

28th Congress of the Scandinavian Urologists/Urology Nurses

Nordic meeting provides valuable lessons on urological nursing education



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The 28th Urology Congress under the auspices of the Nordic countries was held from August 24 to 27 this year in Tampere, Finland. Around 60 nurses coming from the different Nordic countries gathered during the four-day event. This year the Finnish committee has created a very interesting and highly relevant programme which focused on current trends in nursing education in Scandinavia.

Ms. Maria Pekki, president of the Finnish Association of Urological Nurses, and Ms. Elisabeth Bonns, chairperson of the Finnish Committee, warmly welcomed all congress participants. For the EAUN participants the programme's content couldn't have come at a more opportune time since the EAUN is currently in the midst of establishing the European School of Urology Nursing (ESUN).

Representatives from the various Nordic countries reported on the actual situation in their respective countries, including issues such as what they can offer to urology nursing in terms of education and future strategies. Other points discussed were the specific institutions offering specific urological courses in Scandinavia, how the education is linked to the university and the ways to acquiring a university degree.

To highlight, an interesting presentation was given by Karin Stenzelius from Sweden who reported on the activities at the University in Lund. The Lund concept offers online courses in incontinence care, nursing care for bowel problems, cystoscopy and non-invasive bladder cancer care, aside from general concepts in urological nursing. Lund trains around 30 nurses every year through its online education programme which also includes two boarding's a year.

With their online programme, there seems to be no geographic boundaries and Lund has boosted its online activities by offering the opportunity to have the very best teachers. Moreover, a crucial element in their success is the complete awareness of the students that they themselves are responsible for the success of their own education. Despite the 'virtual' character of the online education there is obviously regular contact and reminders from the university and the faculty in case the students are lagging behind or are neglectful of their responsibilities, but basically they are on their own in terms of following the online programme!

Valuable lessons

The (online) education seems to be very highly appreciated in Sweden's urological care community and is recognised as a very important boost to urological nursing training and education. Among others, the reasons for this recognition can be attributed to the clinical relevance of the course contents, the suitability and quality of assignments and the use of case methodology which make or contribute to the practicality of the learning outcomes.

Clearly, this valuable experience provides important lessons for all educational stakeholders in the urological nursing community who are considering this type of approach or strategy in the future. Furthermore, long-distance learning strategies sharply reduce travel expenses and days-off from ward duty. The approach also makes education more accessible and opens up the possibility of a more enhanced educational quality in Swedish urology nursing.

Nordic nurses are working hard to enhance their education and training not only on the educational level but also in research. This was reflected with the quality and depth of the eight oral and poster presentations at the congress. It is a great pleasure to see the gradual development of the research competencies in the Nordic countries, as seen during the last three congresses in Århus in 2007 and in Reykjavik in 2009.

Although the Nordic community in terms of numbers is not that big it has gained certain outstanding advantages with regards to closer networking and holding fruitful discussions. Our countries have almost similar national health care systems which make it possible to combine and share experiences concerning clinical practice, education and research results.

This most recent Nordic meeting has indeed inspired and encouraged us to improve and boost the preparatory work for a European School of Urology Nursing. Indeed, we look forward with enthusiasm to the next Nordic meeting in 2013!

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European Association of Urology Nurses

A profile of Wellington's urological nursing services

Teamwork and efficiency help boost urological nursing services in NZ's capital city



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Kia Ora and greetings from 'Windy Wellington.' I am thankful for this opportunity to present a profile about the urological practice of the Capital and Coast District Health Board (DHB) located in Wellington, considered as the world's southernmost capital city. The centre of government in New Zealand, Wellington earned the moniker 'Windy City' due to the presence of strong winds in the region.

The greater Wellington area has two District Health Boards, Capital & Coast DHB and Hutt Valley DHB. Capital & Coast DHB operates two hospitals, the Wellington Regional Hospital and the Kenepuru Community Hospital. It provides health care to approximately 250,000 people living in the greater Wellington area. The urology service also serves an

additional 141,000 people who are residing in the catchment area of the Hutt Valley DHB since urology service is not available there.

