Bau, Linköping (SE)
- 14.40 – 14.50 Urinary and faecal incontinence in the elderly
K. Stenzelius, Lund (SE)
- 14.50 – 15.00 **Questions and answers**
- Aims and objectives**
During the last decade urological nursing in Sweden has changed into a more evidence-based and research intensive speciality. The RSU, the Swedish Association of Urology Nurses, aims to update the participants on the state of the art of urology nursing in Sweden by presenting good examples of clinical practice, urology nursing education and current research projects.
- 15.00 – 15.45 **Break**
- 15.45 – 16.00 **EAUN opening**
P-A. Abrahamsson, Malmö (SE), EAU Secretary General
B.T. Jensen, Århus (DK), EAUN Chair



16.00 - 16.15 Good Practice in Health Care Incontinent Urostomy - introduction

V. Geng, Lobbach (DE)

U. Konheiser, Unterföhring (DE)

With the aim of improving current practices and delivering a standard and reliable tool for all urology nurses, the working group, consisting of EAUN members, wrote a guideline clearly stating the level of evidence of each procedure and recommendation. It will be introduced to the participants by the chair of the working group and a representative of the supporting company HOLLISTER INCORPORATED. A free copy is available for all EAUN members and for all participants of the 10th International EAUN Meeting after the introduction or from the hostesses upon presentation of your badge/EAUN ID card and entitlement list.

16.15 - 17.20 Symposium Neurogenic bladder management - intermittent catheterisation

Chairs: W. Artibani, Padua (IT)

B.T. Jensen, Århus (DK)

16.15 - 16.20 Introduction

W. Artibani, Padua (IT)

16.20 - 16.35 Catheters and infections – a national concern

R. Addison, Croydon (GB)

16.35 - 16.40 Discussion**16.40 - 16.55 Review of principles of intermittent catheterisation and intermittent catheters**

A.J. Pope, Uxbridge (GB)

16.55 - 17.00 Discussion**17.00 - 17.15 User appreciation of the characteristics and packaging of the VaPro® - hydrophilic intermittent catheter design**

F. Bernier, Libertyville (US)

17.15 - 17.20 Discussion**Aim**

- To give an overview on the current status of intermittent catheterisation

Objectives

- To share the understanding to which extent ISC is associated with UTIs and how to avoid them
- To get an overview on methods and catheters currently available to support the aseptic method
- To introduce a new hydrophilic catheter and describe its ability to support aseptic catheterisation

Sponsored by HOLLISTER INCORPORATED

17.20 - 18.15 Champagne reception

This festive reception will be held exclusively for nurses in the Parkside restaurant on level 1.

Sponsored by HOLLISTER INCORPORATED

Hospital visit

08.30 - 11.30 10th International Meeting of the European Association of Urology Nurses (EAUN)

08.30 - 09.00 Bus transfer

The bus to Karolinska University Hospital will be leaving at 11.30 in front of the main entrance (west) of Stockholm International Fairs. Non-registered participants are allowed to take part in the Hospital Visit should some of the pre-registered participants decide not to go.

09.00 - 11.30 Hospital visit to the Karolinska University Hospital

Participants that are registered for this Hospital visit have received a confirmation by e-mail or regular mail and the registration is listed on their entitlement list.

Plenary Session 2

08.30 - 17.00 10th International Meeting of the European Association of Urology Nurses (EAUN)

Room A4

08.30 - 11.00 ESU course Urinary Tract Infection (UTI)

Chair: M. Grabe, Malmö (SE)

08.30 - 09.00 Definitions, pathogenesis and impact of UTI

B. Wullt, Lund (SE)

M. Grabe, Malmö (SE)

09.30 - 10.00 Break

10.00 - 10.30 Prevention of UTI and ward hygiene

E. Lund, Århus (DK)

10.30 - 10.45 Prevention of healthcare associated infections: Antibiotic prophylaxis

M. Grabe, Malmö (SE)

10.45 - 10.50 Case discussions

10.50 - 11.00 Conclusions and messages to take home

Aims and objectives

The present course aims at giving

- An update on the definitions of urinary tract infections (UTI), the pathogenesis of UTI and their impact on health care
- An update on the development of resistance and increased difficulty in treating multiresistant bacterial strains
- A review on present aspects on prevention of UTI and health care associated infections
- An update on ward hygiene in the prevention of UTI



11.00 - 11.30 Break

11.30 - 12.30 Symposium Neurogenic bladder and sexuality

Chair: C. Hultling, Solna (SE)

11.30 - 11.40 Introduction

C. Hultling, Solna (SE)

11.40 - 11.50 Bladder and sexual function with SCI – daily practice

L. Lindbo, Solna (SE)

11.50 - 12.00 Respecting the patient's integrity

C. Hultling, Solna (SE)

12.00 - 12.10 Experience of SCI and female network group

E. Nilsson, Solna (SE)

12.10 - 12.30 Discussion

Aims and objectives

At this symposium you will have the opportunity to listen to three professionals experienced in working with people who have acquired a spinal cord injury (SCI). The symposium aims to discuss and give advice on how to handle the sensitive topic of neurogenic bladder and sexuality.

Sponsored by ASTRA TECH AB

12.30 - 13.30 Nurses lunch gathering

This lunch will be held in the Parkside restaurant, Level 1 and is especially arranged for all participants of the 10th International EAUN Meeting

Sponsored by AMGEN (EUROPE) GMBH

13.30 - 15.15 Poster Abstract Session

*Chairs: K. Fitzpatrick, Dublin (IE)
R. Pieters, Ghent (BE)*

Abstract code explanation
P : Poster abstract
p : Daily practice
s : Scientific research

13.30 - 14.00 Poster viewing



14.00 - 15.15 Poster presentations

P1-p Nutricounter: A visual tool reduces weight losses

R. Vormstrup Knudsen, I.M.U. Marie Ulrich (Aalborg, Denmark)

P2-p An evaluation of the safety and efficiency of the indwelling catheter valve

M. O'Brien, L. Casey (Dublin, Ireland)

P3-p Systematic standarization of urological catheters: practical feasibility and clinical implications

C. Serra Saus, M. Sitges Carreño (Barcelona, Spain)

P4-p Inventing and solving a problem - nursing a patient with a nephrostomy tube

A. Bäärnhielm (Stockholm, Sweden)



- P5-p** **How to educate patients leaving the hospital with indwelling catheters following Radical Prostatectomy?**
S. Niklaus, R. Willener (Berne, Switzerland)
- P7-s/p** **Method for diagnosing incontinence after radical prostatectomy. Does our information correspond to real life?**
A.D. Seyer-Hansen, S. Skou Jensen (Aarhus, Denmark)
- P8-s** **Use of transversus abdominis plane-block to prevent painful urine bladder spasm after RALP: A prospective, double-blind randomized trial**
D.R. Buitelaar, W.M. De Blok, H.G. Van Der Poel, H.V. Van Muilekom (Amsterdam, The Netherlands)
- P9-p** **Is one-stop nurse practitioner led prostate biopsy effective and safe?**
B. Turner, J. Williams, A. Chowdhury, J. Pati (London, United Kingdom)
- P10-s** **The family living with incurable prostate cancer – a qualitative study**
P. Bruun, B.D. Pedersen, P.J. Osther, L. Wagner (Odense, Fredericia, Denmark)

Prizes for the Best Oral and Poster presentations will be awarded at the Award Session, Friday 20 March, 15.45 hours

15.15 – 16.00 **State-of-the-art lecture** **Current research in the treatment of incontinence in the elderly**

M.J. Drake, Bristol (UK)



Aims

Urinary incontinence (UI) is a significant and costly problem in the elderly. The absolute numbers of older persons with UI is increasing exponentially worldwide with the global phenomenon of population aging. Throughout the world, no matter how one defines “older” or “elderly,” this population is characterised by its variety, ranging from active, community-dwelling, working, healthy nonagenarians to bed-bound, chronically ill, functionally- and cognitively-impaired persons in their late 60’s. UI remains a risk factor for nursing home admission. The burden of UI on formal and informal care giving is seen worldwide.

This lecture will focus on evidence based treatment of urinary incontinence in elderly persons. Current research on assessment and treatment as recommended by the 4th International Consultation on Incontinence (ICI) will be presented with emphasis on behavioural and drug treatment.

