

Development of urology nursing in Hong Kong

Pioneering efforts of urology nurses yield results



Mr. K.L. Gilbert Lui
Urology Nurse
Specialist
President, Urology
Nurses Association of
Hong Kong
Hong Kong

lgilbertlui@gmail.com

Founded in 2005, the Urology Nurses Association of Hong Kong (UNAHK) is the only independent urology nurses association in Hong Kong. It is our premier goal to advance nursing urological care, and we work to ensure that our members, whose ranks have now increased to over 700, stay current on the latest research and clinical practice advances in China, Macao and Hong Kong.

The UNAHK also pursues its mission of fostering the highest standards of urologic nursing care by providing a wide range of services, including publications, research, Scientific Congress, Continuous Nursing Education (CNE) and the formulation of urology nursing guidelines. UNAHK is an association for qualified nurses who possess specialised qualifications in Urology and Continence nursing care. We strive to continuously develop the quality and the range of activities and services our association provides to the members.

We make every effort to maintain strong ties with healthcare professionals from other specialties and the medical community in general by contributing to educational training and research, as well as by keeping up with nursing care advances both locally and internationally.

This year our association organised a milestone event "3rd Advances in Urological Nursing Workshop" which was held on 8-9 May. We received generous support from many prestigious companies and there were more than 400 delegates attending the event.

This two-day congress consisted of lectures, video transmission and a hands-on workshop on transurethral resection of prostate in saline, single port device in laparoscopic surgery and Flexible URS in ureteric stone removal. This was the first urological and surgical nursing hands-on workshop organised in Hong Kong.



Participants learnt to use the TriPort Device in laparoscopic surgery during the Hands-On Workshop

This hands-on event was attended by 40 delegates with more than 350 observing the progress simultaneously through our video transmission session on the second day of the congress. For more information see our website - <http://www.unahk.org>.

I am writing on behalf of Urology Nurses Association of Hong Kong and would like to extend my warmest gratitude for giving us the opportunity to share our history, news and ideas with the readers of EUT nurses' section.

European Association of Urology Nurses

American and British nurses present challenging continence cases

Learning session maintained in the programme despite few submissions for Stockholm

At the International EAUN Meeting in Milan some colleagues remarked that in the latest EAUN guideline only 'normal' cases were described. This suggestion implied that there is a need for information on the use of male external catheters and other (in) continence devices in atypical cases which inspired the EAUN Board to work out a new learning project. Nurses were invited to submit cases in which they encountered these problems in daily practice and had found their own solutions. After evaluation by an expert jury the authors of the most interesting cases were invited to present at the 10th International EAUN Meeting in Stockholm.

The EAUN received only two cases in this first year, by Nora Love-Retinger from the United States and Mary Lester from the United Kingdom. The presentations proved very interesting and in the following discussion with the audience different approaches in different countries were exchanged. The full presentations are available as webcasts at the Stockholm congress website: <http://www.eaustockholm2009.org/nc/eau-webcasts/> and the EAUN has placed the submissions on the EAUN website (section Read more) as a unique opportunity for all urology nurses to learn from each other. These descriptions of the cases are also found below.

The submissions meeting all criteria the jury granted Nora Love-Retinger and Mary Lester free registration for the 10th International EAUN Meeting in Stockholm (supported by an unrestricted educational grant by Hollister International), non-members are also entitled to a free one-year membership of the EAUN.



Mary Lester
Dept. of Urology
Manchester Royal
Infirmary
Manchester (UK)

mary.lester@cmmc.nhs.uk

The use of Intermittent self catheterisation to manage bladder dysfunction following intradetrusor injections of botulinum toxin A

Co-author: Mr. Ian Pearce

1. What caused the problem you experienced by ensuring continence in this patient?

The patient is female and aged 46 years. She was referred with a long history of urinary incontinence which she managed with the use of pads. As a result of her incontinence, she suffered from embarrassment leading to social isolation and had relationship problems with her partner. She also felt stigmatized by frequent visits to the toilet. She made frequent visits to the G.P. complaining that the incontinence was causing a degree of depression. As a result of this condition, she was a heavy user of NHS services.

The patient was diagnosed with Over Active Bladder syndrome with urge incontinence. This was proven on conventional multi-channel cystometry and following counseling the patient decided to proceed with intradetrusor injections of Botulinum Toxin A (Botox, 200u). This was performed under local anaesthetic with flexible cystoscopy on a day case basis.

