

EAUN's Barcelona meeting lines-up new activities

Urology experts to present in-depth lectures, debates and workshops



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It will be a great pleasure to welcome you in Barcelona this coming April for the 11th Annual Meeting of the European Association of Urology Nurses (EAUN) organised with the support of the Spanish Association of Urology Nurses (Enfuro).

During the past year, the EAUN has been fortunate to have a Spanish representative in the board, Mr. J. Torres from Madrid, who has not only gently guided us through "Spanish challenges," but also helped us to have a very fine collaboration with our colleagues in Spain.

International relations

In 2009 the EAUN Board has travelled across Europe to support colleagues, develop urology nursing care and to build bridges amongst national societies and the EAUN. We have been invited to join the activities at national levels and have been very inspired and impressed with the tremendous effort and enthusiasm many urology nurses have exerted into developing clinical practice despite the tough financial challenges.

European Association of Urology Nurses

The EAUN's activities during the past year have grown with incredible speed. We witnessed overwhelming interest coming not only from colleagues but also from associations and sponsors, for which we are not only grateful for but also inspires us to continue our modest efforts. This great interest and support certainly enable or draw the EAUN to the forefront of urology care in Europe.

The same interest has also attracted our colleagues from around the world who aim to contribute and partner with the EAUN. Certainly, we are proud of this growing interest, wider links and the higher membership figure which now counts to almost 2,000 members by the end of the month.

Barcelona meeting

For this year's programme in Barcelona significant emphasis is made on improving rehabilitation in cancer care, an area which is attracting more attention. And for the first time, the EAUN will present the new multi-professional workshop which will gather representatives from various uro-oncology societies including patient advocates, a format that will provide a broader perspective. The workshop titled "Nursing tools for patient instruction on PCa" will take place on Sunday, April 18, and was made possible through a unique cooperation amongst various sponsors. Participants will get the chance to hear experts lectures and resource packs will be supplied to create a more dynamic, interactive session.

Do not miss the opportunity to contribute and make a difference in the final debate concerning optimising rehabilitation in cancer care with respect to current status in health care. The session will be moderated by Mrs. K. Redmond (IT), former president of the European Oncology Nursing Society (EONS).

Cryoablation workshop

Another first and exciting addition to the EAUN programme will be a session on cryotherapy. A pre-congress workshop initiated by EAUN and with assistance of our colleagues from southern Germany made it possible to add background and basic information regarding cryotherapy for both the prostate and the kidney. Treatment procedures, indications and nursing implications will be presented on Saturday, April 17, by an expert team from Frankfurt: Mrs. S. Hieronymi and U. Witzsch M.D.

Members of the Continent Urinary Diversion guideline group, Mrs. B. Kiesbye (DK) and Mrs. S. Fillingham (UK) will also provide an update on stoma care and related quality-of-life issues. The members were also co-authors of the EAUN guideline on *Incontinent Urostomy* published in 2009. This guideline was recently acknowledged by the National Guideline Clearing House.

The opening day will end with Mrs. D.K. Newman, Philadelphia (US) who will lecture on the "ins and outs" of intermittent catheterisation in a symposium sponsored by Hollister, followed by a welcome reception with authentic Spanish ambience and style.

Hot topics

Other expert speakers and participants will talk on and discuss hot topics in urology nursing. To name a few: Mr. H.A.M. Van Muilekom, Amsterdam (NL) will give a state-of-the-art lecture – *New developments in urological cancer care including the nursing aspects*. As in previous EAUN meetings, we have another outstanding course from the European School of Urology (ESU) which will focus on erectile dysfunction (ED) issues. Chaired by Dr. P.J. Nyirady, Budapest (HU)

the lectures will touch on the pathophysiology of ED (Nyirady) followed by "Overview of medical treatment of E.D. and surgical therapy" by Mr. S. Minhas, London (GB), and a lecture on the nursing aspects of ED patients presented by Ms. P. Allen, Sheffield (GB).

