**Hospital visits**

**Specialty Session**

**Friday 16 March**

**14:30 - 17:00**

**Location:** 3 Hospitals in Copenhagen

**Aims and objectives of this session**

A hospital visit offers delegates the opportunity to visit a hospital and be informed about the way the hospital, the urology department, operating theatre and the nursing care are organised. You receive general information and a guided tour, e.g. to the ward, the outpatient clinic and the operation theatre. You get to speak to the staff and are able to ask about the topics that interest you most.

A unique chance and this year there are 3 different visits to 3 different Hospitals:

- Gentofte Hospital
- Herlev Hospital
- Rigshospitalet

Detailed information can be found on the website http://eaun18.uroweb.org/- subpage Scientific Programme/Hospital Visits.
Urology nursing tomorrow: If not us then who?

Plenary Session 1

Saturday 17 March
09:00 - 10:00

Location: Green Area, Room 12 (Level 1)

Chair: S. Terzoni, Milan (IT)

Aims and objectives of this session
A new generation of urology nurses with new expectations and different skills and abilities is forming the new nursing workforce. This generation, called Generation Y, was born between 1980 and 1998, and is now aged in their 20's and 30's. They grew up with computers, they are not scared to give their opinion. The “older” nurses (Generation X) are less technologically advanced and have other ways of thinking and behaving.

How can we deal with the generational differences? How can we avoid misunderstandings, miscommunications and clash amongst the generations? But also important as Generation X nurses: how can we transfer our knowledge and experience to Generation Y?

09:00 - 09:10
Welcome to the 19th International EAUN Meeting
S. Terzoni, Milan (IT)

09:10 - 09:15
Welcome to Copenhagen
C.R. Chapple, Sheffield (GB)

09:15 - 09:25
Welcome by the Danish Society of Urology Nurses (FSUIS)
R.N. Knudsen, Aarhus (DK)

09:25 - 09:50
From generation X to generation Y: Passing on the lamp
N. Love-Retinger, Farmingdale (US)

09:35 - 09:55
How to empower the healthcare educational and nursing programmes to meet the future needs in a European perspective

09:35 - 09:45
Presentation:
P. Friese, Risskov (DK)

09:45 - 09:55
Discussion

09:50 - 10:00
Conclusion and acknowledgements
S. Terzoni, Milan (IT)
# Prostate cancer: What is new?

**Location:** Green Area, Room 11 (Level 1)

**Chair:** F. Geese, Berne (CH)

## Aims and objectives of this session
Prostate cancer is the most common cancer in men in Europe and worldwide. The introduction and the widespread use of Prostate Specific Antigen testing (PSA) in 1994 and of the following diagnostic procedures (biopsy) and pathology stage (Gleason score) remain the current way to screen and/or to diagnose prostate cancer.

We have noticed that MRI is playing an increased role in diagnosis of prostate cancer. Hormonal therapy combined with chemotherapy is the new standard for primary metastatic prostate cancer. Imaging techniques are continually improving (PSMA Scan). In a few years we will use the genomes in prostate cancer to predict which treatment is the most suitable for patients.

PSA and the Gleason score are today’s techniques. PSA remains controversial concerning the screening of prostate cancer. Is it still the right method to screen? The Gleason score, as a pathological index to determine the aggressiveness of prostate cancer, has existed for more than 40 years. Several studies have shown that Gleason score 4+3=7 has a worse prognosis than Gleason score 3+4=7. The classification of the aggressiveness of prostate cancer needs to be more accurate. Are these the final days of the Gleason score?

The role of the nurse in prostate cancer is evolving from urology nurse to expert urology nurse. This expertise contributes to a high quality of care in all the phases (screening, treatment, palliative care, survivorship). Nurse-led clinics have grown in number in recent years. The question is: how can a nurse-led clinic improve the supportive care in prostate cancer?