The pre-operative residual volume was 100mls. Post operatively the patient was able to void and was discharged home. Two weeks later the patient presented with a urinary tract infection and stress incontinence. Investigations confirmed a coliform UTI and a residual volume of 600mls. There was no evidence of upper tract dilatation.

2. Which nursing intervention did you provide?

- Pre-operative assessment & counseling
- Telephone advice and support
- The above two were a long process over 10 weeks for her to accept help and come to terms with her condition
- Taught intermittent self catheterisation post-operatively
- She found it difficult psychologically to come to terms with having to self catheterize & required support & written information to choose the most suitable catheter
- Antibiotics
- Development of Patient Information Booklet.

3. Which materials did you choose to get the patient continent?

The patient initially found it physically difficult to self catheterize & tried a selection of catheters before finding a suitable one.

4. What were the results of your intervention?

The patient continues on ISC (twice daily) and remains dry and happy with the outcome. She is infection free. She reports that her life has changed beyond recognition. She no longer is depressed, her relationship with her partner has improved, she has developed a social life and describes the Botox and ISC as a life changing experience.

All patients now receive an information booklet to re-enforce the information they receive as part of their routine counseling prior to intradetrusor injections of Botulinum Toxin A.

All patients are followed up according to a set protocol including residual volume estimation at each follow up consultation.



Fig. 1: Urodynamic filling phase tracing showing detrusor overactivity



Fig. 2: Botulinum Toxin A (Botox TM)



Fig. 3: Speedicath catheter for ISC



Nora Love-Retinger
RN CNS
Memorial Sloan-Kettering Cancer Center
Dept. of Urology
New York, NY (USA)

loven@mskcc.org

Continence management in the presence of peristomal skin breakdown

Co-author: Guido Dalbagni MD FACS

1. What caused the problem you experienced by ensuring continence in this patient?

This is a case report of a 75 y. old diabetic bladder cancer patient post cystectomy with ileal conduit creation. The case was complicated by a gangrenous wound infection causing a separation of the conduit stoma from the muco-cutaneous junction.

The enlarging, open abdominal wound with the ileal conduit within the wound bed made urinary continence nearly impossible. Urine spilling into the open wound further complicated the infectious process. The challenge was to isolate the ileal conduit, contain the urine, apply a wound V.A.C. to improve and speed healing and to eventually close the wound and provide the patient with a manageable ostomy.

2. Which nursing intervention did you provide?

Nursing interventions were provided via collaboration with a multidisciplinary team. This team included the Urology surgeons, Urology Clinical Nurse Specialist, WOCN specialist, Treatment Room RN, Infectious Disease team, Pain Management, and Dietary. The advanced nursing knowledge of the WOCN and the CNS provided the understanding of the wound care and ostomy products available while using the products in a less traditional way.

After the stoma was isolated, the Treatment Room RN was able to apply the wound V.A.C. Therapy. Dietary changes were needed to improve protein intake while controlling the patient's glucose levels. The nursing team maintained and monitored meticulous adherence to infection control practice and assured that pain management was provided at any dressing changes.

3. Which materials did you choose to get the patient continent?

Materials used to achieve urinary continence included Hollister Flextend Skin Barrier, Hollister Premium Skin Barrier, Hollister Adapt Barrier Ring, V.A.C. Therapy, and Hollister New Image Urostomy pouch.

4. What were the results of your intervention?

In the first part of this complex situation, the use of the Flextend Skin Barrier helped obtain continence so that the wound bed was free of contamination. This allowed for the control of infection and necrosis. After several weeks of the wound V.A.C. Therapy, granulation of the wound bed allowed for closure of the abdominal defect and reestablishment of the muco-cutaneous junction of the stoma.

The second part of this situation called for the use of the Premium Skin Barrier around the stoma site to further control urinary continence and wound healing. These interventions allowed for the patient to be discharged with the ability to maintain and manage her own ostomy.



Fig. 1: Large abdominal wound measuring 14 cm x 14 cm. Ileal conduit within wound bed, intubated with 16fr. Foley catheter still with urine leak inside wound.



Fig. 2: Use of Flextend Skin Barrier to isolate conduit from wound bed.