The urology service is operated by the Wellington Regional Hospital. We currently have four urologists, namely: Mr. Richard Robinson, Mr. Andrew Kennedy-Smith, Mr. Rod Studd and Mr. Grant Russell. All of the consultants have a different sub-specialty or area of interest. We have one house officer and three registrars, two of which are on the urology trainee programme.

The urology outpatients department has a custom-built unit in which we do most diagnostic procedures including flexible cystoscopies, prostate biopsies, and urodynamic studies. We also perform fiducial marker insertion, stent removals, and minor urology surgical procedures. This is staffed by three full-time nurses and two part-time urology nurses.

Robert (Bob) Hale, our clinical nurse specialist, is involved in urology education. This includes educating new graduate nurses, ambulance staff and medical students in catheterisation, and ongoing education for ward and urology outpatient staff in all aspects of urology. Bob participates in the daily ward round and management of ward patients. He is also involved with community groups outside of the hospital, participating in support groups like the cancer society. Bob runs numerous nurse-led clinics



From left to right: Margaret Riordan, Lyn Stewart, Bob Hale, Karen Nistor and Shelley de Boer

including the ongoing follow-up of patients who have undergone radical prostatectomy and TURP surgery.

Lyn and Lyn Stewart are full-time urology nurses and Karen Nistor and Margaret Riordan work on a part-time basis. We are involved in clinic preparation and assisting in urological procedures such as flexible cystoscopy, prostate biopsies, video urodynamic studies and minor urological procedures. We also do numerous nurse-led clinics including BCG immunotherapy clinics, instruct patients on self catheterisation, TURP follow-up clinics, flow rates and

PVR's, trial removal of catheters (TROC), radical prostatectomy follow-ups, non-video urodynamics and other intravesical therapies. We are supported in the community by three specialty continence nurses and many great district nurses.

We have one urology theatre where operations are performed four days per week. This is currently managed by our urology theatre charge nurse Nitin Busgeet, who unfortunately is due to leave to take up a position in Australia and will later be replaced by Deborah Jones. We also have an acute theatre that is available for urgent cases.

The urology ward is a 36-bed ward which we share with the orthopaedic team. We have allocated urology inpatient beds. We also use the short-stay and second stage recovery wards for our day-stay and overnight patients who underwent smaller surgeries.

While the Wellington Urology Department is relatively small in terms of the size of the nursing staff, we manage our large numbers of patients through excellent teamwork and communication. The nurses are well supported by the medical team and are encouraged to contribute to patient care.

On behalf of the Wellington team I would like to wish you all the best and we hope that we will have the opportunity to participate in one of the EAUN meetings in the near future.

European Association of Urology Nurses

Changed Poster Format

This year at the 13th International EAUN Meeting in Paris there are a few important changes in the abstract session format:

- All abstracts presenters have to bring a poster to Paris.
- The size of the poster is changed.
- The format is portrait (standing up)!
- There are 3 prizes: 1st prize 500 euros, 2nd prize 300 euros, 3rd prize 200 euros

Presenter instructions

Please make sure you carefully read the instructions for poster presenters online!

Note

Oral presentations are no longer accepted!

<http://www.eauparis2012.org/13th-eaun-meeting/abstract-submission/>

New! EAUN Online Tools

The EAUN website features a new section: "Educational Resources for Nurses". Here you will find the online tools we develop for nurses.

Currently you will find:

Writing an Abstract

This educational tool is provided to assist you in the development of your abstract. It gives detailed instruction and tips that, if applied, will increase the likelihood of your abstract being accepted for presentation.

Making a Poster

A tool on how to make a poster is being developed at the time of print. Please check the website for this tool when you have been invited to present your abstract with a poster:

<http://www.uroweb.org/nurses/educational-resources-for-nurses/>

The European Organisation For Research and Treatment of Cancer (EORTC) is a non-profit international research association under Belgian law and have conducted research since 1962. The EORTC's mission is to improve the standard of cancer treatment and to facilitate the passage of research results and experimental discoveries into clinical practice, improving patient outcome and health-related quality of life (HRQOL). Moreover, its mission is to promote, coordinate and support analyses and to publish clinical cancer research carried out by multi-disciplinary groups consisting of all kind of cancer-related specialists.