The ESU course will be followed by a lecture on another important aspect of erectile dysfunction, the patient's quality of life. Lecturer Mr. J. Albaugh, Chicago (U) is the former president of the Society of Urology Nurses & Associates (SUNA) and initiator of the Global Association Urology Nurses (GAUN). If, by chance, your society is not updated on GAUN's activities, do not miss the chance to meet Jeff and discuss with him how you can join or be involved in GAUN. The steering committee of GAUN is also taking the opportunity to meet in Barcelona. Further information can be found at www.thegaun.org or contact members of the GAUN or the EAUN Central Office for meeting details.

Another state-of-the-art lecture, "The importance of patient positioning and safety on a urology OR," by Mrs. K. Fitzpatrick, Dublin (IE) will end the meeting. Stay for the award session to witness and support your colleagues who will be honoured for exemplary work.

The board looks forward to an excellent meeting in Barcelona with the support of our Spanish colleagues. We hope this brief preview will inspire you and your colleagues to join our conference! For other details check out the full programme on our website at www.eaun.uroweb.org. Register before the closing date and do not forget to join the new activities such as the Urowalk and the EAUN Super Urology Nursing Quiz.

See you in Barcelona!

New EAUN Guideline – Continent urinary diversion

Working group pursues efforts to deliver quality, evidence-based recommendations



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In 2009 the European Association of Urology Nurses (EAUN) presented its first evidence-based guideline with the booklet *Incontinent Urostomy* under the Good Practice in Health Care series, a publication that drew a lot of positive feedback for the EAUN.

With the encouraging response that underlined the need for similar publications, there were proposals to publish translations in certain countries. Today, however, the EAUN's guideline group has completed a new project, Continent Urinary Diversions, which aims to assess the evidence-based management for continent urinary diversions and incorporate the guidelines recommendations into clinical practice.

Guidelines are scientifically-based, feasible and detailed descriptions of aspects of desired performance, which form the basis for decisions in daily practice and assist in quality assurance, continuing education and vocational training (Marwick, et al. 1992).

Amongst the functions of guidelines are the following:

- Link theoretical inputs with practical experiences
- Help reduce discrepancy in therapy
- Provide information sources on which nurses could orient themselves
- Provide a description of activities
- Demonstrate a treatment process and its efficacy or effectiveness
- Clarify improving the quality of care

During our work in the guidelines group we were reminded that in developing evidence-based guidelines using expert opinions and knowledge is necessary since it is essential to close the gap

between research and practice. The integration of various recommendations using expert opinions also proves useful. More importantly, recruiting an expert panel creates a base made up of wider interests, thus enhancing the quality of recommendations. And finally, expert input in guidelines creation contributes to testing in actual clinical nursing work the practicability of procedures.

Relevant guidelines are not only anchored on scientific bases, they should also provide answers or practical applications and approaches to commonly-encountered problems. Moreover, the development of guidelines should originate from the experts and practitioners who themselves implement the practical application.

It is also of major significance that guidelines cover relevant information regarding indications, risks, complications and specific interventions. Finally, pertinent guidelines should aid decision-making in the clinical setting.

The above mentioned were amongst the main points from which we proceed to develop the new EAUN guidelines, aspects which the expert panel of the guideline group on incontinent urinary diversions also attempted to address. A multi-disciplinary team of nurse specialists, the expert panel members were Piet Eelen (BE), Berit Kiesbye (DK), Sharon Fillingham (UK), Sharon Holroyd (UK), Susanne Vahr (DK) and



The working group of the currently produced guideline on *Continent Urinary Diversion*. Standing from left: Sharon Holroyd (UK), Veronika Geng (DE), Ian Pearce (UK), Piet Eelen (BE), Susanne Vahr (DK). Seated: Berit Kiesbye (DK), Sharon Fillingham (UK).

Veronika Geng (DE), with support from Ian Pearce, a British urologist.

The working group members realised that they could benefit from using the structure and contents of the *Incontinent Urostomy* guideline as a basis. We then reviewed literature, made recommendations and wrote texts, and since the process was familiar to the expert panel, the whole process went smoothly from September 2009 to January 2010, the period needed to complete the content. Then again there were external experts who were still reviewing the guidelines text until shortly before it went to print. Fortunately, e-mail correspondence and video conference made it possible to complete the work on this guideline as scheduled. Again, we have to note the excellent support from the EAUN office.