Objectives

At the end of this lecture the participant will be able to:

- Summarise the prevalence, incidence and at risk populations for UI in elderly persons.
- Specify the current research on formal and informal caregiver burden
- Understand the assessment and evaluation of an elderly incontinent patient.
- Identify evidence based behavioural management that includes toileting programmes, bladder retraining, and pelvic muscle rehabilitation.
- Describe principles for pharmacological therapy in elderly patients.

16.00 – 17.00 **Workshop** **Ensuring continence in difficult cases – solutions by nurses**

Chair: R. Pieters, Ghent (BE)

- 16.00 – 16.10 **Introduction**
R. Pieters, Ghent (BE)

- 16.10 – 16.30 **State-of-the-art lecture**
R. Pieters, Ghent (BE)



16.30 - 16.40	CC09-01	Continence management in the presence of peristoma skin breakdown N.A. Love-Retinger , G. Dalbagni, New York (US)
16.40 - 16.50	CC09-02	The use of intermittent self catheterisation to manage bladder dysfunction following intradetrusor injections of botulinum toxin A M. Lester , Manchester (GB)

16.50 - 17.00 **Discussion**

The cases have been evaluated by an expert jury. Those who submitted the best cases (as decided by the jury) were granted a free registration for the 10th International EAUN Meeting in Stockholm and were invited to present their case in this workshop. The expert jury was composed of R. Pieters, Urology Nurse, Belgium, E. Wallace, Urology Nurse, Ireland, O. Gimse Storrø, Nurse Specialist in Urological Gynaecology/ Sexologist, Norway, B. Holwe, Manager Continence Care, Hollister Incorporated, Germany, S. Walter, Professor in Urology, Denmark

The free registrations are supported by an unrestricted educational grant from HOLLISTER INCORPORATED

Aims and objectives

The aim of this session is to cater the sharing of practical knowledge between urology nurses in the field of ensuring continence, in particular in cases where standard protocols do not suffice.

Plenary Session 3

08.15 - 16.00 **10th International Meeting of the European Association of Urology Nurses (EAUN)**

Room A4

08.15 - 10.00 **EAUN Nursing Research Competition**



Chair: R. Pieters, Ghent (BE)

Jury: W.J. De Bruijn, Arnhem (NL)
V. Geng, Lobbach (DE)
G. Karazanashvili, Tbilisi (GE)
J.T. Marley, Portadown, (GB)
J.P. Norgaard, Copenhagen (DK)

08.15 - 08.20 **Introduction**
R. Pieters, Ghent (BE)

08.20 - 08.40 **The right criteria for a good research plan**
R. Pieters, Ghent (BE)

08.40 - 09.40 **Research project presentations**

08.40 - 08.50
RP09-01 Association between average 24-hour diuresis and permanent urine catheter blockage and derived financial consequences in the Central Denmark Region
L. Breindahl Kristensen, Aase Grundahl, Bente Thoft Jensen, Århus (DK)

08.50 - 08.55 **Discussion**

08.55 - 09.05
RP09-02 How do we support relatives of patients dying of urological cancer, who wish to die at home?
C. Englund, Odense (DK)

09.05 - 09.10 **Discussion**

09.10 - 09.20
RP09-03 Retropubic radical prostatectomy versus robot-assisted laparoscopic radical prostatectomy: a cost-effectiveness analysis
L. Hohwü, Århus (DK)

09.20 - 09.25 **Discussion**

09.25 - 09.35
RP09-04 How to instruct patients on the use of a vacuum device for the management of their erectile dysfunction (ED)
D. Smit - Van Den Hof, Arnhem (NL)



09.35 - 09.40 **Discussion**

09.40 - 10.00 **State-of-the-art lecture on the EONS Research project: Providing supportive care and advice to men with prostate cancer: an educational project**
F. Charnay-Sonnek, Strasbourg (FR)

Aims and objectives

The aim of the research competition is to encourage nurses to carry out their own research. Since the EAUN believes that by encouraging research we are in effect boosting the knowledge sharing between our members, we do not only consider big projects but also value those research plans with modest goals.

Additionally, through the presentation and discussion of the research plan, the main research investigator can share significant lessons on how to execute research projects. Authors of research plans get feedback on their submissions from specialists during this learning session. A substantial prize awaits the winner.

The research plan should satisfy the following requirements:

- Only registered nurses can submit a research project
- The project has not started at the time of submission
- The research and the presentation have to be done by a nurse
- The topic selected must be of relevance to urologic nursing

The following prize will be awarded in the Award Session, Friday, 20 March at 15.45 hours:

- Prize for the Best EAUN Nursing Research Project

Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

The full text of the Research plans discussed in this session can be found on our website, www.eaun.uroweb.org. Click on "Link to Research plans presented at past international EAUN meetings" under the heading Read more.

10.00 - 10.15 **Workshop A new approach in the management of prostate cancer: The once-yearly LH-RH agonist Vantas®**

F.M.J. Debruyne, Nijmegen (NL)

Aims and objectives

LH-RH agonists have become the mainstay for the management of advanced prostate cancer and in recent years, emphasis has been placed on developing LH-RH agonist preparations that provide increased choice while maintaining optimum testosterone suppression. This has led to the development of the once-yearly subcutaneous histrelin acetate implant which is currently marketed in the USA (Vantas®). During this presentation, the clinical profile of the once-yearly histrelin acetate implant will be discussed, along with its potential benefits for patients and healthcare providers. The role of the nurses in the way of administration of this new preparation will also be highlighted.

Sponsored by ORION PHARMA

10.15 - 10.45 **Break**

10.45 - 11.30 **State-of-the-art lecture Suprapubic catheters**
E. Wallace, Dublin (IE)



11.05 - 11.25 **Hands-on mannequin session**
B. Burke, Dublin (IE)
N. Clifford, Dublin (IE)
M. O'Brien, Dublin (IE)



11.25 - 11.30 **Discussion**

Aim

This workshop aims to highlight to nurses the work involved in setting up a course and the knowledge and training required to assist them in gaining competency to perform the procedure in accordance with local guidelines.

11.30 - 11.45 **Break**

11.45 - 12.15 **State-of-the-art lecture Evidence based practice in bladder cancer nursing care**
D.L. Berry, Boston (US)



Aim

The aim of this presentation is an overview of relevant medical and nursing facts and approaches to the care of persons with bladder cancer.

Learning objectives

- Describe the etiology, staging, presentation and treatment of bladder tumours
- Discuss primary nursing care goals for each stage of bladder cancer addressing major quality of life issues
- Discuss specific therapies for irritative bladder symptoms

12.15 - 12.45 **EAUN General Assembly**



Agenda

Welcome by the chair

- Formal installation of new members and chair
- Minutes AGM 2008
- The report of the chair with presentation of the achievements of 2008/2009
- Masterplan, growth targets and budget
- Cooperation with other organisations
- Report on the Stockholm meeting with national societies
- Proposals from the members:
 - Guidelines
- Call for members of advisory boards and EAUN special interest groups
- Subjects for the next Meeting in 2010 in Barcelona
- Other business

12.45 - 13.15 **Lunch**

13.15 - 14.00 **State-of-the-art lecture Body-image and sexuality in urology**
H. Forristal, Dublin (IE)



Aims and objectives

- To help understand why Body Image and Sexuality are important factors to consider in our urology patients
- To explain and understand the concept of Body Image
- To explain and understand the concept of Sexuality
- To discuss the effects that treatments have on Sexuality and Body Image in our urology patients
- To discuss the role of the Specialist Nurse when supporting our urology patients through these issues



14.00 - 15.15 Oral Abstract Session

Chairs: V. Geng, Lobbach (DE)
B.T. Jensen, Århus (DK)

Abstract code explanation
O : Oral abstract
p : Daily practice
s : Scientific research