Questionnaires for patients

The EORTC QLQ-C30 is a questionnaire developed to assess the HRQOL of cancer patients. HRQOL is defined by "Physical, psychological and social domains of health, seen as distinct areas that are subjective to patient's experiences, beliefs, expectations and perceptions." (WHO 1993) The QLQ-C30 provides Quality of Life assessment of the well-being of individuals or groups of patients and of the benefits and side-effects that may result from medical or other interventions.

From its inception, the Quality of life department in the EORTC has included a broad range of professionals,

including oncologists, radiotherapists, surgeons, psychiatrists, palliative care specialists, psychologists, social workers and recently nurses and patient advocates have joined. Within this broad cultural mix of professional backgrounds, spoken languages and geography, a number of research projects have been undertaken, including the development of the QLQ-C30 and disease-specific modules.

http://groups.eortc.be/qol/questionnaires_downloads.htm

Multidisciplinary Approach

The EORTC quality of life questionnaire (QLQ) is an integrated system for assessing the health-related quality of life of cancer patients. The EORTC has adopted a modular approach to QOL assessment, consisting of a core questionnaire (EORTC QLQ-C30) to be administered, if necessary with a module specific to tumour site, treatment modality or a QOL dimension. It is a questionnaire for patient self-completion, composed of multi-item and single scales. These include five functional scales (physical, role, emotional, social, and cognitive), three symptom scales (fatigue, nausea and vomiting, and pain) and a global health status/QOL scale and six single items (dyspnoea, insomnia, appetite loss, constipation, diarrhoea and financial difficulties). The instrument is copyrighted and has been translated and validated into 81 languages and is used in more than 3000 studies worldwide. At the time of writing, QLQ-C30 Version 3.0 is the most recent version.

The questionnaire is supplemented by disease-specific modules, e.g. bladder and prostate. Recently, QLQ-BM22 has been introduced, a module assessing HRQOL with bone metastases. In addition, the EORTC have also developed a Satisfaction with Care measure (EORTC-IN-PATSAT32) and a Palliative Care questionnaire (QLQ-C15-PAL). These are general questionnaires.

The multidisciplinary expertise of EORTC makes the organisation an interesting partner for Uro-oncology networks including the European Association Urology Nurses (EAUN), The European Oncology Nurse Association (EONS) and patient advocates like Europa Uomo.

Symposium

The recent 2nd EORTC symposium was a multi-professional event aiming to cover a broad range of topics in HRQOL and to foster greater collaboration and understanding between patient groups, legislators and caregivers in advanced quality of life research.

"Nothing about us, without us"

The faculty consisted of international key opinion leaders in their field who provided a diverse view of HRQOL. Recent developments of EORTC tools were addressed, as well as the relevance of patient reported outcome in different clinical and cultural settings

(D. Osaba, Consultant and retired Prof. of medicine) Moreover, the importance of publishing patient reported outcomes (PRO's) and who it is important for was outlined by D. McNamee (retired editor of the Lancet). Different key aspects like designing, conducting and analyses of studies were exemplified.

However, one of the most significant presentations was performed by L. Denis, secretary of Europa Uomo (Urologist) addressing why HRQOL is important to patients and why (PRO) should be measured:

"PRO measures the outcome of treatment from the patient's perspective, it is subjectively and conceptually different from most primary endpoints in clinical trials (that usually measure efficacy). It adds important evidence on perceptions concerning efficacy/efficiency, side effects or symptoms.

The information related to communication and shared care optimises the overall treatment, tailors the treatment to the individual patient and sustains research, partnerships and cost-efficacy. Patient-Centred care must be defined as "Nothing about us, without us". HRQOL is not a statistical equation but a subjective feeling of well-being!"