For this new guideline, the contents include the terminology, the indications for cutaneous continent urinary diversion, orthotopic urinary diversion, recto-sigmoid urinary diversion (uretero-sigmoidostomy), augmentation ileocystoplasty and auto-augmentation. A major chapter covers the principles of management particularly nursing interventions such as pre-operative assessment, patient preparation and post-operative and discharge care. The products used for continent urinary diversions as well as the nursing management of

complications are also covered.

With nearly 80 pages, the booklet will be available both in print-out and electronic versions at the EAUN website. Hard copies can be ordered through the EAUN website using the publication order form.

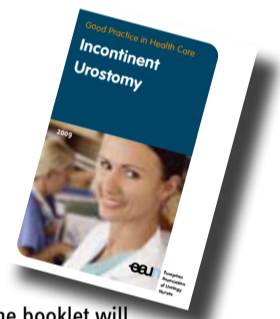
Marwick J, Grol R., Borgiel A. Quality Assurance for Family Doctors. Wellington, New Zealand: WONCA, 1992.

Good Practice booklet "Incontinent Urostomy" accepted by the National Guideline Clearinghouse (US)

The submission process for the guideline is an external quality assurance process and the EAUN Board is very proud their guideline is included in the National Guideline Clearinghouse database.

The *Incontinent Urostomy* guideline had to be divided in two parts to be included in the National Guideline Clearinghouse:

- European Association of Urology Nurses
- **New Part 1** Cystectomy: indications and pre- and post-operative care. In: *Incontinent urostomy*.
- **New Part 2** Incontinent urostomy: community care, follow-up and complications. In: *Incontinent urostomy*.



National Guideline Clearinghouse (US) - Definition and Criteria

The National Guideline Clearinghouse™ (NGC) is a comprehensive database of evidence-based clinical practice guidelines and related documents in the United States of America. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services.

The NGC mission is to provide physicians, nurses, and other health professionals, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation and use.

1.1.1. Definition of Clinical Practice Guideline

The National Guideline Clearinghouse™ (NGC) employs the definition of clinical practice guideline developed by the Institute of Medicine (IOM).

- Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. [Institute of Medicine. (1990). *Clinical Practice Guidelines: Directions for a New Program*. M.J. Field and K.N. Lohr (eds.) Washington, DC: National Academy Press. page 38].

1.1.2. Criteria for Inclusion of Clinical Practice Guidelines in NGC

All of the criteria below must be met for a clinical practice guideline to be included in NGC.

1. The clinical practice guideline contains systematically developed statements that include recommendations, strategies, or information that assists physicians and/or other health care practitioners and patients make decisions about appropriate health care for specific clinical circumstances.
2. The clinical practice guideline was produced under the auspices of medical specialty associations; relevant professional societies, public or private organizations, government agencies at the Federal, State, or local level; or health care organizations or plans. A clinical practice guideline developed and issued by an individual not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for NGC.
3. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from NGC if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline's recommendations.
4. The full text guideline is available upon request in print or electronic format (for free or for a fee), in the English language. The guideline is current and the most recent version produced. Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years.

A key role for nurses in the SCA **EAUN subscribes Call to Action Europa Uomo**

Skeletal Care Academy to broaden bone health education

The Skeletal Care Academy (SCA) is an educational programme developed to ensure that patients with cancer-related bone disease receive the highest standards of multi-professional care, allowing them to enjoy fuller, healthier lives.



The initiative started in 2008 in recognition of an area of care which, despite receiving very little attention, has greatly impacted the quality of life of cancer patients. After two successful international meetings attended by oncologists, haematologists and urologists, the SCA steering committee (composed of a distinguished panel of European physicians) recommended that the programme broaden its educational scope to reach a multi-professional audience that includes specialist nurses and patient advocates. The aim is to build a multi-professional network to deliver excellence in cancer bone health education internationally.