- 01-p** **Trouble with your waterworks**
W.S. Naish (Croydon, United Kingdom)
- 02-p** **Catheter practice, documentation and knowledge audit**
E. Robinson, M.E. Lester, N. Corlett (Manchester, United Kingdom)
- 03-p** **Nurses outpatient clinic for men with lower urinary tract symptoms. Patient acceptance and satisfaction with a new effective diagnostic program**
B. Bonfils-Rasmussen, G. Smidt, B. Vendelbo, H. Thomsen, A. Ladegaard Persson, P. Klarskov (Herlev, Copenhagen, Denmark)
- 04-s** **Lower urinary tract symptoms impact specially social and environmental relations of elderly men**
V. Pintarelli, E.S. Bezerra, L. Perchon, M. Dambros (São Paulo, Campinas, Brazil)
- 05-s/p** **Intermittent self catheterization (ISC) of the continent reservoir: Comparison of the two methods "aseptic ISC and irrigation with sodium chloride 0.9%" and "clean ISC and irrigation with tap water"**
R. Willener, F.D. Birkhaeuser, K. Ochsner, L. Schuerch, F.C. Burkhard, U.E. Studer (Berne, Switzerland)
- 06-s** **Robotic-assisted laparoscopic prostatectomy: The role of nursing during the in-hospital phase**
C. Buzzelli, D. Da Costa Duarte, C. Ferrero, Z. Trajkov, D. Denarier, P. Pierini, E. Baldassarre (Aosta, Italy)
- 07-p** **Suprapubic catheterisation**
E. Wallace, B. Burke, M. O'Brien, N. Clifford (Dun Laoghaire, Dublin, Ireland)
- 08-s** **The relationship between nocturnal urinary incontinence (NUI) and the lower urinary tract symptoms (LUTS) combined with video-urodynamic parameters**
E.S. Bezerra, F. Benvenuti, K.F. Fulas, F.T. Ferreira, S. Bisogni, J.S. Casado, M. Dambros (Campinas, São Paulo, Brazil; Madrid, Spain)
- 09-s/p** **Pilot study of patients' perception of pain at ultrasound-guided prostate biopsy (TRUS) examination in a urological outpatient clinic at a Danish university hospital**
V. Damm, A. Munk, B. Jensen (Skejby, Denmark)
- 010-p** **Position change and its impact on successful completion of urodynamics during voiding phase in female patients with lower urinary tract symptoms**
R.Y. Wang, Y.L. Zhao, Z.L. Min, C.Y. Qu, C. Lv (Shanghai, China)

Prizes for the Best Oral and Poster presentations will be awarded at the Award Session, Friday 20 March, 15.45 hours

15.15 - 15.45 Break

15.45 - 16.00 Award Session

Chair: B.T. Jensen, Århus (DK)

- Prize for the Best EAUN Poster Presentation (Daily Practice)
- Prize for the Best EAUN Poster Presentation (Scientific Research)
- Prize for the Best EAUN Oral Presentation (Daily Practice)
- Prize for the Best EAUN Oral Presentation (Scientific Research)
- Prize for the Best EAUN Nursing Research Project

The Prize for the Best EAUN Nursing Research Project is supported by an unrestricted educational grant from FERRING PHARMACEUTICALS



A scenic view of a city harbor, likely Stockholm, Sweden. In the foreground, a large, ornate golden crown is visible, partially obscuring the view. The crown features a cross on top and intricate designs. In the background, a body of water is filled with several white boats. The city skyline is visible across the water, featuring various buildings, including a prominent church with a tall, green spire. The sky is clear and blue.

Abstracts

Thursday, 19 March, 14.00-15.15

Room A4

P1-p

NUTRICOUNTER: A VISUAL TOOL REDUCES WEIGHT LOSSES

Vormstrup Knudsen, Rvk, Marie Ulrich, I.M.U.**Introduction & Objectives**

In 2007 the urology department at Aalborg Hospital, Denmark, took part in a bladder cancer project funded by the ministry of health. The project indicated a lack of focus on patients' diets and poor documentation of nutritional intake. Moreover, it appeared that cystectomy patients sustained weight losses of 4-7kg during hospitalization. This prompted us to develop a new nutrition concept for our patients. A comparison with recommendations by the National Nutrition Group showed that our patients did not get adequate nutrition in connection with surgery. Daily intakes of at least 4200 kJ on operation day and 6300 kJ on the following days are required. We therefore devised a standard meal plan and guidelines on nutrition for cystectomy patients. This allows patients to eat freely, with possible supplementation by gavage and/or parenterally to reach the requirement. Our work fostered the idea for the NUTRICOUNTER (NC) system, which is a simple visual tool for use by patients and caregivers.

Developing an illustrative tool for both patients and caregivers. Patients are given the opportunity to assume responsibility for adequate food intakes. The tool also gives nurses a quick overview of the immediate nutritional status and the opportunity to consider whether supplementation is required.

Material & Methods

Didactic materials were developed in the form of a folder showing the patient's nutritional needs on a day to day basis and a counter system which illustrates the energy content of the various meals on offer. To explore the value of the educational tool, we prepared a questionnaire for caregivers, and through an audit we examined whether the introduction of NC had led to increased energy intakes and thus decrease in weight losses.

Materials

- Oral and written information on the importance of adequate nutrition
- Survey sheets/kj tables where the food on offer is colour-coded using green blue and red
- Counters in three colours: GREEN = 1000 KJ BLUE = 500 KJ RED = 250 kJ
- Daily forms to be completed using the counters, thus allowing the patient to see when nutritional needs have been met.
- Standard plan for recording of meals
- Guidelines on nutrition
- Evaluation form.

Results

The chart shows a clear trend towards minimization of weight losses as a result of introducing NC. Before July 2008, the audit showed weight losses of 4.4% during hospitalization as against only 0.8 % with NC.

Conclusions

Thursday, 19 March, 14.00-15.15

Room A4

P2-p

AN EVALUATION OF THE SAFETY AND EFFICIENCY OF THE INDWELLING CATHETER VALVE

O'Brien, M., Casey, L.

St. James' Hospital, Dept. of Urology, Dublin, Ireland

Introduction & Objectives

Patients presenting with acute urinary retention are routinely catheterised and the choice of drainage system is dictated by the intended duration, patient mobility and patient choice. Catheter valves have been in use for many years and research showed that the valve is not in routine use. A literature review revealed a shortfall in data regarding safety and efficacy of the catheter valve. We prospectively evaluated patients using indwelling catheter valves versus the standard leg bag over a four-month period.

Material & Methods

For a period of 4 months February – May 2008 a questionnaire was given to patients who were fitted with a catheter valve. One type of valve the Bard Flip Flo Valve was evaluated. All patients were evaluated 8-10 weeks post insertion of the catheter valve. The questionnaire was completed when the patient attended Urology Outpatients appointment. The aim was to find out if patients had confidence in the valve and it's ease of use.

Results

A total of 18 patients were included in the study. 12 Male and 6 female with long term catheters took part in the questionnaire. The mean age was 75 years. There were 7 yes/no questions to record the catheter valve performance (comfort, ease of use, tendency to leak, conspicuous, patient confidence and presence of infection). The majority found the valve comfortable, inconspicuous and easy to use – 83%, 61% and 67% respectively. Nearly 90% reported confidence with the valve and 67 % demonstrated no objective sign of infection.

Conclusions

The flip flo valve is a viable and patient friendly alternative to the leg bag in patients with long term catheters. The valve is easy to use, offers patients discretion, comfort and independence to manage own drainage system. Due to the flushing action of the valve it has been suggested that it may help maintain a healthy bladder and thus reduce the incidence of urinary tract infections. However, patients have to have good dexterity and be aware of their own bladder to operate this system.

Thursday, 19 March, 14.00-15.15

Room A4

P3-p

SYSTEMATIC STANDARISATION OF UROLOGICAL CATHETERS: PRACTICAL FEASIBILITY AND CLINICAL IMPLICATIONS

Serra Saus, C., Sitges Carreño, M.

Hospital Del Mar. Universidad Autonoma De Barcelona, Dept. of Surgery, Barcelona, Spain

Introduction & Objectives

Urological catheters are essential in most urological surgical procedures. However, there is a wide variability of commercially available catheters according to their consistency, shape, design, size and number of lumen. Each has its own proper indication. Therefore, adequate knowledge by nursing staff of the specific characteristics and indications would be of interest. Our aim was to design a practical guideline for the use of these catheters by the nursing staff in the urology operating room in order to facilitate their use and improve the surgical team efficiency.

Material & Methods

A comprehensive review of the particular characteristics and surgical applications of the different catheters used in our Urology operating room was performed. Applications of each catheter for each surgical techniques was defined in consensus with the physician team. Finally, the available information was adapted to routine surgical practice according to the role of nursing staff.