Fig. 3: Wound packed with saline impregnated gauze and sealed with Tegaderm dressing. Two piece Urostomy flange with Adapt Ring used to obtain continence.



Fig. 4: After two week course of wound V.A.C. Therapy, abdominal defect able to be surgically closed around stoma. Use of Premium Skin Barrier to protect muco-cutaneous junction prior to application of Urostomy pouch.



Fig. 5: Further use of Premium Skin Barrier to protect wound from urine contamination. This allowed for full healing of ostomy site and patient's ability to maintain ostomy appliance.

Free registration for Barcelona

If you submit your challenging continence case to the EAUN before 1 December 2009 you may be selected to present and win free registration for the 11th International EAUN Meeting in Barcelona, Spain, 17-19 April 2010! For all details on submission and to download the forms, please visit <http://www.eaubarcelona2010.org/11th-eaun-meeting/difficult-case-submission/>

Barcelona

European Association of Urology Nurses

EAUN goes to Serbia

Scientific Meeting of the Society of Urological Nurses and Medical Technicians of Serbia



Kate Fitzpatrick, RN
EAUN Board Member
The Adelaide and Meath Hospital
Dublin (IE)

Kate.Fitzpatrick@amnch.ie

Urological nurses around the world may be separated by language and distance, but nurses still form the backbone of any indigenous health system, and can also act as a conduit for methods to improve health care.

Although we live in a multimedia driven society where we are dependent on email, teleconferencing and Blackberrys, if we are to succeed in achieving such improvements, it is essential that we continue to meet, share our knowledge, expertise, and wealth of experience.

At a very successful educational European Association of Urology Nursing (EAUN) meeting in Stockholm in March 2009, my first as a Board Member, many topics were discussed and ideas exchanged, and most importantly new links were made, including meeting with Mrs. Liljana Nikolic, President of the Serbian Association of Urology Nurses.

Shortly after the Stockholm meeting, Prof. Sava Micic of the Clinic of Urology in Belgrade, who was organising the EAU-ESU Course in Belgrade on 23-24 April 2009, invited the EAUN Chair, Bente Thoft Jensen to attend the Society of Urological Nurses and Medical Technicians of Serbia Scientific Meeting, which was to be held at the same venue as the EAU course on 24 April 2009. As Ms. Thoft Jensen was unable to attend, I was happy to go in her place.

European Association of Urology Nurses

"I could identify with the issues, as [in Ireland]...there are still conflicts about the nurse's roles and the dilemma of experience versus education."

My first impressions of Serbia were of its warmth and hospitality. The first session of the Scientific Meeting (held at the impressive Yugoslav Drama Theatre in Belgrade) focussed on educational developments for nurses and was addressed by the Chief Nurse of Serbia, the Deputy Minister for Health (herself a nurse) and a Professor of Higher Education.

The speakers covered topics such as up and coming developments and the introduction of new structures to support and regulate nurse education. I could identify with the issues as although Ireland is further along the path than Serbia in this journey of professionalising nurses, there are still conflicts about the nurse's roles and the dilemma of experience versus education.

The later sessions of the meeting focussed on the clinical aspects of the urological nurse's work in Serbia, and eight short presentations were made, covering many topics including the nurse's role in the placement of Percutaneous Nephrostomy tubes which I found very interesting.



Yugoslav Drama Theatre, the venue of the congress

In fact, EAUN had made an award at our recent Stockholm meeting to a paper addressing the management of patients in the emergency department presenting post procedure with these problems, so it must indeed be a hot topic in European urology. Another topic of interest to me was on the care of the patient with haematuria, and how important it is to ensure the patient has an efficient clinical pathway with cooperation from all relevant personnel and departments to get the correct diagnosis and treatment.

A further presentation featured the management of Fournier Gangrene, from a hospital in Novi Sad where there had been a cluster of such cases. The presenter revealed how difficult it was to manage at the same time pointing out the measures and the resources that were needed to ensure a good outcome for the patients.

"You walk into the meeting room and facing you is an unquantifiable amount of experience to be harnessed and to be shared."

I had a translator to assist me throughout the day and it was clear to me that, as European nurses, we have much in common with our Serbian colleagues when it comes to resources and finance. We acknowledge the worldwide downturn and the struggle to meet the needs of our patients. However, we care passionately about our patients' welfare, and as nurses, we want to work as educated team members to continue to advocate for our patients.