At the core of the SCA programme is the annual international, multi-disciplinary 'train the trainer' meeting on March 12 to 13, 2010 in Paris (programme details are available at www.skeletalcareacademy.com). The meeting, with support from Amgen, is hosted by the Central European Cooperative Oncology Group (CECOG) in partnership with the EAUN and other professional societies.

For the train-the-trainer course on bone health (developed by nurses from the uro-oncology steering committee) EONS, EMBT and the EAUN have each invited three nurses from urology and oncology who are involved with bone health. The invited participants are from Spain, The Netherlands, Denmark, UK and German speaking countries. All together it involves around 50 nurses working with bone health.

The training will be piloted in the aforementioned five countries by the nurses who were invited to the meeting in Paris. This event will involve multi-disciplinary plenary sessions and specialist

workshops to ensure that all will benefit from working together with their peers. The programme will then be presented in so-called echo seminars to the rest of Europe after the pilot has been evaluated.

The modules focus on the challenges faced by nurses in the assessment, management and support of patients with cancer-related bone disease. After the meeting course contents from the modules and additional study materials will be made available online.

Prostate cancer will be highlighted in the modules since bone health in these patients is often a secondary concern due to the high prevalence of bone metastases and the use of hormone ablation therapies that can lead to bone loss and fracture. Besides the nurse education programme, there will be specialist workshops for physicians and patient advocates and 'open academy' sessions that will allow participants to closely examine specialist subjects and refresh their skills.

Following the meeting, all attendees will be encouraged to join the SCA network of excellence to disseminate bone health education in their own regions.

With this project the EAUN is again in the forefront of new initiatives and is committed to make this multi professional and multi-disciplinary course a great success.

The European Prostate Cancer Coalition, Europa Uomo, is an advocacy movement for the fight against prostate cancer. In a recent call to action the EAUN Board was asked to undersign the request for support of UOMO in the struggle for prevention of deaths by prostate cancer in Europe. Preceded by the EAU Executive, the Board of the EAUN has agreed to commit to what is stated underneath.

The Board feels that the goals of nurses often converge with the goals as stated above. We therefore are happy to support the call out of Europa Uomo.

The cooperation with Europa Uomo is also apparent in the EAUN workshop "Nursing tools for patient instruction on prostate cancer" that takes place on Sunday in the EAUN Meeting in Barcelona, April 2010, in which Prof. Louis Denis, Secretary of Europa Uomo will speak in the part on Patient perspective, much to the pleasure of the EAUN Board.

Willem De Blok
EAUN Board member

European Association of Urology Nurses

Grainne Maguire
Medical Knowledge Group

Willem De Blok
EAUN Board



We, the undersigned, recognise that only a comprehensive strategy will ensure that men at risk are diagnosed earlier and receive optimal treatment with holistic care on an individual basis.

Hence, we call for the commitment and action necessary for men to have timely access to the right treatment. Specifically, we call on:

- Governments to recognise the morbidity and mortality burdens of prostate cancer.
- Governments to commit to sustainable support for basic and clinical research for new biomarkers and for clinical trials comparing different treatments.
- Health professionals to educate their patients about the risk factors for prostate cancer, such as family history, ensuring those at risk are given appropriate information.
- Physicians to tailor treatment to the individual patient through appropriate use of PSA testing to avoid over- or under-treatment
- Society to build partnerships which help reduce the burden of disease, to identify common actions and overcome the existing inequalities around access to treatment.

