

# A message from the Chair of the EAUN - December 2010



**Bente Thoft Jensen, RN-MPH**  
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the General Assembly 2011 in Vienna. After Vienna I intend to continue contributing to the EAUN board but in another position. I am very confident about this period of transition, and I know that the EAUN will have a very competent person in the chair!

For me personally, the EAUN has been a four-year journey, one of the most intensive -and most interesting- journeys I have taken. I took up my position in the EAUN in late January 2007. The EAUN was a positively charged brand, with huge potential and an extremely devoted board, members and employees. Yet I knew that we, like other associations, faced significant demands for change and we took on the challenge.

In 2008, the EAUN shaped a strategy for the future, and called it the "EAUN Long-term Plan". It was a tough plan, both to decide on and to put into practice. We reorganised ourselves in a new, more efficient way, with -for the first time- our own budget and

strategy. This quickly brought significant activity for and comprehensive interest in the EAUN as a major partner in healthcare affairs. All in all, we weathered a storm and we came through in a way that makes me proud and grateful to EAUN staff and colleagues in and around Europe who have supported this journey. Our efforts to improve both our brand and the benefits for the members have picked up pace in recent years. The outstanding cooperation with the EAU, Prof. Abrahamsson and the European School of Urology (ESU) have contributed greatly to the status the EAUN enjoys today.

These are some achievements with which I am particularly pleased:

- The 2010 Annual Congress. More than 400 attendees signed up, which was a new record
- Group membership is now very popular thanks to a perfect campaign of awareness of the EAUN
- The EAUN has been growing from 178 members to more than 2,500 as of 1 January 2011

- The EAUN now publishes evidence-based guidelines which are recognised by the National Clearinghouse (US).
- The EAUN joined the Skeletal Care Academy
- EAUN involvement in establishing the Global Association of Urology Nursing -GAUN
- Electronic newsletter and membership database
- Extended Fellowship programme
- Online education possibilities are being developed
- Accreditation and certification programmes are being developed, along with the framework of a European School of Urological Nursing

Together, all these points mean that the EAUN has become an important partner in the urological society. We intend to continue contributing positively to continuous education and development for the benefit of our colleagues and the urological patient. Finally, I wish Ms. Fitzpatrick good luck in her new position, and to the members, I would like to say that it has been a privilege to be the chair of the EAUN.

As some of you might know, I will leave my position as chair of the EAUN in the new year. Due to a heavy academic workload, I am unable to work for the board on a daily basis, which is what the position of chair entails.

In my place, I want to propose the co-chair, Ms. Kate Fitzpatrick (Ireland) as the new chair of the EAUN. Ms. Fitzpatrick will be interim chair on a daily basis until

## High-level congress of the Association of Urological Nurses

### Report on the Nurses' four-day congress marking the 21<sup>st</sup> National Congress of Urology in Turkey



**Ronny Pieters, RN**  
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The actual congress started on Sunday, 31 October. Themes of this day were education and communication in urology nursing, with an EAUN vision on the European education in urology nursing as well as on evidence-based urology nursing.

The afternoon covered urinary stone disease, and the prevention of urinary infection.

Monday started with operating room security, and developments in the care for the urological cancer patient. The afternoon covered the topic of male and female incontinence, conservative treatments, and I personally covered the contribution of the ICS to continence nursing in Europe. The day was concluded with the presentation of 12 abstracts on urology nursing topics.

On Tuesday we had to go home, so we couldn't participate in the last day of the conference which

covered the nursing application in prostate cancer, the management of urology problems in neurological patients and OR nursing in urology. This day was scheduled to end with 11 poster presentations.

The sessions we participated in (the Turkish association kindly provided simultaneous translation) were graded (by Bente and me) as being of a high standard, well-documented and referenced; and what was most interesting to us was the interaction and participation in the discussion by the audience. The Turkish urology nurses are very eager to learn, ask to-the-point questions, but most of all are already working on a high level.