## Scientific Programme - EAUN18 Copenhagen

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<td><strong>Introduction</strong></td>
<td>F. Geese, Berne (CH)</td>
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<tr>
<td>10:20 - 10:35</td>
<td><strong>Detecting prostate cancer: Has PSA had its day?</strong></td>
<td>L. Fleure, London (GB)</td>
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<td>10:35 - 10:50</td>
<td><strong>Gleason score - where are we now?</strong></td>
<td>E. Compérat, Paris (FR)</td>
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<tr>
<td>10:50 - 11:10</td>
<td><strong>Nurse led supportive care in prostate cancer: What does excellence look like?</strong></td>
<td>C. Paterson, Aberdeen (GB)</td>
</tr>
<tr>
<td>11:10 - 11:15</td>
<td><strong>Questions and answers</strong></td>
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Disorders of Sex Development (DSD)  
Thematic Session 1  

Location: Green Area, Room 12 (Level 1)  
Chair: H. Cobussen-Boekhorst, Nijmegen (NL)

Aims and objectives of this session
Disorders of Sex Development (DSD) or ‘intersex’ is a rare condition. Some people are born with variations in chromosomes, gonads, sex hormones or anatomy. Sometimes this is clear at birth, but sometimes this will only be detected during puberty or even in adulthood when people want children and infertility is a part of this condition.

The aim and objective of this session is to learn more about the latest insights in DSD. Over the years we learned from patients that psychological care/support is very important, so we end this session with a presentation about psychological aspects of medical treatments.

10:15 - 10:17  
Introduction  
H. Cobussen-Boekhorst, Nijmegen (NL)

10:17 - 10:37  
Overview of the latest insights in Disorders of Sex Development (DSD)  
M.M.C. Van Den Heijkant, Leuven (BE)

10:37 - 10:52  
Living with intersex/DSD  
M.J. Van Der Have, Nijmegen (NL)

10:52 - 11:12  
Psychosocial aspects of medical treatments in individuals with DSD  
T.C. Van De Grift, Amsterdam (NL)

11:12 - 11:15  
Conclusion  
H. Cobussen-Boekhorst, Nijmegen (NL)
Nursing solutions in difficult cases
Specialty Session 1

Saturday 17 March
11:30 - 12:30

Location: Green Area, Room 11 (Level 1)
Chair: F. Picard, Bordeaux (FR)

Aims and objectives of this session
In guidelines it is common practice to describe/focus on typical cases, but we all know that there is also a need for information on nursing practice in atypical (difficult) cases. All nurses encounter problems in daily nursing practice and have found their own solutions or sometimes have not found a solution. In this session these challenging cases are presented and discussed offering delegates a unique opportunity to learn from each other’s experience.

The submitted cases have been evaluated by an expert jury:
- Ronny Pieters, Ghent (BE) (Urology Nurse)
- Eva Wallace, Dublin (IR) (Urology Nurse)
- Steven Walter, Odense (DK) (Professor in Urology)
- Françoise Picard, Bordeaux (FR) (Head Nurse Urology Department)

11:30 - 11:35
Welcome and introduction
F. Picard, Bordeaux (FR)

11:35 - 11:45
DC18-01: An unexpected finding in a patient with long term suprapubic catheter
A. Lock, London (GB)

11:45 - 11:55
DC18-02: Urethral irrigation, is it possible?
R. Pieters, Ghent (BE)

11:55 - 12:05
DC18-03: Chronic unexplained penile pain
S. Quallich, Ann Arbor (US)

12:05 - 12:15
DC18-04: Nursing beyond tasks, interventions not easily captured or documented
M. Bowker, New York (US)

12:15 - 12:25
DC18-05: Nurse-led flexible cystoscopy challenges - positive urine cytology, no evidence of disease
K. Chatterton, London (GB)

12:25 - 12:30
Questions and answers
Genomic and genetic counselling
Thematic Session 3

Saturday 17 March
11:30 - 12:30

Location: Green Area, Room 12 (Level 1)
Chair: J.T. Marley, Newtownabbey (GB)

Aims and objectives of this session
Genetic counseling is “the process of helping people understand and adapt to the medical, psychological, and familial implications of genetic contributions to disease.” Traditionally, this process includes the family and medical history, risk assessment, a comprehensive education for potential genetic testing, informed consent, and psychosocial assessment and support. It will remain critical that genetics counselors help patients personalise their choices about whether and when to undergo genomic testing, and the implications of learning genomic variation, along with all its medical and social implications as individuals and within their family structure.

This session is aiming to give an overview of patient needs in genetic counselling and how genetic counselling could look like in urology in the near future.