Results

A quick visual guideline was designed as an extended table containing the basic characteristics and applications of each urological catheter. Variables included in the table were commercial brand, size, length, number of lumen and indications. Guidelines have resulted in a standardised approach involving both physician and nursing staff and consequently, in lower variability of the surgical techniques. Availability of this practical and visual information has also lead to a rapid and efficient identification of the required device, avoiding errors in instrumentation as well in the maintenance of the stocks.

Conclusions

Implementation of a quick and basic guideline for the use of different urological catheters in the operating room is feasible and allows for a more efficient and standardised surgical approach. Key words: Urology catheters, guidelines, instrumentation.

Thursday, 19 March, 14.00-15.15

Room A4

P4-p

INVENTING AND SOLVING A PROBLEM - NURSING A PATIENT WITH NEPHROSTOMY TUBES

Bäärnhjelm, A.

Stockholm South Hospital, Dept. of Urology, Stockholm, Sweden

Introduction & Objectives

Urological patients sometimes, for a number of different reasons, need to be given a nephrostomy catheter for a period of time or for life. After receiving the catheter, the patient stays at the hospital for around 24 hours. This is to ensure that the catheter is working and to teach the patient how to manage his or her new way of life, including what to do if the catheter stops working.

Material & Methods

To establish whether there was a problem with long waiting times in Accident and Emergency, we studied 75 patient records from 2004-2006. We found that the average wait was between six and seven hours. In other words, there really was a problem. The initial aim was to reduce waiting time by 50%. However, the principal aim then changed from reducing waiting times to advising most patients not to attend Accident and Emergency but to make appointments directly at the Medical Imaging Centre. Meetings were held to inform staff involved in managing these patients. and talks have been given on nursing patients with nephrostomy tubes throughout the hospital. An information brochure was produced and distributed to patients and to staff involved, both in and outside the hospital. The number of patients attending the Medical Imaging Centre was recorded and compared with the number attending Accident and Emergency over the period 2004-2007. A questionnaire is being handed out during the autumn of 2008 to obtain the views of patients on this matter.

Results

There was a 75% decrease in the number of patients who presented in Accident and Emergency to have their nephrostomy tubes changed in 2007 compared with 2004.

The result of the questionnaire is being compiled and will be presented in March 2009.

Conclusions

The conclusion is mainly based on the assumption that several kinds of improvements represent a better situation for patients with nephrostomy tubes. We have found that good quality information is vital and enables patients to take action themselves, which also fosters a sense of self-determination. We have also found that information provided to staff involved with these patients reliably improves the nursing of the patient. The main aim, to persuade patients to go to the Medical Imaging Centre directly in order to avoid long waiting times in the Accident and Emergency Department, has been achieved, with the result that there is more space and time for patients with other illnesses.

Thursday, 19 March, 14.00-15.15

Room A4

P5-p

HOW TO EDUCATE PATIENTS LEAVING THE HOSPITAL WITH INDWELLING CATHETERS FOLLOWING RADICAL PROSTATECTOMY?

Niklaus, S., Willener, R.

University Hospital Bern, Dept. of Urology, Bern, Switzerland

Introduction & Objectives

For reasons of economy, patients are often released from the hospital after radical prostatectomy with indwelling catheters to reduce the hospital stay and as a consequence costs. This leaves patients in need of instruction for the specific handling of the catheters. The quality of patient education depends on the knowledge and competence of the responsible healthcare professional. There are no general rules on what kind of information or instructions concerning the handling of the catheters should be given to the patients.

Material & Methods

Question: When released from the hospital with indwelling catheters, what information and instructions do patients need from the healthcare professional during the period of discharge? Regarding the central question a research on the following topics took place: indwelling catheter, counselling, patient education, discharge and discharge management. Subsequently, one patient case was analysed in relation to the central question and discussed and compared to the results of the literature research.

Results

The study of the technical literature plus the analysis of the patient case showed how complex the preparation is for the discharge management of patients with indwelling catheters. The educational and training needs of a patient can be classified in the following categories:

- Acquisition of skills concerning the handling of the drainages
- Acquisition of knowledge to prevent complications and to react adequately to potential problems

The results of the study were represented as an educational checklist. This checklist includes the risks and possible complications which can occur due to the indwelling catheters after discharge as well as the skills needed to handle indwelling catheters. Provision is made for the checklist to be established in the hospital and to have the healthcare professional trained in its application.

Conclusions

A proper and patient-friendly discharge management is necessary to prepare the patients for their release after shorter hospitalisation periods. Systematic and standardized procedures heighten efficiency and quality.

It is expected that the introduction of the checklist will have the following effects:

- Standardisation of the procedures: each patient receives the same information and training, irrespective of the healthcare professional in charge
- Promotion of quality assurance

Thursday, 19 March, 14.00-15.15

Room A4

P7-s/p

METHOD FOR DIAGNOSING INCONTINENCE AFTER RADICAL PROSTATECTOMY. DOES OUR INFORMATION CORRESPOND TO REAL LIFE?

Seyer-Hansen, A.D., Skou Jensen, S.

Aarhus University Hospital-Skejby, Dept. of Urology, Aarhus, Denmark

Introduction & Objectives

Standard treatment of localized prostate cancer is radical prostatectomy (RP). Following an open radical prostatectomy the risk of urinary incontinence one year postoperatively is according to questionnaire reports approximately 10%. Nurses spend a lot of time informing, advising and helping patients to relate to the extent of possible side effects after surgical treatment of prostate cancer. The majority of the information given is based on phrases like “almost continent”, “dribble incontinence”, “small diaper” etc. However these phrases are not based on qualitative or quantitative measurements and may not be accurate. The aim of this study is to examine the value of a voiding diary and pad test after radical prostatectomy in terms of improving pre- and postoperative information regarding urinary incontinence.

Material & Methods

All patients operated in 2007 were offered to participate in the study. After inclusion they filled in a voiding diary and pad test 3, 6 and 12 months postoperatively. Instructions, diaries, measuring jugs and a digital scale for weighing diapers were provided. Furthermore they were asked to fill in a bother score (on a scale from 1-10) concerning urinary incontinence. Also data on height, weight, smoking, alcohol, medicine and level of activities were registered. Exclusion criteria's were preoperative urinary incontinence and any treatment that may influence urinary continence.

Results

A total of 133 patients had a radical prostatectomy in 2007. Of these 108 were included in the study and until now 97 have completed the data collection. 5 patients have not delivered data as expected, and 6 participants await the final (1-year) visit.

Conclusions

In general patients are willing to participate in studies that demand a lot of extra effort. Compliance is high and the registrations are of good quality. This study is important to be able to quantify the severity of urinary incontinence after radical prostatectomy and to correlate these findings to quality of life. The data also give us the opportunity to observe which parameters other than the operative trauma may influence postoperative urinary continence. Hopefully this study will help us optimize the preoperative information, and possibly be able to look further into other risk factors, predisposing to urinary incontinence

Thursday, 19 March, 14.00-15.15

Room A4

P8-s

USE OF TRANSVERSUS ABDOMINIS PLANE-BLOCK TO PREVENT PAINFUL URINE BLADDERSPASM AFTER RALP: A PROSPECTIVE, DOUBLE-BLIND RANDOMIZED TRIAL

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Introduction & Objectives

Patients undergoing a robot assisted laparoscopic prostatectomy (RALP) often experience painful bladder spasms. In our institution the incidence of bladder spasm after RALP under general anaesthesia is 64% in the first hour post-operatively. In a pilot analysis, a reduction of bladder spasms after administering long acting local anesthetic agents by means of a transversus abdominis plane (tap-block) between start of the general anesthesia and the start of the procedure of the RALP was observed. Therefore, we initiated a prospective randomized double-blind controlled trial comparing tap-block to no standard anaesthesiology during RALP.