We would like to congratulate the Turkish Urology Nurses Association with the organisation of this congress, to thank them for inviting us, and above all, we would like to encourage them to continue the way they are doing now. We also would like to thank the

#### EAUN Board

Chair	Bente Thoft Jensen (DK)
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Bente and I were invited to Istanbul for the fourth congress of the Turkish Urological Nurses Association to represent the EAUN and European urology nursing.

This four-day conference started with two courses: one on the current practice of laparoscopic and robotic nursing in urology, and one on voiding dysfunction in children.

Turkish Urology Association for their support of the nurses.

## EAUN - NZUNS cooperation

### An invitation to extend ties to New Zealand Urological Nurses Society



**Sue Osborne, RN**  
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The committee of the Australia and New Zealand Urology Nurses Society (ANZUNS) was pleased to be able to host Bente Thoft and several of her colleagues at the ANZUNS conference in Perth, Australia in 2010. Discussions at that event have led to strengthened ties between our groups, and we continue to aspire to share ideas and initiatives with one another. This regular newsletter contribution is the foundation of our partnership at the moment.

We would be delighted if any members of EAUN would like to attend our conferences or even contribute to our newsletter in the coming years. We would also welcome contact via e-mail if any of you wish to establish links with New Zealand Urology Nurses who may have similar interests or workplaces to your own. I know we seem a long way away and that you might imagine we are limited in our developments by our small population and distance from large centres. This is not the case however, with creative care-delivery models being utilized at many locations in order to meet our population's needs within our workforce constraints. Nursing plays a key role in this model of care with advanced practice nurses running clinics for lower urinary tract symptom assessment, continence assessment, flexible cystoscopy, urodynamics testing, intravesical therapies, post operative follow-up and prostate cancer follow-up to name a few. We are also actively involved in audit and quality initiatives.

Auckland is home to over 1.3 million people (one third of our total population) and is the fastest growing region in New Zealand. It is a culturally diverse city with 37% of residents born overseas. The population is spread over a wide geographical area, with three large district health boards providing publicly-funded healthcare. There are also many private sector healthcare providers offering a full range of services. Urological nurses work across both sectors, and

appreciate the chance to network while undertaking ongoing education together. AstraZeneca NZ has once again kindly sponsored the Auckland Region's Urological Education Programme for nurses working in both public and private urology services. The 2011 programme commences in May and includes male catheterisation credentialing training for registered nurses, as well as special topic days. This year, we are focusing on bladder cancer education and workshops for advanced urology nurses which include literature reviews, medication updates and topics of interest. Our community nurses are involved in catheter care, teaching intermittent self-catheterisation, assessment of post-void residual volumes with bladder scans, and continence management. In order to ensure our community-based staff remains well-educated on urological matters, we also run an annual urology update day specifically for them. It is always well-attended, and it provides a valuable opportunity to strengthen links between hospital/clinic-based nurses and community-based nurses.

In closing, we wish you all well as you start another year of urological nursing practice, and we hope that you find educational events to attend that keep you stimulated and interested in our specialty. We are sure that your new year's resolutions also include achieving or maintaining a work/life balance with plenty of leisure activities, outside of work. For us at this time of year, leisure activities include long lazy lunches at vineyards, or barbecues on the beach. The sun is shining as I type this column and the great outdoors is beckoning. Take care and goodbye for now..... see you in March!

*Sue Osborne is a Urology Nurse Practitioner. She has just completed a Masters of Nursing degree and she has met the NZ Nursing Council requirements to become a Nurse Practitioner with prescribing rights. At present she conducts nurse led clinics for patients with lower urinary tract symptoms and men undergoing treatment or surveillance for prostate cancer. She also undertakes a nurse led flexible cystoscopy, providing surveillance for those diagnosed with bladder cancer.*

Tena koutou / Greetings from the New Zealand Urological Nurses Society (NZUNS). We are delighted to be invited to contribute to your newsletter and look forward to receiving news of your activities in return! We hope you have enjoyed a restful and enjoyable festive season, and that the extremes of weather have not inconvenienced you too much.

We have followed the big snowfalls across England and Europe with interest, particularly as many of us have friends and family living on your side of the world. Once again, Mother Nature has demonstrated her ability to disrupt well made travel plans, much like the volcanic eruption that hampered the Barcelona meeting in March 2010.