11:30 - 11:55
Genomics in urological pathology: The clinical application and research goals of cancer genetics in current UK practice
H. Ni Raghallaigh, London (GB)

11:55 - 12:15
Nursing research in the genomics of prostate cancer
K. Myhill, Sutton (GB)

12:05 - 12:20
Genetic counselling: A new working field in urology nursing?
To be confirmed

12:15 - 12:30
Discussion
Joint EAUN-ICS Session: Conservative bladder care management

Aims and objectives of this session
In western countries, the population is growing older and dementia is one of the most common diseases in this group. Bladder problems are also more common in this group. In most cases, conservative management is the first or the only step. Nursing interventions are important in conservative management, but is this also the case for this group of patients?

The last speaker will discuss, from the point of view of a GP, the improvements that nurse practitioners in the primary care achieved regarding the outcome for women with urinary incontinence.

We will start this session with exciting developments in continence care. What will the future bring us?

12:45 - 13:00
Exciting developments in continence care
J.P.F.A. Heesakkers, Nijmegen (NL)

13:00 - 13:20
ICS presentation: Conservative bladder care management for people with dementia: Does it work?
A. Rantell, London (GB)

13:20 - 13:40
Aids and devices in urology: Prescribing and good practice
H. Cobussen-Boekhorst, Nijmegen (NL)

13:40 - 13:45
Conclusion
Aims and objectives of this session
The time the patient doesn't play any role in decision making about his/her treatment is over. There is a desire and also a duty to involve patients in the choice of his/her therapy. Do all the patients want to be involved in shared decision making? We think we provide enough information to let the patient decide, but do we? How can it be possible that some patients treated for localised prostate cancer regret their choice of treatment?

Patient Reported Outcome Measures (PROMs) are now recognised as the most appropriate instruments to assess the effectiveness of healthcare interventions from the patient's perspective. As health care professionals, how do we measure the satisfaction of urological patients, and how do we assess the quality of the care we deliver?

14:15 - 14:35
Using Patient Reported Outcome Measurements System (PROMS) as a tool for clinical decision making
A.D. Seyer-Hansen, Aarhus (DK)

14:35 - 14:55
Are patients well informed to be able to make a treatment choice without regrets?
M.A. Van Stam, Utrecht (NL)

14:55 - 15:15
Patient-centered information material: Do they make a difference in shared decision making?
F. Geese, Berne (CH)

15:15 - 15:35
Shared decision making in patients with stones
E.A. Grainger, Aarhus (DK)

15:35 - 15:45
Discussion
Poster presentations on research studies, problem-solving efforts and innovative programmes in urology
Poster Session 1

Saturday 17 March
14:15 - 16:00

Location: Green Area, Room 12 (Level 1)

Chairs: J. Verkerk-Geelhoed, Nieuwegein (NL)
B.T. Jensen, Aarhus (DK)

Poster viewing of 30 minutes. Short introduction of 4 minutes by the chair of the session. Presentations will take place on stage. Standard presentations are 6 minutes in length, followed by 2 minutes for discussion.

P01

Trial of void: What is the least trialling method?

By: Doctor M., Kam J , Joseph C., Yuminaga Y., Beattie K., Arianayagam M., Canagasingham B., Goolam A., Ferguson R., Ko R., Varol C., Winter M., Khadra M.
Nepean Hospital, Dept. of Urology, Kingswood, Australia

P02

More patients, more diapers; Norm in hospital?

By: Ng S.L. 1, Yu K.Y. 2, Lee I. 3
1Queen Mary Hospital, Dept. of Surgery, Division of Urology, Hong Kong West Cluster, Hong Kong, 2Queen Mary Hospital, Adult Intensive Care Unit, Hong Kong West Cluster, Hong Kong, 3Queen Mary Hospital, Central Nursing Division, Hong Kong West Cluster, Hong Kong

P03

How urology nurse clinic helps in early detection and management of urinary tract stones among patients presented with unilateral or bilateral loin(s) pain?