Further information regarding EORTC, HRQOL and educational events can be found at: www.eortc.be

Bente Thoft Jensen, EAUN Vice-Chair, Århus (DK)

European Association of Urology Nurses

EAUN Fellowship Programme report

UK fellowship shows depth and variety of nursing practices in Europe



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My nursing experience in perioperative urology surgery extends to the best part of 22 years. Apart from seven years in Theatre Nursing Management in the Maltese private sector, I acquired experience while working for the St. Luke's Hospital and, in the last three years, the new Mater Dei Hospital.

A state-of-the-art facility, Mater Dei Hospital provides a "one-stop shop" service to the Maltese population (approx. 450,000) ranging from simple non-invasive investigations/treatments to advanced uro-endoscopic and laparoscopic surgeries. The service is provided and assigned among three urology specialist firms. Until last July, we in Malta did not have an appointed urology nurse specialist and only last year did the Maltese Health Authority and Nursing Directorate agreed to issue a call for applications for nurse specialists.

My choice for a UK NHS hospital was based on my experience with urological consultants who are UK specialist-registered and have trained in Britain. Besides, our National Health Service is, by and large, based on the UK model (except for the prominent role British general practitioners have in the UK NHS).

Moreover, all our official documentation and correspondence is in English, and thus language also had a bearing on my decision. Last but not least, I also looked forward to experience a nurse-led service provided by a competent nursing specialist in the field.

Preparatory work

Although the EAUN Fellow Sponsorship covers a period of up to two weeks, reluctantly I settled for only one week due to staff shortage in my department. Therefore, for a five day visit, my primary and salient objectives, with perioperative urology nursing as basis, had to be realistic in terms of coverage, and were as follows:

- To assess the nursing processes within the Surgical Department and underline the

similarities/differences in our respective perioperative nursing practices;

- To examine different techniques with regard to sterilisation of rigid/flexible urological instrumentation;
- Accountability, traceability and quality assurance measures as adopted and implemented by other institutions;
- Occupational, health and safety practices within the perioperative urological nursing practice; and
- A brief understanding and exposure to the services rendered by a urology nurse specialist and his/her practice.

After consultation with Mr. Bruce Turner, my fellowship mentor, it was clear from the onset that Homerton Hospital could not fulfil all my requirements and aims. With this in mind, Mr Turner kindly made the necessary contacts with the nursing management of St. Bart's and Whipps Cross Hospital and obtained the necessary permits for me to visit their surgical facilities and observe their respective perioperative urological surgery nursing practices.

"The one-stop cancer clinic ...is a wonderful example of how successful a well organised nurse-led service can be..."

Day 1, February 28, Homerton University Hospital
At Homerton, and compared to Malta, I found diverse patients coming from various ethnic groups, and I was eagerly anticipating how the nursing service manages to provide quality care faced with such a variety of patients who are non-native English speakers. Mr. Turner welcomed me on my arrival and we proceeded to the TRUS Biopsy Facility where I spent the first half of the day. I followed the TRUS procedures with great interest since this method is still entirely doctor-based back home. However the process is almost identical to how they are performed in Malta (except that a surgeon performs it in Malta instead of a nurse specialist) but with some differences in consumable types and documentation.

The afternoon was spent in the Operating Department mainly for insertion or replacements of ureteric stents. It was in this department that I saw the diversity in nursing practices. Compared to the practice in Malta, where the rigid endoscopes are still chemically disinfected, the entire instrument sets in the UK are autoclaved. The use of glutaraldehyde has been banned from use in NHS Hospitals for the past 10 years but unfortunately chemical disinfection is still

commonplace in the Maltese Public Health Service. The use of disposable drapes is also the British norm compared to the reusable drapes Maltese nurses still use back home.

Day 2/3, February 29-March 1, St. Bart's Hospital

The second day was spent at Barth's Hospital Operating Theatre where a task list prepared by consultant Mr. Jamaid Islam guided that day's work load. Apart from TURP and TURB, the list also included an open radical nephrectomy. Again the use of disposable drapes and autoclaved rigid urological instruments was the norm.