We commit to achieving these aims, working with all relevant partners to communicate these messages to appropriate policy makers and healthcare professionals.

www.europa-uomo.org

11th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 25th Anniversary EAU Congress

17-19 April 2010, Barcelona, Spain

For more information please check www.eaubarcelona2010.org or contact Congress Consultants at info@congressconsultants.com

www.eaubarcelona2010.org

Final Programme

Saturday, 17 April

- 9.00 - 11.00 EAUN Workshop**
Quality of life in urology stoma patients
S. Fillingham, Kent (GB)
B. Kiesbye, Århus (DK)
- 9.00 - 11.00 EAUN Workshop**
Cryoablation for prostate and kidney cancer; an overview of background, procedure and nurses' responsibilities
U. Witzsch, Frankfurt am Main (DE)
S. Hieronymi, Frankfurt am Main (DE)
- 11.15 - 12.15 Symposium**
Building on the vital framework to improve outcomes with bisphosphonates
Sponsored by NOVARTIS ONCOLOGY
- 12.15 - 13.00 Break**
- 14.00 - 15.00 Special Session**
Spanish Association of Urology Nurses
- 15.15 - 15.30 EAUN Opening**
P-A. Abrahamsson, Malmö (SE)
B.T. Jensen, Århus (DK)
- 15.30 - 15.45 Good Practice in Health Care**
Continent Urinary Diversion - introduction of the new guideline
S. Vahr, Copenhagen (DK)
- 16.00 - 17.00 Symposium**
"Ins and outs" of intermittent catheterisation
D. Newman, Philadelphia, PA (US)
Sponsored by HOLLISTER INCORPORATED
- 17.00 - 18.00 Bienvenida Espanola (welcome reception)**

Sunday, 18 April

- 08.00 - 10.15 ESU Course**
Erectile dysfunction
Chair: P.J. Nyirady, Budapest (HU)
- 10.30 - 11.10 State-of-the-art lecture**
New developments in urological cancer care including the nursing aspects
H.A.M. Van Muilekom, Amsterdam (NL)
- 11.10 - 11.30 Super Urology Nursing Quiz**
Chair: T. Christiansen, Lund (SE)
- 11.30 - 12.30 Break**
- 12.30 - 14.30 EAUN Workshop**
Nursing tools for patient instruction on PCA
Chair: W. De Blok, Amsterdam (NL)
- Introduction
W. De Blok, Amsterdam (NL)
 - Nurse aspects and side effects
S. Faithfull (GB)
 - Hormone treatment and possible nursing interventions
M. Borre, Århus (DK)
 - Role of the nurse in diagnostics and bone health (resource pack)
L. Drudge-Coates, London (GB)
 - Patient perspective and patient education
L. Denis, Antwerpen (BE)
 - Discussion
Moderator: K. Redmond, Milan (IT)
Supported by unrestricted educational grants from AMGEN, FERRING PHARMACEUTICALS and NOVARTIS ONCOLOGY
- 14.30 - 16.15 Poster Abstract Session**
Chairs: T. Christiansen, Lund (SE)
K. Fitzpatrick, Dublin (IE)
- 14.30 - 15.00 Poster viewing**
15.00 - 16.15 Poster session/presentations
- 16.15 - 17.15 EAUN Workshop**
Ensuring continence in difficult cases - Solutions by nurses
Chair: R. Pieters, Ghent (BE)
Vice-chair: U. Haase, Nieuwegein (NL)
- 18.00 - 20.00 Urowalk**
Guided tour in the city

Monday, 19 April

- 11.00 - 13.30 Hospital visit 1***
Hospital Vall D'Hebron, Barcelona
- 13.30 - 16.00 Hospital visit 2***
Hospital Fundació Puigvert, Barcelona
- 07.45 - 08.45 Breakfast Symposium**
Optimising patient benefits in bladder cancer management
Sponsored by GE HEALTHCARE and PHOTOCURE
- 09.00 - 10.30 EAUN Nursing Research Competition**
Chair: R. Pieters, Ghent (BE)
- 10.45 - 11.45 Symposium**
Urological management of Spina bifida during childhood and adolescence - what happens when entering adulthood?
Chair: E. Jaureguizar, Madrid (ES)
Sponsored by ASTRATECH AB
- 12.00 - 12.30 State-of-the-art lecture**
Quality of life after cystectomy
H. Thulin, Stockholm (SE)
- 12.45 - 13.45 Lunch Symposium**
Vantas: a nurse's perspective on the first once-yearly LH-RH agonist
Chair: N. Shore, Myrtle Beach (US)
Sponsored by ORION PHARMA
- 13.45 - 14.15 EAUN General Assembly**
Chair: B.T. Jensen, Århus (DK)
- 14.15 - 15.00 State-of-the-art lecture**
Managing erectile dysfunction and quality of life
J. Albaugh, Chicago (US)
- 15.15 - 16.30 Oral Abstract Session**
Chairs: V. Geng, Lobbach (DE)
U. Haase, Nieuwegein (NL)
- 16.45 - 17.15 State-of-the-art lecture**
The importance of patient positioning and safety on a urology OR
K. Fitzpatrick, Dublin (IE)
- 17.15 - 17.30 Award Session**
Chair: B.T. Jensen, Århus (DK)
Awards supported by unrestricted educational grants from FERRING PHARMACEUTICALS and AMGEN