Material & Methods

62 men diagnosed with localized prostate cancer, scheduled for RALP participated in the study, after written informed consent was obtained. There were no specific exclusion criteria other than obvious reasons like allergies or preliminary ending of the operation or conversion. Questions were asked to the patients by the nursing staff 1 and 4 hours after surgery and on the morning after, answering questions about pain (10 point Likert scale), severity of bladder spasms (0, 1, 2) and use of butyl scopolamine, oxybutynine and opioids. Results were collected and processed by the ANP. After processing the anesthesiologist added whether the patient had tap-block or not and analyzed the results

Results

Early results show the following: of the 62 of the yet included men, 2 were excluded from the trial, 1 because of psychosis and one because of insufficient follow up data. 30 men received the tap-block and 30 men were randomized for standard treatment. Median pain was scored 2 in the tap-block and 4 in the non tap-block group (range 0-10). Morphine (equivalent) consumption in mg was 7 in the standard group whereas it was 0 in the tap-block group. As for bladder spasms no significant difference was observed. There was a median bladder spasm severity measured of 1 in the tap-block group and 2 in the non tap-block group, but the median usage of Oxybutynine was 0 in the tap-block and 5 in the non tap-block group.

Conclusions

Preliminary results of the tap-block are promising in this randomized prospective double-blind trial. A decrease in pain medication use was observed in the tap-block group. There is a weak trend that tap-block reduces bladder spasms during the first 24 hours after RALP.

Thursday, 19 March, 14.00-15.15

Room A4

P9-p

IS ONE-STOP NURSE PRACTITIONER LED PROSTATE BIOPSY EFFECTIVE AND SAFE?

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Introduction & Objectives

In the United Kingdom increasing demand is being placed upon urology services, with Government directives to reduce waiting times for urology patients suspected to have cancer. Patients referred to a urology department with suspected cancer must be seen within 14 days of referral, cancer must be diagnosed or excluded within 31 days and patients found to have cancer must commence treatment within 62 days. This has led to new and innovative ways being sought in order to meet these demands and maintain an efficient and effective service to the patient. Historically prostate biopsies are undertaken by medical staff, but to help accelerate the prostate cancer patient journey we introduced a Nurse Practitioner led one-stop rapid access prostate biopsy clinic in September 2007. After one year we would like to report the results of our Nurse Practitioner led one-stop rapid access prostate biopsy clinic.

Material & Methods

From September 2007 to September 2008 we retrospectively reviewed the records of patients who attended the Nurse Practitioner led one-stop prostate biopsy clinic to ascertain:

- The number of patients attending and requiring biopsy (shown graphically)
- The incidence of prostate cancer (shown graphically)
- The grade of prostate cancer (shown graphically)
- The time period from diagnosis to treatment
- The complication rates

Results

In total 167 patients were seen in the clinic, 116 of these required prostate biopsy. In this group of patients 51 were diagnosed with cancer, 3 with PIN, 1 suspicious cells and 61 benign. The grade of patients found to have prostate cancer will be shown on a graph. The reasons for patients not having biopsy were: signs of prostatitis, patient choice, inappropriate referral (e.g. very elderly).

COMPLICATIONS:

- One patient was admitted with frank haematuria following biopsy.
- One patient had acute urinary retention requiring catheterisation and alpha blockade.
- Two patients had self limiting vasovagal syncope immediately following biopsy.
- There were no cases of sepsis.

IMPACT ON WAITING TIMES (shown graphically)

- All patients seen at first consultation within the required within 14 days of referral.
- All patients were diagnosed within the required 31 day target.
- All patients commenced first definitive treatment within the required 61 day target.

Conclusions

In our practice nurse practitioner led one-stop prostate biopsy is effective, efficient and safe. Since the introduction of this service doctors have been released to spend more time performing surgery and outpatient clinics which, in turn, has reduced the waiting times. The majority of patients have expressed a preference to having immediate biopsy than having to return at another time to get the biopsy performed.

Thursday, 19 March, 14.00-15.15

Room A4

P10-s

THE FAMILY LIVING WITH INCURABLE PROSTATE CANCER – A QUALITATIVE STUDY

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Introduction & Objectives

Prostate cancer accounted for 12% of all diagnosed cancers in Denmark during the period 1996-2000. The disease can be characterized as a chronic illness with a significant impact on both the patient and his family. Research in this field to date has predominantly focused on the man's experiences in coping with the disease while research concentrating on the family's experiences following the husband's/father's cancer diagnosis is lacking. The focus of this study is to analyze the daily experiences, shared through narratives, of family members with a husband/father suffering from prostate cancer.

The aim of the study is to investigate the daily life experiences of families following the husband's/father's prostate cancer diagnosis.

Material & Methods

The study assumes a phenomenological-hermeneutic approach, using Ricoeur's theories on narratives and text interpretation. The informants: Spouses, daughters and sons of men diagnosed with incurable prostate cancer and referred to The Urological department of Hospital Littlebelt, Fredericia, for treatment. Six families (two to three members per family) (n=18) participate in this qualitative interview study. Informants are interviewed two months after the husband/father is informed of his cancer diagnosis, and again after ten months. The interview guide contains open-ended questions that, for example, pinpoint the children's thoughts and actions during their father's illness. Data analysis is done in three stages, namely a naïve analysis, followed by a more structured analysis, and concludes with critical interpretation and discussion.

Results

Data collection started mid-September 2007. Data analysis is ongoing, and the first results are expected to be available in 2009. The study is expected to provide the clinical nurse with critical knowledge to support families with chronically ill members. Preliminary results will be presented.

Conclusions

Friday, 28 March, 14.00–15.15

Room A4

01-p

TROUBLE WITH YOUR WATERWORKS

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Introduction & Objectives

Certain groups of people with Learning Difficulties (LD) are living longer, especially people with Down's syndrome, who additionally have precocious aging, so consequently suffer illnesses of old age earlier. In auditing the healthcare checklist for these clients it became clear that questions relating to bladder problems were not completed. The carers had noticed a change in continence status, but failed to recognise the significance of these changes. The majority of the carers are unqualified, have no nursing knowledge and are often young, with little experience to utilise. To help carers identify continence problems in men with LD and what to do about them we devised a leaflet to help raise awareness. The aim was to improve the likelihood that the carer would recognise signs and symptoms and follow the advice about referral.

Material & Methods

Levels of communication in people with learning difficulties vary enormously, so a Total Communication approach was used to develop the leaflet. We drew pictures of men with common urinary symptoms related to both voiding difficulties and incontinence, such as nocturia (man in a dressing gown voiding into the toilet, with a blackened window, stars and the moon to denote getting up at night). Similar pictures were drawn for: urgency, frequency, hesitancy, straining, intermittent flow, reduced flow, post micturition dribble, incontinence, infection and haematuria. On the back of the leaflet was the behavioural descriptor of each picture, largely for the use of the carer.

Results

Diagnostic overshadowing is a well recognised problem in people with learning difficulties. Many urinary signs and symptoms are readily attributed to behaviours associated with LD, but men have been found to have urinary problems that were not attributed to behaviour. The healthcare checklist has been changed to more readily identify the leaflet for carers to use and show the client when discussing urinary problems. The bladder section of the voiding healthcare checklist is now completed more accurately, as shown in recent audit. An increase in recognition of difficulties was identified in 38% of men and an inability to maintain urinary continence was identified in 16% of men using the healthcare checklist and trouble with your waterworks leaflet.

Conclusions

The use of a Total Communication approach in developing and using the leaflet has been beneficial to both carers and clients. The client is able to identify which picture relates to his symptoms. The carer can use the descriptor on the back of the leaflet to recognise the significance of the problem or interpret the problem if they notice the client is having difficulty with voiding. The development and subsequent distribution of the leaflet amongst carers has led to improved identification of continence problems in the older man with LD, which has led to more timely access to health care services and more equitable care for this client group.

Friday, 28 March, 14.00-15.15

Room A4

02-p

CATHETER PRACTICE, DOCUMENTATION AND KNOWLEDGE AUDIT

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Introduction & Objectives

It has been estimated that approximately 10-12% of patients admitted to hospital will have a urinary catheter inserted. A major problem inherent in the use of urinary catheters is the risk of urinary tract infection (UTI) and there is a significant relationship between the length of time a catheter is in situ and the risk of developing a UTI. It has been estimated that 80% of hospital acquired UTIs are related to catheter insertion.

The aim of the audit was to observe current practice, documentation, knowledge and infection prevention and control employed in the Trust with regard to urinary catheterisation.