A feature which I found interesting was the use of a different operating table attachment for lower limbs, which is made of lighter materials and much easier to dismantle particularly for female staff. I also noted the use of a different irrigation fluid evacuation system and suction lining gelling agent used during TURB/P which minimise the accidental exposure of the theatre staff to TUR irrigation fluid spillage.

Day 3 was also spent at the Operating Theatre at St. Bart's but this time the list was prepared by Mr. Niels Buchholz. I had noticed from the day before that at Bart's they use a purposely designed Bi-polar system for TURP with the added cost benefit of using saline instead of glycine and an early post-operative discharge as well (which translates to more cost savings).

Day 4, March 2, Homerton Hospital Outpatients

The day was spent with Mr. Turner at his outpatients' session and I was very much impressed with his competence and expertise. My initial concern on how to cope with such a diversity of languages found its answer when I saw the availability of translators called Patient Language Advocates, who made themselves available at short notice to provide translation assistance. I also noted that British general practitioners have a tremendous say and control on what and where the patients receive their treatment within the NHS.

To reiterate I was impressed by the competence of Mr. Turner as a uro-oncology nurse practitioner. The one-stop cancer clinic led by himself and another nurse specialist is a wonderful example of how successful a well organised nurse-led service can be. This best practice should be encouraged and emulated by other Health Services, which can only lead to benefits for patients who receive excellent healthcare.

Day 5, March 3, Whipps Cross Hospital

The last day was initially spent at Mr. John Peters' operating theatre at Whipps Cross where the facilities and procedures were very similar to what I have



Homerton University Hospital, London

already seen during the week. In the afternoon I had the opportunity to visit the endoscopy facility where they process the flexible cystoscopes and rigid ureteroscopes for the operating department, and I must note here, that the processing is done in a very controlled and professional manner.

Evaluating the visit

Based on this fellowship experience, I can say that the perioperative urology surgery nursing service we have in Malta is at par with what I have seen in the UK on many levels. Obviously we have still some way to go in certain aspects but from a holistic view I believe that the service our Maltese patients are now receiving at the new Mater Dei hospital is of a very high calibre.

A case in point is the use of chemicals to disinfect our instrumentation which has since been addressed with some urgency by our hospital authorities and senior nursing community.

I will cherish the experience gained and am very thankful for the EAUN's support and sponsorship, and to Mr. Bruce Turner of Homerton Hospital. Since my appointment as a specialist urology nurse (Theatre) I am now in a better position to act as a catalyst for change within the Maltese perioperative nursing urological service, and certainly I will make use of the knowledge gained during this brief but fruitful visit.

One of my new projects is to try to achieve an ISO 9001/2008 certification for our perioperative nursing (Urology) service at Mater Dei Hospital, a very difficult process but once achieved it will be a clear proof of the excellence in our nursing practices.

Urology theatre nursing is a very dynamic environment, constantly evolving for the benefit of our patients despite diminishing health funding and the challenges in human resources. With this in mind, we as urology nurses should acquire the requisite knowledge and expertise and boost our competencies. The EAUN Fellowship Programme is, indeed, a step in the right direction, and one among the many steps that we need to make on our road to success in professional nursing.

European Association of Urology Nurses

Nurses enthusiastic about Post-EAUN meetings

Satellite meetings: An effective tool to share knowledge with colleagues



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what they have learned in a conference by organising an 'satellite meeting' or a 'Post-EAUN meeting.'

Organising a satellite meeting is quite easy. Ask those in your team who are attending a conference to closely follow or take extensive notes of the presentations that are given so they can report back when they return home. A "bring back conference" which summarises the main points of a meeting can also be organised. Whatever types of satellite meeting you are organising, it will certainly bring benefits to both those who attended and those who missed the event.

"Our members in Denmark and the Netherlands have found creative ways in sharing or "bringing back" what they have learned in a conference..."