My visit to Serbia was short but I felt at the nurses meeting that it was like many conferences I have attended. You walk into the meeting room and facing you is an unquantifiable amount of experience that should be harnessed and shared. It is a good motivation to be part of EAUN.

EAUN Board

Chair	Bente Thoft Jensen (DK)
Board member	Tina Christiansen (SE)
Board member	Willem De Blok (NL)
Board member	Julio De La Torre (ES)
Board member	Kate Fitzpatrick (IRE)
Board member	Veronika Geng (DE)
Board member	Ulli Haase (NL)

www.eaun.uroweb.org



Mrs. Liljana Nikolic, President of the Serbian Association of Urology Nurses

We wish to expand EAUN and have many more members and share ideas and improve our practices. We would like to encourage nurses from every part of Europe to do research, to present papers, to sit on advisory boards, and help formulate guidelines so it is critical for us to reach out to all our colleagues. To Liljana and my Serbian colleagues, I say "hvala lepo" for the honour of attending your meeting.

EAUN's special session lectures in Stockholm

Expressing health worries benefits prostate cancer patients

By Joel Vega

Studies done by nursing researchers in Scandinavia showed that men diagnosed with prostate cancer who later received treatment were better off in terms of quality of life (QoL) issues when they express, write or talk about their anxieties than men who failed to talk about their health concerns with close friends or family members.



Carina Lund-Hagelin

"Men with prostate cancer who talked about their disease, especially with their family, experience a higher level of quality of life (or meaning in life) compared to those who have not told anyone," said Carina Lund-Hagelin, a registered nurse of the Sahlgrenska Academy in Sweden, during

the Special Session of the Swedish Association of Urology Nurses entitled *Clinical practice, education and research in urological nursing in Sweden*, held on the opening day of the EAUN conference last March 18 during the 24th Annual EAU Meeting.



Helén Marklund-Bau

The session also marked the first time the nursing association in the host country has presented a special two-hour meeting during the annual EAUN congress. The EAUN highlighted the successful initiative with the Swedish nursing association or RSU currently led by Helén Marklund-Bau. Marklund-Bau herself gave a talk on LUTS patients during the

programme that featured in-depth lectures on bladder and prostate cancers, urinary and faecal incontinence, LUTS management, amongst others.

Ten Swedish nurses also participated in the special session and the EAUN board expressed its appreciation since the EAUN will coordinate with the Spanish nursing associations to present a similar programme in Barcelona next year.

Patient communication

Hagelin and her colleagues conducted a study titled *"Patients with a prostate condition: who are they talking with,"* to find out how men cope and communicate about prostate cancer, and what impact health disclosure has on QoL issues. The study, done in conjunction with the SPCG 4 trials, covered a total of 1,662 Swedish men who were grouped in two categories, namely, those who had open radical prostatectomy (RP) and watchful waiting, and those who had robot-assisted RP. The mean age was 77 and 76 years.

"The results showed that a majority of men do talk about prostate cancer. But those who had RP are more communicative than patients who only have watchful waiting."

The results showed that majority of men do talk about prostate cancer. But those who had RP are more communicative than patients who only have watchful waiting.

Hagelin said the results could have clinical implications as men diagnosed with prostate cancer could benefit from knowing that patients who had told or confided with others about their health, especially with their families, perceived a higher QoL.

"It is also important to know that before healthcare staff initiate or encourage patients to talk to others about the disease, that interventions, work and evaluating processes are planned individually for each patient," added Hagelin as she noted that the same benefit was not seen amongst men who only received watchful waiting or active surveillance.

In another lecture, Thordis Thorsteinsdottir from the University of Göteborg presented the preliminary results from an ongoing study regarding the hypothesis that expressive writing can provide psychological benefits to men who are trying to deal with a diagnose of prostate cancer.

"Research results show that writing expressively about your emotions lead to fewer experiences of physical symptoms in the long run," said Thorsteinsdottir. "These patients have had fewer medical appointments, fewer thoughts about cancer which lead to a better physical quality of life, and have fewer constraints with expressing (about their condition)."



Thordis Thorsteinsdottir

She added the possible underlying reason why men who wrote were emotionally better off is that writing has enabled these men to "organise emotional trauma and eventually get used to the stressful condition."