As some of you already know, I am making my way to Vienna, Austria for the International Meeting of the EAUN in March, and certainly hope nothing hinders me in my travels! This will be the first time I have attended one of your meetings so I am particularly excited about the opportunity to learn from your vast and varied experience, and to meet many more of you face to face. These opportunities to strengthen ties are invaluable, but they seem to be getting harder and harder to achieve with funding constraints impacting widely on the attendance of international meetings.

### EAUN around the world

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

- October 2010 National Meeting of the Swedish Urology Nurses Association, Malmö, Sweden
- October 2010 21st National Congress of the Turkish Association of Urology, Istanbul, Turkey
- October 2010 SUNA Annual Conference, Boston, USA

- November 2010 Proactive Prostate Coalition Task Force, Brussels, Belgium
- December 2010 1st Consultation in EAUN towards accreditation, Brussels, Belgium
- January 2011 EAUN Board Meeting, EAUN Board, Amsterdam, The Netherlands
- January 2011 Irish Annual Meeting, Dublin, Ireland
- February 2011 Skeletal Care Academy, Madrid, Spain

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

# EAUN Fellowship report

Learning the importance of specialised nurses at the University College London Hospital, 25-29 October 2010



**Lone Aarvig**  
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In spring 2010 I was fortunate enough to partake in the EAUN's fellowship programme. I have worked in the field of urology for 9 years as a Senior nurse of the ward at the Urological Department of Århus University Hospital, Skejby.

Over the years, the department has worked to develop and refine the urological specialty and to offer some rare and highly specific urological treatments and surgery. The department therefore receives patients from all over the region.

After the Danish government imposed treatment guarantee regarding cancer treatment, the number of patients with a urological cancer has increased in the department. Surgery and treatment of these patients now dominate and take up the largest part of the activities.

We continually restructure the department to adapt to new requirements and approaches in the care and treatment of patients, and with regards to the financial resources we have available. In line with the changes, we have increased staff qualifications through training and instruction to meet new care and treatment requirements.

I therefore was interested in getting an insight into new ways of dealing with urological patients. The aim for the visit was to achieve insight in and knowledge of:

- Development of nursing qualifications
- The organisation of the training of the student nurses
- The organisation of daily work and care in the patient's ward
- The organisation of the stay of the variety of patients

I wanted to visit an English hospital because British nurses have been specially trained for many years. This development was initiated in light of a former doctor shortage in the country. Nurses were educated and trained to perform medical areas of treatment.

The stoma care nurse of our department, Berit Kiesbye, participated in writing the EAUN guideline "Incontinent Urostomy". Berit had a pleasurable experience cooperating with one of the other authors, clinical nurse specialist in urinary diversions Sharon Fillingham from the University College Hospital London. I contacted Sharon Fillingham and she has been extraordinarily helpful in planning the visit for me.

It was a fortunate that Berit Kiesbye also got the opportunity to participate in visiting the University College Hospital London and Sharon Fillingham, thanks to a local scholarship at our department. It has been a great advantage to be travelling together as a team. We have been able to discuss all the new impressions, evaluate the days and help each other out.



From left: Berit Kiesbye, Sue Fell, Sharon Fillingham, Lone Aarvig

## The University College Hospital London

University College Hospital London was founded in 1834. In 2005 the Hospital moved to new buildings containing 655 beds and all-new equipment.

My host, Clinic Nurse Specialist (CNS) Sharon Fillingham works at the department of Urology. Sharon works as a CNS nurse for patients undergoing surgery resulting in different urinary diversions.

## The programme for the week:

### Sunday 24 October

- Meeting with Sharon at the hotel
- Visiting the Hospital and the CNS nurses' office at the Euston road house
- Visiting the Florence Nightingale museum
- Introduction to the program for the week

### Monday 25 October

- Introduction to the department of urology
- Ward Clinic at the Urinary Diversion with Sharon Fillingham
- Outdoor Clinic for Prostate patients with CNS nurse Jane Coe and Radiology meeting.