EAUN Board members
Bente Thoft Jensen, Århus (DK)
Kate Fitzpatrick, Dublin (IE)
Tina Christiansen, Lund (SE)
Veronika Geng, Lobbach (DE)
Ulli Haase, Nieuwegein (NL)
Willem De Blok, Amsterdam (NL)
Julio De La Torre Montero, Madrid (ES)

Register online until Thursday, 1 April (onsite registration from Friday, 16 April)

* Optional visit to the urological wards and outpatient clinic.

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

Pieters wins 'Continence Nurse 2009 of Belgium' title

Holistic nursing care for incontinent patients impresses jurors

Ronny Pieters, head nurse of the urological ward at University Hospital of Ghent and former EAUN board member, unanimously won the election for the title "The Continence Nurse of the Year," the second time the event was organised.

Held on October 16, 2009 at the castle known as 'Le Chateau du Lac' in Genval, Pieters bested three other nominees and bagged the prize for his project titled "The nurse-led continence clinic of the university hospital."

The nurse-led continence clinic started in March 2009 and Pieters, together with Prof. Karel Everaert, was the initiator and main advocate of the continence clinic. Both Pieters and Everaert organised the continence team which aims to offer 'complete care' to the incontinent patient.

A well-structured, 'one-stop-poli' and multi-disciplinary approach are offered to the incontinent patient. The starting point is an extended history taken by the nurse. With the knowledge and information



Mr. Ronny Pieters thanks the organisers and the three jury members (middle) whilst the other nominees (left) look on.

from the intake interview with the patient, the continence nurse will organise a multidisciplinary treatment and on a continuing basis, the nurse guides the patient through the complete treatment.

Due to his wide experience and deep interest in urology, Ronny achieved a high standard of nursing care for the incontinent patient in Belgium. The EAUN congratulates Ronny for his wonderful achievement!

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



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

The event was organised with the support of Astra Tech Benelux.

European Association of Urology Nurses

Managing erectile dysfunction after radical prostatectomy



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Despite advances in nerve sparing surgical techniques for prostatectomy, the incidence of erectile dysfunction (ED) remains high. In examining quality of life in men with prostate cancer after radical prostatectomy, Meyer, Gillatt, Lockyer, and Macdonagh (2003) reported that for 72% of patients, quality of life was moderately or severely affected by ED (Meyer, Gillatt, Lockyer, & Macdonagh, 2003). Even 92 months after radical prostatectomy, more than 75% of the men were upset about the problems related to ED (Meyer et al., 2003). Treating ED after radical prostatectomy with penile injections improved not only erection strength, but also improved the sexual relationship and sexual confidence (Albaugh & Ferrans, 2010).

There are five categories of currently available treatment options for ED for men after radical prostatectomy. Oral medications (phosphodiesterase type 5 inhibitors), although preferred by many men, have a high failure rate in men after prostatectomy (Baniel, Israilov, Segenreich, & Livne, 2001; Blander, Sanchez-Ortiz, Wein, & Broderick, 2000; Mydlo, Viterbo, & Crispin, 2005).