The objectives were to evaluate current practice through:

1. the identification of patients with a urinary catheter
2. determining the quality and content of medical case notes and nursing documentation with regard to catheter selection and insertion, aseptic technique, the management of UTIs and any evidence of ongoing catheter management
3. Assessment of knowledge by direct questioning of staff regarding sampling technique

Material & Methods

The audit took place over a two week period in November 2008 All the wards in the Trust were included in the study. The audit tool was designed in conjunction with the Clinical Audit Department. The Lead nurses were informed of the audit and the audit was undertaken by the infection control and continence link nurses for each ward.

Results

- The evidence of the practical management of catheters was good, 91% of catheters were suitably attached to the patient.
- In general documentation was poor, 13% of patients notes had no evidence of catheter insertion.
- Overall the knowledge base of the qualified staff 95%, was good however 20% of the healthcare support worker will necessitate further education.
- Urometers were used to collect urine in 59% of patients. This is an expensive method of urine collection if used without a clear indication.

Conclusions

Improvements in the documentation, practice and knowledge will be addressed by

- Employing the continence link nurses to improve standards.
- Annual Aseptic Non Touch Technique (ANTT) assessment of catheterisation undertaken by all healthcare professionals.
- Implement the standard catheter insertion form through the continence link group and Ward Managers forum.
- Management and utilisation of drainage bags through Ward Managers forum.
- Re-audit all wards and departments in November 2009.

Friday, 28 March, 14.00–15.15

Room A4

03-p

NURSES OUTPATIENT CLINIC FOR MEN WITH LOWER URINARY TRACT SYMPTOMS. PATIENT ACCEPTANCE AND SATISFACTION WITH A NEW EFFECTIVE DIAGNOSTIC PROGRAM

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Introduction & Objectives

Nurses in the urological outpatient clinic felt that many patients with lower urinary tract symptoms (LUTS) had an unmet need for guidance and behavioural modification. The first patient contact was with the physician. The diagnostic program could involve a number of outpatient visits and last 2-4 months.

The aim of this study was to see if continence nurses were able to manage a structured diagnostic setup and provide guidance to male patients with LUTS in 2 visits to the satisfaction of the patients.

Material & Methods

Included were 114 men referred with LUTS. 77% were 60 years or more. Excluded were men with neurological disease, indwelling catheter, gross hematuria, elevated PSA and need of interpretation. The patients were instructed by mail to complete a symptom questionnaire and a 3-day voiding diary before the first visit. The nurses recorded the medical history and arranged urine and blood tests, uroflowmetry and post void residual urine measurements, counselled the patient on his LUTS, and scheduled the patient to urodynamics at the second visit if indicated. The patient completed a 32-item questionnaire on his experience in the program and his confidence in the competence of the staff. An audit of all patient records was done and a comparison with records of 40 consecutive patients, investigated in the previously used doctor-based set-up was made.

Results

Ninety percent of the patients had completed the symptom questionnaire and voiding diary before the first visit. After the nurse's investigations, approximately 80% received advice on drinking habits, and 27 % had guidance on incontinence aids. The nurse's dialogue with the patients reduced LUTS in 58 % of the patients. Ninety percent of the patients saw the same nurse at visit 2. Most patients appreciated the comprehensive nurse-instigated diagnostic program and 99 % felt that the amount of information and tests per day was appropriate. The doctor was able to conclude on the investigation program at visit 2 and decide on any medical or surgical treatment, if necessary.

Conclusions

Continence nurses were able to manage a structured diagnostic setup on male patients with LUTS, and to counsel on behavioural modification in 2 visits. Most patients had a high level of satisfaction with the nurse-led program. Elderly men are able to grasp a lot of information and investigations in one day and appreciate a short and fast diagnostic set-up. The new doctor-nurse task transfer and cooperation has increased nurse commitment and job satisfaction, and made a better use of resources.

Friday, 28 March, 14.00-15.15

Room A4

04-s

LOWER URINARY TRACT SYMPTOMS IMPACT SPECIALLY SOCIAL AND ENVIRONMENTAL RELATIONS OF ELDERLY MEN

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Introduction & Objectives

To evaluate the changes in quality of life due to lower urinary tract symptoms (LUTS) in a group of elderly men.

Material & Methods

Study approved by the institutional ethics committee. Prospective randomized clinical study. A sample of 200 elderly men (any race, schooling and social level) was recruited between March and August 2008 in Urology and Geriatrics ambulatories of a University Hospital in São Paulo (Brazil), and among patients' companions and participants of fitness programs in community centres for elderly. Inclusion criteria were: male sex; aged 65-years or more; voluntary interest in participate; understanding and signing the consent form. Exclusion criteria were: radical prostatectomy; current use of urinary catheter; acute diseases (infectious, inflammatory or allergic diseases; traumatism, surgeries or hospital admissions in the last month); uncompensated chronic diseases (hypertension, heart failure, diabetes, dialytic kidney failure, etc.); malignant neoplasm; alcoholism or drug addiction; neurological and psychiatric diseases (dementia, parkinsonism, epilepsy, depression, psychosis, etc.); use of drugs primarily active in the central nervous system. Protocol included: a questionnaire of health and socio-demographic information; the International Prostate Symptom Score (IPSS); an anxiety and depression inventory; the World Health Organization Quality of Life -Bref and -Old questionnaires (WHOQOL). According to the punctuation achieved in the IPSS, the participants were classified in two groups: Group I (8-35 points) and Group II (0-7 points). The data collected was statistically analyzed with chi-square, student's t, Brown-Mood and Fisher tests, with 95% confidence level

Results

100 men were included in each group. The mean age was 72.89 ($\pm$ 5.96) in group I and 73.41 ($\pm$ 5.95) in group II. The two groups were statistically similar in all socio-demographic parameters (age, race, marital status, schooling, religion, economical and employment status), morbidity (heart diseases, diabetes, and use of medications) and anxiety and depression scores. Both QoL questionnaires showed significantly worse median scores in group I in all domains and facets, including sensory function, autonomy, perception of death, physical and psychological health. In WHOQOL-BREF, the domains social and environmental relations presented the most significant differences ($p < 0.0005$). In WHOQOL-OLD, the facet social participation presented the most significant statistical result ($p < 0.0005$). The mean of the final score of WHOQOL-OLD questionnaire was 86.3 ($\pm$ 12.5) for group I and 93.8 ($\pm$ 11.5) for group II ($p < 0.0005$).

Conclusions

For elderly men, LUTS do impact significantly all domains and facets that compose the parameters of quality of life evaluation proposed by the WHO. The most affected domains are related to social and environmental relations.

Friday, 28 March, 14.00–15.15

Room A4

O5-s/p

INTERMITTENT SELF CATHETERIZATION (ISC) OF THE CONTINENT RESERVOIR: COMPARISON OF THE TWO METHODS “ASEPTIC ISC AND IRRIGATION WITH SODIUM CHLORIDE 0.9%” AND “CLEAN ISC AND IRRIGATION WITH TAP WATER”

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Introduction & Objectives

Intermittent self catheterization and regular irrigation of the neobladder are necessary daily procedures for all patients with continent catheterisable reservoirs. The patients have to integrate these activities in their daily lives. An easy catheterization and irrigation procedure is further benefit to the patients quality of life (QoL).

The aim was to compare the standard method “aseptic ISC and irrigation with sodium chloride 0.9%” to the new method “clean ISC and irrigation with tap water” regarding infection rate, spectrum of pathogenic micro-organisms of the urine, QoL and costs.

Material & Methods

Nineteen patients with a continent reservoir were randomised in a prospective two-arm crossover study. One study arm was “aseptic ISC and irrigation with sodium chloride 0.9%” (group “NaCl”) and the other “clean ISC and irrigation with tap water” (group “H₂O”). Each phase took 90 days.

Catheterization and irrigation procedure:

- In the morning: Catheterization of the reservoir and analysis of the urine nitrite.
- Nitrite negative: Irrigation with the assigned liquid and repetition of the procedure on the following day.
- Nitrite positive: Irrigation with the assigned liquid, repetition of the urine analysis and irrigation the next time of catheterization.
- In general, urine cultures were taken monthly and in the case of nitrite positive urine additionally. Antibiotics were prescribed for symptomatic urine infections.

QoL was assessed three times; at the beginning of the study and then at the end of each 90 day phase. The total costs were collected and evaluated.