### Tuesday 26 October

- Meeting with Ward sister Georgina Turnbull, urological ward of long-term stay
- Meeting with Lecturer Practitioner of Urology care, Rachel Leaver
- Meeting with Ward sister, Paula O'Brien, urological ward of short-term stay
- Intravesical Clinic (BCG) with CNS nurse Rachel Leaver
- Acupuncture Clinic with CNS nurse Julie Jenks

### Wednesday 27 October

- Robotics Theatre with CNS Gilly Basnett
- Continence Advisors CNS Claire Nicholls

### Thursday 28 October

- Urinary Diversion in patients with CNS Sue Fell

## The Ward and education of nurses

The ward has 60 beds with a mixture of urological and orthopaedic patients. The reason for this mixture was a matter of organisation and sharing staff. The mixture of patients was fairly new, the ward had earlier been accustomed to be only urological.

The ward is divided in two, with 30 female beds and 30 male beds. Beds are placed in groups of four to five, with curtains between them, and there are only a few one person rooms. This is very unusual to us coming from a culture where patients are put in two to four-bed rooms with walls and doors!

The ward sister gave me the impression that the ward was very big (too big) and that the mixture of the two different specialties posed challenges to knowledge and skills of the staff. The organisation required enormous flexibility in the management of the staff.

Introduction and training of new staff was undertaken by experienced staff along with some classes by the Lecturer Practitioner nurse. There was a training programme covering both urology and orthopaedics. The education regarding the management of medicine was more thorough than the procedure that I'm familiar with in Denmark. New nurses must go through a form of practical examination before they may handle medicine in the department.

The nurses work 37.5 hours a week but in 12-hour shifts, and many of the nurses are studying alongside their work to get a degree in urology nursing. I was very impressed by their work. Rachel Leaver (the lecturer practitioner) informed me that the government wishes for and encourages all nurses to get a degree. It takes about three years to complete a degree while also working. The nurses are doing some of the study time at work and some they have to do in their spare time. With a degree, a nurse enjoys a

higher salary, and also has more opportunities and responsibilities.

The ward was a very busy, but also very attractive place to work in, because the staff got good training, lots of opportunities, the ward has a good reputation, and the hospital is located in central London.

## The CNS nurses

The CNS (Clinic Nurse Specialists) consists of nurses with a large amount of experience of urology nursing, as well as a degree in that field. Some of the CNS nurses have a Master's education as well, and they are all expected to achieve a Master's degree while working as a CNS.

The CNS nurses work with both treatment and caring. The nurses work with patients in the ward, in the clinic, at the outpatient clinic, in theatres at the urology department and in other departments where their expertise is called for.

The CNS nurses share an office in a building next to the hospital, which gives the nurses a fair bit of running between the buildings. Still, the office was an important place for the nurses to work with tasks like getting in contact with the community and home care nurses, and answering questions from and keeping follow-up appointments with patients. Many patients phone in to get advice and help from the CNS nurses. I got the impression that the CNS nurses are highly important in securing a professional and correct treatment of the patients because of their special knowledge and skills.

CNS nurses have specialised in:

- **Urinary Diversion:** Nurses work in the wards every day and pay all patients with urinary diversions a visit and help them out if needed. They ensure that the patient is given the right aid, teach them to care for their urinary diversion, ensure that skin and stoma are alright, and give counselling about life with a urinary diversion after being dismissed from hospital.

The nurses not only ensure that the patient receives professional care regarding their urinary diversion while staying in hospital, but they also contact the home care nurses to establish further care after the patient is dismissed and they order the products that the patients needs for their urinary diversion. Patients can always get an appointment with their urinary diversion nurse when they experience problems of any kind regarding their urinary diversion: even after dismissed from hospital.

They also see patients before their surgery to give information about the surgery and prepare them to a life with a urinary diversion- a very important talk that clearly made the patients feel much better and much more secure.

The CNS nurses also teach and educate not only nurses and students in the ward but also outside at conferences and meetings.

- **Acupuncture:** CNS nurses in acupuncture treat patients with bladder disorders in the outpatient clinic. The nurse has a degree in nursing which gives the possibility to treat patients in the ward.