In the case of our Danish colleagues they organised the first Post-EAUN meeting in 2010. An initiative by one of the authors, the Post-EAUN meeting attempted to duplicate the original meeting's international character by inviting Lawrence Drudge-Coates (with support from the EAUN). Drudge-Coates presented his lecture on bone health that he was supposed to give in Barcelona, but was unable to due to the suspension of international flights caused by the volcanic ash cloud in 2010. The Danish participants highly appreciated the Post-EAUN meeting that it was held again this year.

To note, the Danish Urological Nurses currently have no national platform or forum where they can present their scientific work or discuss practical issues on urology nursing in English, which nowadays is the lingua franca in most international conferences.

Scientifically, however, the Danish urology nurses have seen tremendous progress and has contributed up to 30% of all abstracts at past EAUN Annual

Meetings. The Post-EAUN meetings have therefore been a challenge and a great encouragement for them to have the chance to present right on their 'home ground,' or simply get an idea of what it takes to push their limits by writing and presenting in English.

At the end of their Post-EAUN meetings the Danish nurses were glad to realise the benefits and extent of their successful efforts. Next year they plan to hold the third meeting on June 13 at Århus University Hospital. Besides the traditional sessions, the main focus will be on education, fellowships and the European School of Urology Nursing.

Meanwhile, our colleagues in the Netherlands are also keen to follow up on the many nursing issues raised in the annual EAUN congresses. Facing similar financial and language constraints as our colleagues in other countries, our Dutch colleagues have recently organised a Post-EAUN meeting in Amsterdam, an event which was also enthusiastically appreciated by the participants.

Many of the topics that were presented and discussed

in Vienna were "re-presented" by Dutch nurses that are not only experts on the topic, but also gave the local or Dutch perspective on the issue. The organisers collaborated with the Dutch and Belgian urology nursing associations, VenVN-Urologie and Uro-Bel, and around 140 nurses from Holland and Belgium attended the satellite conference, with the participants giving the meeting an average score of 8.5 out of 10!

Indeed, the EAUN does not only warmly welcome these Post-EAUN meeting initiatives but is also ready to provide the needed support to local or national nursing groups who plan to organise or set-up a Post-EAUN meeting in their home country.

For those who are interested to coordinate and learn the necessary requirements to set-up echo conferences, contact Willem De Blok through the EAUN Central Office at eun@uroweb.org. We will be more than happy to hear from you about your meeting ideas and needs!

We are grateful to the companies that helped us make these events possible.

Co-author: Bente Thoft Jensen, MPH / PhD Stud., EAUN Vice Chair

The number of nurses that are members of the European Association of Urology Nurses (EAUN) is growing each year. This year we have over 2,500 members, and to serve our growing membership the EAUN is exerting efforts, among other activities, to bring to the discussion table issues and topics of crucial relevance to urological nurses.

Organising meetings where renowned experts and medical practitioners can carefully examine these issues is part of our aims to boost professionalism in our community. However, not everyone in our association has the opportunity to attend our conferences. Besides financial constraints language also poses an obstacle in our region where there is wide diversity in terms of language and culture.

With English as the official language in our conferences we are aware that some of our potential members may find this as a sort of barrier. Thus, with all these challenges, we have to be creative in finding ways to assist urology nurses acquire a more structured approach in upgrading their skills.

Our members in Denmark and the Netherlands have found creative ways in sharing or "bringing back"

European Association of Urology Nurses

EAUN around the world

The EAUN Board have been involved in or attended the following activities throughout the world recently:

October 2011	EAUN Board Meeting, Lobbach, Germany
October 2011	Nordic Meeting, Tampere, Finland
June 2011	EAUN Board Meeting, Lobbach, Germany
August 2011	Nordic Meeting, Tampere, Finland
August 2011	ICS meets Continence Societies Meeting, Glasgow, Scotland
September 2011	DGU, Hamburg, Germany
September 2011	EAUN Board Meeting, Amsterdam, the Netherlands

October 2011	BAUN Meeting, Edinburgh, Scotland
October 2011	2 nd National Meeting of Urology Nursing, Castelo Branco, Portugal
October 2011	SUNA Meeting, San Antonio, Texas, USA

Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at k.fitzpatrick@eaun.org

13th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 27th Annual EAU Congress

25-27 February 2012, Paris, France

For more information please check www.eauparis2012.org or contact Congress Consultants at info@congressconsultants.com

www.eauparis2012.org



Preliminary Programme Friday (pre-congress)

09.00 - 11.00 Hospital visit*
11.00 - 13.00 Hospital visit*

Saturday, 25 February 2012

- 08.30-10.30 Pre-congress Workshop Urodynamics
- 08.30-10.30 Pre-congress Workshop Catheter management
- 11.00-13.00 Pre-congress Workshop Optimisation of peri-operative care in advanced surgery in bladder cancer
- 11.00-13.00 Pre-congress workshop Incontinent patients' transfer from hospital to home care and back
- 13.15-14.15 Sponsored Symposium Hexvix
Sponsored by: IPSEN and PHOTOCURE
- 14.30-15.15 Special session of the French Association of Urology Nurses (AFIU)
- 15.15-15.30 EAUN Opening
P-A. Abrahamsson, Malmö (SE)
K. Fitzpatrick, Dublin (IE)
- 15.30-15.45 EAUN Guidelines introduction Catheterisation - Indwelling catheters in adults
S. Vahr Lauridsen, Copenhagen (DK)
- 16.00-17.00 Sponsored Symposium
Sponsored by: COLOPLAST
- 17.00-18.00 Welcome Reception

Sunday, 26 February 2012

- 08.30-10.30 Sponsored Workshop - 1 Urinary catheterisation
Sponsored by: BBRAUN
- 08.30-10.30 Sponsored Workshop - 2
- 11.00-13.30 Nursing Tools Workshop Go shopping for the best nursing tools to support cancer patients
- 11.00-13.30 ESU Course How to write an abstract and make a poster
- 14.00-16.30 ESU Course Urinary infections
Chair: M. Çek, Istanbul (TR)
- 14.00-14.30 State-of-the art Lecture Innovative interactive multimedia techniques in urology care - a big step forward or still one step too far?
M. Vesterby, Silkeborg (DK)
- 14.45-16.30 Poster Session 1
Chairs: S.Hieronymi, Frankfurt (DE)
V. Geng, Lobbach (DE)
- 16.30-17.30 Nursing solutions in difficult cases: Case studies
Chair: S. Vahr Lauridsen, Copenhagen (DK)
- 16.45-17.30 State-of-the art lecture Assessment and management of osteonecrosis of the jaw
T. Taylor, London (GB)

Monday, 27 February 2012

- 08.30-10.00 EAUN Nursing Research Competition
Chair: R. Pieters, Ghent (BE)
- 10.15-11.15 Sponsored symposium
Sponsored by: ASTRATECH
- 11.30-12.00 State-of-the-art lecture Ketamine-associated ulcerative cystitis, a new clinical entity
P. Sau-Kwan, Hong Kong (HK)
- 12.30-12.45 Urology Nursing Quiz
Chair: U. Haase, Nieuwegein (NL)
- 12.45-13.15 Focal cryo of prostate cancer
S.Hieronymi, Frankfurt (DE)
- 13.15-13.45 EAUN Annual General Meeting (AGM)
Chair: K. Fitzpatrick, Dublin (IE)
- 14.00-15.45 Poster Session 2
Chairs: B.T. Jensen, Århus (DK)
L. Drudge-Coates, London (UK)
- 16.15-16.30 Award Session
Chair: K. Fitzpatrick, Dublin (IE)

EAUN Board members
Kate Fitzpatrick Dublin (IE)
Bente Thoft Jensen, Århus (DK)
Willem De Blok, Amsterdam (NL)
Lawrence Drudge-Coates, London (UK)
Veronika Geng, Lobbach (DE)
Ulli Haase, Nieuwegein (NL)
Susanne Hieronymi, Frankfurt (DE)
S. Vahr, Copenhagen (DK)

Register before 18 December to catch the early bird fee!

* Limited places are available and registration will be on a first-come, first served basis through the online system.