Results

The median age of the 17 women and 2 men was 60 years (range 29–71). Two patients dropped out of the study. A total of 2668 study days were analysed, thereof 1258 days “NaCl” (48%) and 1410 (52%) days “H₂O”. Within the group „NaCl“ 327 (26%) days were nitrite positive and 141 (10%) in the group „H₂O“. Seventy-nine urine cultures were taken regularly. Thirty-four cultures did not show bacterial growth. In the positive cultures, 15 strains were isolated among which most frequently streptococcus viridans and klebsiella. Sixteen study participants favoured clean ISC and irrigation with tap water. The costs were up to 7 times less in the group with clean ISC.

Conclusions

We recommend clean ISC and irrigation with tap water because of lower rates of urine infection, better QoL and lower costs.

Friday, 28 March, 14.00-15.15

Room A4

O6-s

ROBOTIC-ASSISTED LAPAROSCOPIC PROSTATECTOMY: THE ROLE OF NURSING DURING THE IN-HOSPITAL PHASE

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Introduction & Objectives

In 2004 the robot was introduced in our surgical activity. At time we performed almost 500 procedures: prostatectomy (350 cases), nephrectomy, dismembered pyeloplasty, cystectomy, hysterectomy and sacrocolpopexy. The robotic minimally invasive surgery, essentially due to the reduced intraoperative trauma and the anaesthetic implications, has behaved a change in the nursing respect the traditional open surgery, forcing the nurse to familiarize with this new technology. The aim of this report is to assess the main aspects of nursing in a series of 100 consecutive robotic prostatectomies.

Material & Methods

This study analyzed a series of 100 radical laparoscopic-assisted prostatectomies (RALPs), all consecutively performed at our Division of Urology in Aosta (Italy), between January 2007 and October 2008. All procedures were executed by two skilful resident senior urologists. The surgical technique is the original one proposed by Tewari A. Data were collected in a computerized database from the medical records and through interview at the time of discharge.

Results

Mean patients age was 66.2 years (range 52-77), mean PSA 7.9 ng/mL (1.8-25.0), mean preoperative Gleason score 6 (4-9), mean ASA score 2 (1-3). The lymph nodes dissection was executed in 34 cases, routinely bilateral. A peridural catheter (PC) was preoperatively positioned in 84 patients, while in 16 the analgesic therapy was given only intravenously (IV). The PC group received postoperatively L-bupivacain 0.25% for 48 hours, while the IV group received morphine for 48 hours. The patients who needed a supplement of analgesic were: 41 in the PC group (48.8%) and 9 in the IV group (56.2%), all within the 4th day. All patients were mobilized in 1st day, but 3 in 2nd and 1 in 7th. The drain was mean removed in 4th day (range 2-21). The gas emission was mean 1st day (range 1-3), a slight diet was usually given on 1st day, while a free diet was permitted on 3rd day (range 2-9). The mean postoperative stay was 6.7 days (3-11). 18 patients were discharged with the catheter, while in the other 82 patients the average day of catheter removal was 7.2 (range 6-11).

Conclusions

The nursing of RALP consisted in a change of mentality: early mobilization and early alimentation. The particular intraoperative position and the pneumoperitoneum could be the cause of postoperative pain, especially in the first three days. No differences in catheter or drainage management have been found respect the open surgery. We retain the robotic surgery represents a great opportunity also for nurses in the next future in the following aspects: preoperative patient education strategy; creation of freestanding ambulatory surgical centres shifting the focus of nursing activities from inpatient to outpatient care; development of the professional figure of "operating room nurse dedicated to robotic surgery" with technological skills.

Friday, 28 March, 14.00–15.15

Room A4

07-p

SUPRAPUBIC CATHETERISATION

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Introduction & Objectives

Supra-pubic catheterisation (SPC) is the passage of a urinary catheter into the bladder through the opening in the supra-pubic region of the anterior abdominal wall, Addison R, (1999a). Initial insertion is a surgical procedure generally undertaken by an urologist or surgeon in a hospital setting. SPC is a method of draining the bladder, once less invasive methods of bladder function have been exhausted. This decision is never made without due consideration of the patient within the continuum of their care. SPC has a number of advantages over urethral catheterisation, the most common benefit being reduced rate of urinary infections (Shan and Shan 1998, Addison and Mould 1998, Addison 1999a, Maki and Tambyah 2001).

Material & Methods

Until recently in Ireland SPC change was undertaken mainly by medical personnel, often with limited training. The NICE guidelines 2003 recommended that community and primary health care personnel be trained in catheter insertion including supra-pubic catheter replacement and catheter maintenance. In 2000 Addison and Mould stated that patients and carers can be taught to change a SPC. However, up to recently in Ireland the education for the person changing the SPC tended to be sporadic and unplanned. In the absence of trained nursing staff the only option available to some patients was to attend their local Accident and Emergency Department, often having to wait some considerable time for medical assistance. Driven by a request for a service from patients and staff to improve quality of care, a supra-pubic re-catheterisation training programme was set up. The SPC working group initiated a study day, which received accreditation from the Irish Nursing Board, An Bord Altráinis, with Category 1 approval in 2007. The aim of the SPC workshop is to advise nurses on the knowledge and training required which would assist them in gaining competency to perform the procedure in accordance with local guidelines under their scope of practice. Our objective is to facilitate nurses in making the clinical decision to change a SPC and support nurses in choosing appropriate products based on patient assessment. The indications / contraindications of SPC and also possible complications will be addressed. An opportunity is available to observe and gain practical experience on reinsertion of a SPC with the use of a mannequin.

Results

Conclusions

As a group our goal is to enhance the development of high quality patient-centred care, which would influence positive patient outcomes and quality of service along the continuum of care. Mindful of patient's needs and desired outcomes this service is delivered in a holistic way, caring for patients in the community setting, avoiding unnecessary journey to hospital. To date we have trained over 120 nurses around Ireland. With this educational programme the feedback received has been very positive and has improved greatly the patients quality of life.

Friday, 28 March, 14.00-15.15

Room A4

08-s

THE RELATIONSHIP BETWEEN NOCTURNAL URINARY INCONTINENCE (NUI) AND THE LOWER URINARY TRACT SYMPTOMS (LUTS) COMBINED WITH VIDEO-URODYNAMIC PARAMETERS

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Introduction & Objectives

Aim: to evaluate the relationship between nocturnal incontinence and LUTS combined with urodynamics in women.

Material & Methods

377 women from three age groups (group I: 102 individuals < 55-years old; group II: 181 individuals between 56 and 75-years old; group III: 94 individuals > 75-years old) who had nocturnal urinary incontinence and LUTS were submitted to urodynamic evaluation between April, 2003 and May, 2008.

Results

In addition to NUI other forms of incontinence were identified: urinary incontinence from effort, with 73.6% (73 cases in group I); 76.8% (139 in group II); and 67.2% (63 in group III). Urge incontinence in group I was 74.5% (76), but increased to 90.6% (163) and 95.7% (90) in groups II and III. LUTS: symptoms were decreased urine caliber in 33.3% (34), 30.4% (56) and 39.4% (37) for groups I, II and III, and nocturia, with 30.3% (31) in group I, 45.3% (82) in group II and 37.3% (35) in group III. Pelvic surgeries were the co-morbidity that had statistical significance, with 44.2% (80) in group II and 45.7% (43) in group III against 29.4% (30) in group I. Vesical capacity below 200 ml in group III was 58.5% (55), against 40.2% (41) in group I and 43.9% (78) in group III. Non-inhibited contractions of the detrusor were observed in 61.7% (58) of the women in group III and in 42.5% (77) and 37.5% (38) in groups II and I. There were non-inhibited contractions with involuntary urinary loss in 60.6% (57) of the women in group III and in 36.4% (66) and 30.9% (31) in groups II and I. VIDEO-URODYNAMIC PARAMETERS: vesical morphology was normal in 76.5% (78) and 77.3% (141) in groups I and II, but in only 52.1% (49) in group III. Cystocele at rest (degrees II and III) increased from 7.8% (8), 27.6% (50) and 25.5% (24) to 65.7% (67), 80.8% (145) and 59.6% (56) in groups I, II and III with Valsava. Urinary incontinence from effort was observed in 38.2% (39) in group I, 44.2% (80) in group II and 39.7% (37) in group III. Post-urination residue was significant in 6.8% (7) in group I, 18.2% (33) in group II and 19.1% (18) in group III.