- **CNS regarding prostate cancer patients:** The CNS has its own outpatient clinic. The nurse examines the patient, listens to heart and lungs, provides



University College London Hospital

information and advice about the disease and writes a full medical chart. The nurse was responsible for the patient's progress through treatment, and the patient could always call the nurse and get advice and guidance. The nurse cooperated closely with the doctors.

- **CNS robotic surgery:** The nurse was responsible for teaching the surgery team the procedure for robotic surgery. The nurse was educated in surgery and performed the initial intervention while she educated a new doctor. The nurse had a close cooperation with the doctor in charge of the surgery.

- **Continence advisors:** The continence advisors work all over the hospital with patients who need their advice and knowledge. The ward or outpatient clinic helps the patients to get an appointment with continence advisor. The continence nurse also does urodynamic examinations in the outpatient clinic.

- **CNS nurses in the Intravesical clinic:** Nurses treat patients with bladder cancer with Bacillus Calmette-Guérin (BCG) injections.

## What to learn

I've seen nurses with specialised knowledge and skills that work with great enthusiasm and professionalism on a very high level. It's been a great pleasure to meet nurses who work with such great pride in their profession and are so dedicated to their patients. Although they were very busy and work hard for long hours, I experienced their catching enthusiasm for their subjects and their abilities.

It has also been a great pleasure to speak with nurses about nursing and discuss our common practice. I experienced great openness for this among the nurses who have shown great interest and willingness to show us their practice and also wanting to learn something from our practice.

Educating clinical nurse specialists is an investment that makes nurses stay in the job for many years and experience more satisfaction through their work. This can only be beneficial for the patients.

However, I suppose that it is important to constantly keep in mind that not all nurses should be expert nurses. It is important that nurses who work in the ward feel valued and achieve a good level of qualifications, so that patients always have skilled staff around them.

Thank you to the CNS nurses at the University College London Hospital for a very nice week. Special thanks to Sharon Fillingham.

Edited by Berit Kiesbye

## 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

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# Hong Kong nurses gain valuable insights in the UK

A two-week urology nursing attachment at Homerton University Hospital



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## Homerton University Hospital

The Homerton urology team includes three consultant surgeons, one consultant clinical oncologist, three trainee urologists, one junior doctor and three urology specialist nurses.

They run nurse services in haematuria, PSA monitoring, rapid access TRUS and biopsy, prostate cancer follow-up, prostate cancer telephone follow-up, intravesical therapies, bone metastases, bisphosphonate treatments and flexible cystoscopy. They have developed a nurse practitioner-led prostate cancer follow-up clinic and rapid access prostate biopsy clinic. The benign nurse-led service involves a catheter complications clinic, prostate assessment clinic, erectile dysfunction clinic, intravesical therapy clinic for bladder pain and urodynamics.

## Out-patient services

During the two weeks' attachment, we have visited all of the departments and we have followed our mentors to manage patients' common urological problems like BPH, haematuria, UTI, prostate cancer and bladder cancer. We are so surprised that the number of patients with raising PSA and patients who diagnosed with prostate cancer requiring treatments like radical prostatectomy, RT, chemotherapy and hormonal therapy are far higher in the UK than in Hong Kong.

For these kinds of patients, early detection, counseling and education is very important. However, we only have urology specialist nurse to take care of benign urology patients in Hong Kong. We had never heard that there is an uro-oncology specialist nurse specifically assigned to take care of these patients until this attachment, it will be a great benefit for the urology patients if this can also be implemented in Hong Kong.

## Nurse-led service

Mr. Bruce Turner, Uro-oncology Nurse Practitioner, works with another specialist nurse leading the benign urology nursing service at Homerton University Hospital. Mr. Turner has developed a one-stop cancer

clinic for patients with prostate and bladder cancer. He has demonstrated nursing autonomy and professionalism in taking care of the cancer patients. Mr. Turner also performs TRUS biopsy, flexible cystoscopy and orders prescriptions independently.

It is amazing that the nurse-led clinic can be run so smoothly and systematically by only a few specialist nurses. It has not only greatly reduced the doctor's workload, but also significantly shortened the patient's waiting time. Moreover, it allows more nurse involvement which is also good for the nurse practitioner's own professional development. We hope we can bring back this best practice and to further develop the nurse-led clinic in Hong Kong. However, more specialised trainings should be provided to our nurses to strengthen their knowledge.