By: Ng S.L. 1, Yeung L. 1, Tse Y.B. 1, Ng P.H.. 1, Sun Y.Y. 1, Lai T.. 2, Ho B. 2, Tsu J. 2, Yiu M.K. 2
1Queen Mary Hospital, Dept. of Surgery, Hong Kong West Cluster, Hong Kong, 2Queen Mary Hospital, Dept. of Surgery, Hong Kong, Hong Kong

P04

Grit in the waterworks – patient experiences of living with stones in the upper urinary tract

By: Svankjær P.B., Holm Jensen A., Søndergaard Sørensen T., Haslund-Thomsen H.
Aalborg University Hospital, Clinical Nursing Research Unit, Dept. of Urology, Aalborg, Denmark

P05

Development and validation of an assessment tool to CIC catheters by the user

By: Azevedo G. 1, Assis G.M. 2, Negri A.F. 1, Veiga S. 1, Galli C.F. 1, Moser A. 3
1School of Medical Sciences and Health – Pontifical Catholic University of Sao Paulo, Dept. of Physyological Sciences, Sorocaba, Brazil, 2National University of Brasilia, Dept.
### Scientific Programme - EAUN18 Copenhagen

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<th>Authors</th>
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<td>P06</td>
<td>Workplace incivility: Perceptions of urological nurses</td>
<td>Ward-Smith P. ¹, Hokanson Hawks J. ², Quallich S. ³&lt;br&gt;¹University of Missouri-Kansas City, School of Nursing and Health Studies, Kansas City, United States of America, ²Nebraska Methodist College, Dept. of Nursing, Omaha, United States of America, ³University of Michigan Health System, Dept. of Urology, Ann Arbor, United States of America</td>
</tr>
<tr>
<td>P07</td>
<td>Risk factors predisposing to bacterial colonization of ureteral stents</td>
<td>Ahmed F.&lt;br&gt;Kuwait University - Faculty of Medicine, Faculty of Medicine, Department of Surgery, Kuwait, Kuwait</td>
</tr>
<tr>
<td>P08</td>
<td>Quality of patients' life with neurogenic bladder</td>
<td>Zouzoula E., Kiora A., Katsarou V.&lt;br&gt;General Hospital of Santorini, Outpatients Urology Clinic, Santorini, Greece</td>
</tr>
<tr>
<td>P09</td>
<td>Incidence and impact of urinary tract infections (UTI) when starting intermittent catheterisation (CIC) and the effect on quality of life</td>
<td>To be confirmed</td>
</tr>
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</table>
End-of-life care in urology
Thematic Session 6

Location: Green Area, Room 11 (Level 1)
Chair: F. Picard, Bordeaux (FR)

Aims and objectives of this session
Patients with advanced and terminal urologic illness facing issues, from the framework of care planning based on defining patient-specific and family-specific goals of care, to palliative management strategies for common symptoms and syndromes that these patients and their families experience. This session focuses on the management of common urologic issues that may arise in the course of care for all patients at the end of life, as well as the impact of these conditions on caregivers.

16:00 - 16:20  Palliative care priorities: What they are and why are they important?  S. McIlfatrick, Newtownabbey (IE)

16:20 - 16:40  Palliative care challenges for urological patients at the end of life  M. Fliedner, Berne (CH)

16:40 - 17:00  Discussion
Cyber safety equals patient safety
Thematic Session 7

Saturday 17 March
16:15 - 17:15

Location: Green Area, Room 12 (Level 1)
Chair: V. Geng, Lobbach (DE)

Aims and objectives of this session
In our daily life the digital world is everywhere: Whatsapp, e-mail, Facebook, Instagram, etc. But our working environment is also becoming more and more digital. This can have many advantages, but allows also for disadvantages, like safety problems. A system that can be hacked.

There are also potential safety problems on a personal level for you and your patients. What can we do and what should we absolutely avoid? Digital care will be the future in any case. Digitally integrated care is something we must embrace. Are you ready for this next step?

16:15 - 16:20
Introduction
V. Geng, Lobbach (DE)

16:20 - 16:40
Safety patient data
E.S. Delies, Maarssen (NL)

16:40 - 17:00
Advancing proactive digital integrated care
H.G. Van Der Poel, Amsterdam (NL)

17:00 - 17:15
Questions and answers
Aims and objectives of this session
The TRUS prostate biopsy guidelines were published in 2011. In a short time many things have evolved: the sextant biopsy scheme became obsolete, the 12 cores scheme was recommended by the EAU but it is still not clear which cores scheme is optimal. Nowadays it is presumed that patients using oral anticoagulants can undergo TRUS prostate biopsy safely without staking their medicine. Do we have any evidence about that? And what about other oral anticoagulants, including the novel oral anticoagulants? In some countries such as the UK, nurses perform TRUS prostate biopsies. Are the quality and the safety the same when a biopsy is performed by a nurse or a urologist? The patient needs to be informed about the TRUS prostate biopsy procedure, about potential pain, and possible complications. Does patient information help to reduce the physical and psychological impact of a prostate biopsy? The panel that is currently reviewing the EAUN TRUS guidelines is looking into these questions. Their preliminary findings will be presented to the audience.