Conclusions

Nocturnal urinary incontinence in women is in most cases associated with modalities of incontinence from stress and/or urge; the latter is more prevalent among older women. LUTS, when present, manifested predominantly through the narrowing of the urinary stream and nocturia. Pelvic surgeries were a significant co-morbidity among older women. Video-urodynamic evaluation showed that older patients with NUI have a decreased vesical capacity, causing detrusory hyperactivity associated with episodes of involuntary loss of urine. The deterioration of the vesical morphology, the accentuation of the anterior vaginal prolapses and the reduction of vesical emptying, demonstrated in this study, were also related to aging.

09-p/s

PILOT STUDY OF PATIENTS' PERCEPTION OF PAIN AT ULTRASOUND-GUIDED PROSTATE BIOPSY (TRUS) EXAMINATION IN A UROLOGICAL OUTPATIENT CLINIC AT A DANISH UNIVERSITY HOSPITAL

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Introduction & Objectives

An increasing number of prostate biopsies (TRUS) are performed in Denmark. There are national and local discrepancies in the use of analgesics in connection with the procedure. Healthcare staff would like to explore if patients perceive the examination as painful and if there is a need for pre-medication.

The aim was to study patients' perception of pain at prostate biopsy (TRUS). Moreover, to identify agreement between information given before the examination and patient experience measured on a visual analogue scale (VAS).

Material & Methods

The study was explorative and data were collected anonymously through questionnaires. A total of 75 questionnaires were distributed; 45 were returned of which five were excluded. Data were reported descriptively with 95 % confidence intervals. Univariate, bivariate and multivariate analyses were performed. P-values < 0.05% were considered significant.

Results

Patients experiencing "no pain or mild pain" amounted to 83 % (CI; 67:93). The difference between the group of mild pain (VAS≤5) and strong pain, respectively, were significant ($p<0.05$). Agreement between experience and information given prior to the examination amounted to 73 % (CI; 56:85). The patients recommending analgesics prior to the procedure amounted to 15 % (CI ; 5:29). 20% (CI; 9:36) preferred pre-medication, which was significant compared with the group who didn't recommend pre-medication ($p<0,05$). There was no association between perception of pain and age and number of biopsies, respectively.

Conclusions

More patients than estimated would prefer analgesics at repetition of the examination. Overall, patients scored the examination as causing mild pain (mean VAS score = 2.2). The results of this study does not give rise to changing the procedure. More studies are needed on the importance of information given prior to the procedure considering discomfort during the procedure.

Friday, 28 March, 14.00-15.15

Room A4

010-p

THE RELATIONSHIP BETWEEN NOCTURNAL URINARY INCONTINENCE (NUI) AND THE LOWER URINARY TRACT SYMPTOMS (LUTS) COMBINED WITH VIDEO-URODYNAMIC PARAMETERS

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Changzheng Hospital, Dept. of Urology, Shanghai, China

Introduction & Objectives

Women used to pass urine in sitting position. When they complained of various lower urinary tract symptoms, comprehensive urodynamics is usually necessary and they often failed to finish pressure-flow study (PFS) during voiding phase in supine position. It is possible to raise the success rate of PFS by way of position change from supine to sitting. Our aim was to observe this feasibility in clinical practice.

Material & Methods

The key points of this trial were (1) manufacture of a table to support the commode for the purpose of docking to the raised examination couch, (2) gentle forward move of the patient catheterised and equipped with electromyography needles. The success rates of PFS were compared before and after position change, and McNemar test was used to examine its significance with $P=0.05$ as significant.



Fig. 1



Fig.2

Results

Before the measure was undertaken, the success rate for 150 women was only 26.7% (40 cases). After the measure was undertaken, their success rate for 250 women was raised to 96.0% (240 cases), with $\chi^2=214.4$ $p<0.001$. Of the 250 cases, 60 patients could void both in supine or sitting position (24.0%), and 180 patients could only succeed after position change, with $\chi^2=180$, $p<0.001$. The functional states of their lower urinary tract, either detrusor under activity or over activity, sphincter over activity or synergy, were expressed clearly. The reason for the left 10 cases who still unable to pass urine in sitting was detrusor under activity.

Conclusions

It is a desirable procedure for a high quality urodynamic examination of female patients with various lower urinary tract symptoms.

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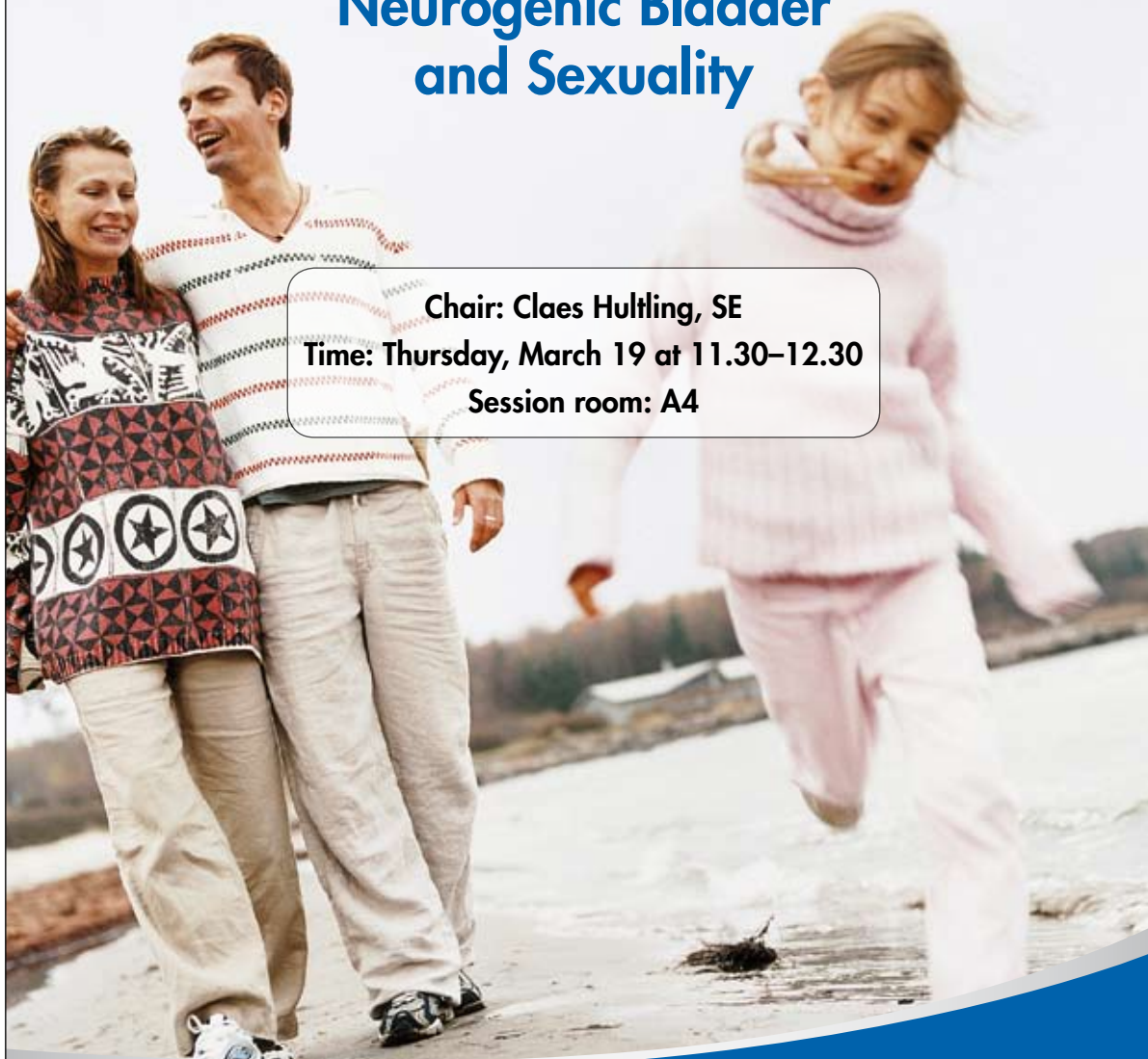
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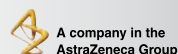
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Time: Thursday, March 19 at 11.30–12.30

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