## Why did we choose the UK?

The United Kingdom is the first European country which came across our minds for our attachment country since Hong Kong was a British colony in the past and there is no language barrier in the UK. Therefore, we chose our most familiar European country for our first attachment in Europe.

## Bonus trip to University of Manchester

Thanks to Bruce's information and invitation, we got a



Left to right: Gilbert Lui - Chair UNAHK, Bruce Turner - Uro-oncology Nurse Practitioner Homerton, Sacha Ali - Specialist Care Nurse in Urology Homerton, Angus Tsang - Education Lead UNAHK



bonus trip to the University of Manchester to attend an Oncology Masterclass about Prostate Cancer before our attachment at Homerton University Hospital. We caught a train from London to Manchester on Sunday and we had a nice welcome dinner that night where we had a chance to chat with other UK nurses. On Monday, we attended a full day class and we found it is very informative and useful. One thing that impressed me was the classroom setting. Instead of the traditional classroom setting, the desks were arranged in small groups like clusters so that each group mate was able to communicate easily with the other. UNAHK can consider using this kind of classroom setting for our future conferences.

## Valuable experience & relationship building

We are certain that this attachment has broadened our views on specific nursing care for urological cancer patients and management of the nurse-led clinic at the outpatient department. Other than gaining practical insights from this attachment, we have also built a good relationship with the British nurses and doctors that fosters our future knowledge sharing. We highly recommend this attachment to our Hong Kong colleagues and I am sure they would find this a valuable and memorable experience for them too.

## Sincere gratitude

We are very grateful to all the staff of Homerton University Hospital as well as all the warm welcome from Ms. Pati and Mr. Nargund, Consultant and Urologist of the Department of Urology; Mr. Bruce Turner, Ms. Clare Smart and Ms. Sacha Ali, our mentors. Besides, we would like to extend our heartfelt thanks to Mrs. Kate Fitzpatrick and Mr. Bruce Turner for introducing and offering this valuable learning opportunity to us. I would also like to take this opportunity to particularly thank Mr. Bruce Turner for tailor-making such a great attachment programme and all the nice arrangements for us.

I have started my nursing career since 2000 and I have been a urology specialist nurse at a private urology clinic for almost three years. I also completed the Da Vinci Robotic Surgical System Training Programme (for nurse role) in January 2010. My major duties include surgery arrangement and preparation, Flexible cystoscopy, Urethral dilatation and TRUS prostate biopsy assistance, Intravesical therapy and Foley catheter related problem handling, minor surgery and pre & post nursing care for urology patients.

Being the President and Academic Convener of Urology Nurses Association of Hong Kong (UNAHK), we would like to observe the differences in patient care and management between Hong Kong and Europe through this valuable attachment opportunity so that we can bring back the best practices and treatments in Europe to share with our Hong Kong nurses. We also hope to take this opportunity to see how the specialist nurse system works in Europe.

## 12<sup>th</sup> International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 26<sup>th</sup> Annual EAU Congress

19-21 March 2011, Vienna, Austria

For more information please check [www.eauvienna2011.org](http://www.eauvienna2011.org) or contact Congress Consultants at [info@congressconsultants.com](mailto:info@congressconsultants.com)

[www.eauvienna2011.org](http://www.eauvienna2011.org)

## Programme

### Friday, 18 March (pre-congress)

09.00 – 11.00 Hospital visit in 3 hospitals\*

11.00 – 13.00 Hospital visit in 3 hospitals\*

### Saturday, 19 March

08.15 – 09.45 **EAUN Workshop**  
Treatment of kidney stones – it is all about the team  
Chair: C. Seitz, Vienna (AT)

08.30 – 10.30 **EAUN Workshop**  
Bridging evidence-based research and clinical nursing  
J. Hokanson Hawks, Omaha (US)  
A. Krintel Petersen, Århus (DK)  
S. Laustsen, Århus (DK)