The second treatment option is the noninvasive options of either the ACTIS constriction band or the vacuum constriction device. Both treatments use a venous occlusive tension band or ring to hold blood in the penis. The vacuum constriction device also utilizes external suction pressure to create an erection prior to application of the tension ring. The third treatment is MUSE, a urethral suppository of alprostadil that dilates the blood vessels of the penis. The fourth treatment is penile injections. The fifth treatment is a penile implant.

Each treatment option has positive and negative factors associated with their use. Treatment of ED after prostatectomy can be challenging since there is no clear evidence to support any specific treatment or penile rehabilitation protocol as the best option. It is important that patients understand that not utilizing any treatment to promote cavernosal blood flow and oxygenation will have long-term ramifications for return of erectile function in the future.

Each year research reveals the importance of using treatment for erectile dysfunction to promote corporal tissue health and diminish atrophic changes to the penile tissue. After prostate surgery, nitric oxide synthesis is diminished due to nerve trauma to the cavernosal nerve (Carrier et al., 1995). The lack of nitric oxide and neuropraxia lead to diminished blood flow and oxygenation of the penile tissue, which leads to cavernosal fibrosis and collagen synthesis (Leungwattanakij et al., 2003).

"Even 92 months after radical prostatectomy, more than 75% of the men were upset about the problems related to ED.."

With the advent of earlier rehabilitation, with less invasive treatment options for ED, should come better return of spontaneous erectile function, or at least ED that can be treated with less invasive therapies like the oral medications. By understanding each treatment option and determining the best choice for treatment, healthcare professionals can help patients to find the optimal treatment option for ED and penile rehabilitation. The health care team can help each patient carefully consider their unique sexual lifestyle and how to incorporate ED treatment into their sexual experience, so that this important component of life need not be lost after prostatectomy.

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European Association of Urology Nurses

Online patientbog

Danish hospital uses innovative communication tool with PCa patients



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"Online patientbog" is a new information and communication tool which has been implemented by a Danish hospital for clinical practice. Since September 2009 the instrument is in use for patients undergoing treatment for prostate cancer at the Department of Urology of the Aalborg Hospital and the Aarhus University Hospital.

Online patientbog stands for "Online - patient and book" which highlights the three key terms. Online patientbog offers a new way to inform, support and communicate with patients in the course of their treatment and was especially developed with the aim to help shorten hospital stay.

As the name implies Online patientbog is an Internet-based system and website containing user-driven or supplied information that is openly accessible to the patient. As a tool developed to primarily meet the needs of the patient, a part of Online patientbog requires a login ID and a password to protect privacy. This personal part of Online patientbog handles both 'monologue' (notes or writing made by the patient himself) and dialogue-based individual information.

Since the concept for Online patientbog include presenting or using it as a book, the system also contains considerable content divided in several chapters or parts. Thus, it can serve as the patient's own or personal book.

With these goals, it is expected that Online patientbog

can be an effective instrument in supporting the contact between patients and healthcare professionals in clinical practice based on short stays, thus minimising uncertainty and insecurity for male cancer patients.

Using the Internet as a source of medical information amongst cancer patients have become increasingly widespread in recent years. With Online patientbog the 'monologue'-based information is supplemented by dialogue-based information. Using Web 2.0 technologies Online patientbog enables a dynamic, personal and dialogue-based support for the patient, allowing them to become even more pro-active with regards to the course of their treatment.

The application also allows patients to get in contact and dialogue with well-known healthcare professionals since it is connected to both the in- and out-patient wards, facilities where the patients were confined during their treatment. Another application allows contact with a limited group of patients. Moreover, the synchronous and written dialogue establishes a flexible environment, allowing users to write and read at their own pace and chosen time.



Online patientbog is developed, implemented and evaluated under a PhD project. The basic framework of Online patientbog is based on knowledge gained from reviews, an interview study on former patients and knowledge from clinical experts. It is a research process which gave a picture of a communication tool formed based on innovative and evidence-based thinking.

The framework of Online patientbog which includes various functions and contents was also realised in close cooperation amongst experts coming from the clinical practice and those from IT systems. The tool was then implemented and evaluated in actual clinical practice.

Additional info at www.onlinepatientbog.dk

European Association of Urology Nurses