"Cancer-related intrusive thoughts also lose their emotional impact," added Thorsteinsdottir. She said that plans are underway to expand the study to an international, multi-centre trial and that the study would try to further examine the hypothesis that expressive writing about emotions regarding PCa reduces the occurrence and intensity of intrusive thoughts and also lowers the occurrence and intensity of anxiety symptoms.



"Hopefully we can do a large-scale study...and maybe by next year we could have some preliminary results," Thorsteinsdottir said.

Topics tackled during the programme's 'Clinical practice: Good examples' section also included 'Home care for urology patients,' by L.Trossle (Lund), and challenges and insights on running a prostate cancer dispensary by A-K. Börjedahl (Helsingborg). And aside from Lund-Hagelin's lecture on prostate cancer patients under the section 'Good examples in research,' H. Thulin (Stockholm) discussed helpful insights on the topic 'Living with bladder cancer,' whilst K. Stenzelius focused on the subject "Urinary and faecal incontinence in the elderly," where nursing management strategies and approaches to ensure optimal care for challenging cases were examined.



Call for articles

The EAUN Board is looking forward to your article on e.g. nursing care or education. Please send them to eaun@uroweb.org

New course to train urology nurses

Denmark's University College Sjælland launches a new programme in October



Lone Glistrup
Nursing Manager
Holbæk Sygehus
Urology Dept.
Holbæk (DK)

lgli@regionsjaelland.dk

The curriculum of the modules available within the programme will allow the nurses to further develop and enhance their skills related to the routine care for urological patients. Attention will be given to the development of theoretical and practical competence that will help the nurses to face the challenges of today's urological care.

This new programme will additionally offer the opportunity to acquire the in-depth knowledge that would allow for the development of clinical skills necessary when caring for urological patients. Furthermore, nurses will independently demonstrate the ability to select, demarcate and analyse clinical health-related themes, by applying relevant theories and methods.

Since it will be difficult to recruit nurses into this profession in the future it is therefore extremely important to invest into urological education. It will be

easier to keep nurses motivated within their specialised field if they have an opportunity to continually improve their knowledge within this field."

The content of the course comprises the functions and dysfunctions of the body among urological patients. These include:

- Update on the latest developments in the field prostate cancer and benign enlarged prostate
- Update on the latest developments in the field of bladder infections/polyp(us)
- Update on the latest developments in the field of nursing skills-related observation and intervention for complications, as well as septic infections
- Sexual disturbances due to urological illnesses

Course content also features the patient perspective, including a focus on men's health. From the professional perspective, these topics include:

- This complex care situation

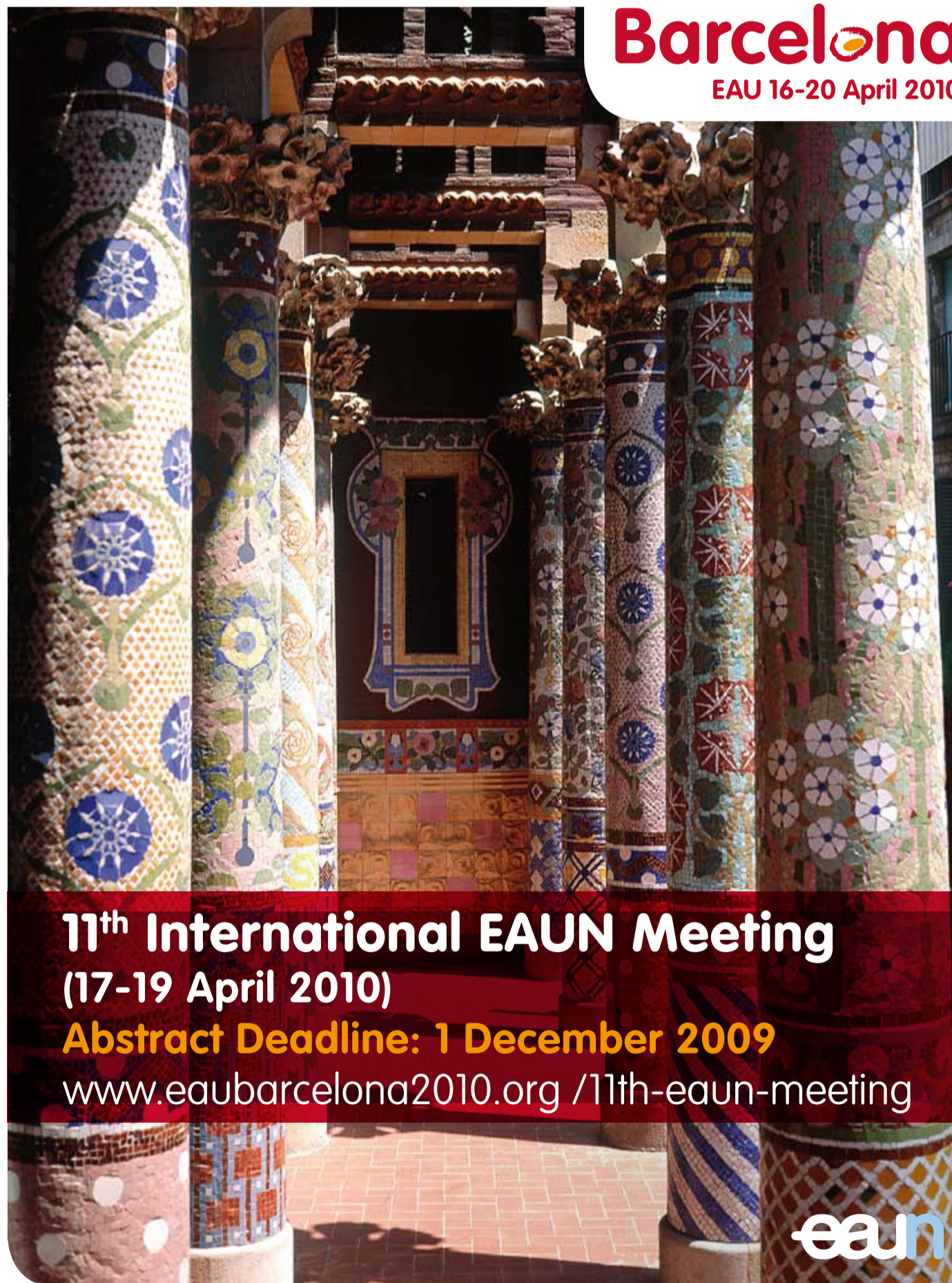


- Stress-related reactions in the body during surgery
- Accelerating patient sequence or short-term care in connection herewith
- Identifying nursing skills within the urological field
- Development of future nursing care within the urological field
- Theory and methods in development and scientific methods within the urological fields
- Methods for the documentation and implantation in clinical practice

The University College Sjælland in Denmark will soon offer a brand new programme. "Development of urological nursing as a profession" starts already in October this year.

The objective of the course is to ensure that trained nurses stay in the profession of urological care and that the standard of care is raised thereby.

Participants will have already received the appropriate nursing training, and have at least two years of relevant professional experience. The education module is rated at 9 on the ECTS scale. The education takes six weeks of full time study and participation, or 12 weeks part time. Participants can also choose to follow the 12-week course online. The cost of the course is 8,000 Danish Crowns (1,075 euro). The programme was developed by a team of national nursing managers and a senior lecturer from University College Sjælland. The course starts in the autumn of 2009.



Barcelona
EAU 16-20 April 2010

11th International EAUN Meeting
(17-19 April 2010)

Abstract Deadline: 1 December 2009

www.eaubarcelona2010.org/11th-eaun-meeting

eaun

**European
Association
of Urology
Nurses**

Call for Papers



The International Journal of Urological Nursing - The Official Journal of the BAUN

The International Journal of Urological Nursing is clinically focused and evidence-based and welcomes contributions in the following clinical and nonclinical areas: • General urology • Clinical audit • Continence care • Clinical governance • Oncology • Nurse-led services • Andrology • Reflective analysis • Stoma care • Education • Paediatric urology • Management • Men's health • Research

There are many benefits to publishing in IJUN, including:

- Broad readership of papers—all published papers will be available in print and online to institutional subscribers and all members of the British Association of Urological Nurses
- Fast and convenient online submission—articles can be submitted online at <http://mc.manuscriptcentral.com/ijun>
- Fast turnaround—papers will be reviewed and published quickly and efficiently by the editorial team
- Quality feedback from Reviewers and Editors—double-blind peer review process with detailed feedback
- Citation tracking—authors can request an alert whenever their article is cited

For further information and a free sample copy go to: www.interscience.wiley.com/journal/ijun

Wiley-Blackwell