10.30 – 12.30 **EAUN Workshop**  
Quality of life in urology stoma patients  
S.P. Fillingham, Kent (GB)  
B. Kiesbye, Risskov (DK)

10.30 – 12.30 **EAUN Workshop**  
Cryoblation for prostate and kidney cancer; an overview on background, procedure and nurses responsibilities  
S. Hieronymi, Frankfurt am Main (DE)  
U. Witzsch, Frankfurt am Main (DE)

12:45 – 13.45 **Lunch Symposium**  
Optimising patient benefits in non-muscle invasive bladder cancer management  
Chair: K. Chatterton, London (UK)  
Sponsored by: GE HEALTHCARE

14.00 – 14.40 **Special session of the Austrian Society for the Scientific Nursing Advancement of Continence and Stoma Advice**  
The conflicting priorities of daily consulting and nursing science  
H. Anzinger, Linz (AT)  
B. Nussbaumer-Grillitsch, Graz (AT)

15.15 – 15.30 **EAUN Opening**  
P-A. Abrahamsson, Malmö (SE)  
K. Fitzpatrick, Dublin (IE)

15.30 – 15.45 **Good Practice in Health Care - Transrectal ultrasound guided biopsy of the prostate**  
Ph. Aslet, Basingstoke (UK)

16.00 – 17.00 **Symposium**  
The evidence behind the new SpeediCath® Compact Male: a revolutionary and discreet catheter for men  
Chair: E. Chartier- Kastler, Paris (FR)  
Sponsored by: COLOPLAST AS

17.00 – 18.00 **Welcome reception**

### Sunday, 20 March

08.00 – 10.15 **ESU Course**  
Sexual dysfunction in women  
Chair: A. Ponholzer, Vienna (AT)

10.30 – 11.00 **State-of-the-art lecture**  
Effects of prostate cancer on spouses and families  
M. Gea-Sánchez, Lleida (ES)

11.00 – 11.15 **Urology Nursing Quiz**  
T. Christiansen, Malmö (SE)

11.30 – 12.30 **State-of-the-art lecture**  
New development in urological cancer care including the nursing aspects  
H.A.M. Van Muilekom, Amsterdam (NL)

12.30 – 14.30 **EAUN Workshop**  
Nursing tools for patient instruction on prostate cancer  
Chair: W.M. De Blok, Amsterdam (NL)  
Supported by unrestricted educational grants from AMGEN and FERRING PHARMACEUTICALS

### Monday, 21 March

14.30 – 16.15 **Poster Abstract Session**  
Chairs: T. Christiansen, Malmö (SE)  
K. Fitzpatrick, Dublin (IE)

### Monday, 21 March

09.00 – 10.30 **EAUN Nursing Research Competition**  
Chair: R. Pieters, Ghent (BE)

10.45 – 11.45 **Symposium**  
The psycho-social impact of intermittent catheterisation (IC)  
K. Wilkinson, Bradford (UK)  
Sponsored by: HOLLISTER

11.45 – 12.05 **State-of-the-art lecture**  
Non-surgical management of renal cell cancer  
L. Pyle, London (UK)

12.20 – 13.20 **EAUN Workshop**  
Nursing solutions in difficult cases - Case studies  
Chair: W.M. De Blok, Amsterdam (NL)

13.30 – 14.00 **EAUN General Assembly**  
K. Fitzpatrick, Dublin (IE)

14.00 – 14.30 **State-of-the-art lecture**  
The importance of patient positioning and safety on a urological OR  
K. Fitzpatrick, Dublin (IE)

14.45 – 16.00 **Oral Abstract Session**  
Chairs: W.M. De Blok, Amsterdam (NL)  
U.L.M. Haase, Nieuwegein (NL)

16.45 – 17.00 **Award Session**  
K. Fitzpatrick, Dublin (IE)  
Awards supported by unrestricted educational grants from AMGEN and FERRING PHARMACEUTICALS

**EAUN Board members**  
Bente Thoft Jensen, Århus (DK)  
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**Online Registration until 1 March 2011**

\* Optimal visit to the urological wards and outpatient clinics of the AKH, Donau or Rudolfstiftung Hospitals.

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



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