17:15 - 17:20
Introduction
G. Villa, Milan (IT)

17:20 - 17:40
Review TRUS guidelines: What's new?
C.N. Tillier, Amsterdam (NL)

17:40 - 17:45
Questions and answers
Aims and objectives of this session
The aim of the nursing research competition is to give nurses the chance to start research in the field of urology nursing. The audience is presented the research plans that are being discussed by a jury, so this session also becomes an interactive learning session for pitfalls and opportunities in setting up nursing research.

The Jury of the EAUN Nursing Research Competition:
Franziska Geese, Berne, Switzerland (EAUN Scientific Committee)
Veronika Geng, Lobbach, Germany (EAUN Board)
Jerome Marley, Belfast, Ireland (Research Theory Teacher)
Veronique Phé, Paris, France (Assistant Professor, Dept. of Urology, Pitié-Salpêtrière Academic Hospital)

08:30 - 08:40  
RP18-01: Prevalence, incidence and associated factors of nocturia on the ward  
V. Decalf, Ghent (BE)

08:40 - 08:50  
RP18-02: The efficacy of the model Sexocorporel as body oriented counselling approach to support the selfmanagement of patients with prostate cancer - A randomized controlled tria  
C. Marti, Bern (CH)

08:50 - 09:00  
RP18-03: Electronic symptom reporting in prostate cancer patients – How and when can nurse intervention improve symptom management?  
L. Bager, Copenhagen (DK)

09:00 - 09:10  
RP18-04: Shared decision making – developing and implementing tools to shared decision making in bladder cancer patients  
A. Munk Nielsen, Aarhus (DK)

09:10 - 09:20  
Nursing Research Project Winner 2015 RP15-01: Report from the research competition winner of 2015: Improving male patients coping with urinary incontinence after prostatectomy  
T. Nielsen, Copenhagen (DK)
Aims and objectives of this session

Men with advanced or metastatic prostate cancer commonly receive long-term treatment with Luteinizing Hormone-Releasing Hormone (LHRH) agonist therapy. Similar to oestrogen deficiency in postmenopausal women, testosterone deficiency among these men, negatively affects bone health which left undetected or untreated, increases the risk of osteoporosis and fractures, adding further to the wider systemic effects of this treatment, that affect both physical and psychological well being.

As nurses often involved in the administration of such treatments, we have an obligation and opportunity to address these issues, as part of a multi-professional team approach. The session will therefore outline the basic biological aspect of the treatment and its effects, nursing assessment and the importance of diet and exercise and consider the psychological effect of poor bone health.

08:30 - 08:35
Introduction
L. Drudge-Coates, London (GB)

08:35 - 08:50
Bone biology and the impact of Luteinising Hormone–Releasing Hormone (LHRH) - therapy
L. Drudge-Coates, London (GB)

08:50 - 09:05
The role of exercise and diet
B.T. Jensen, Aarhus (DK)

09:05 - 09:20
Psychological impact of LHRH therapy on bone
A.D. Seyer-Hansen, Aarhus (DK)

09:20 - 09:30
Discussion
Smoking and alcohol cessation in cancer surgery - patients’ reflections

State-of-the-art lecture 3

Sunday 18 March
09:45 - 10:15

Location: Green Area, Room 11 (Level 1)
Chair: K. Fitzpatrick, Dublin (IE)

Aims and objectives of this session

Despite smoking and risky alcohol drinking being modifiable risk factors for cancer as well as postoperative complications, perioperative smoking and alcohol cessation counselling is often ignored. Little is known about how cancer patients experience smoking and alcohol interventions in relation to surgery.

This session will present findings from a qualitative study conducted in two urology out-patient clinics. The aim of this study was to explore how bladder cancer patients experienced a perioperative smoking and alcohol cessation intervention in relation to radical cystectomy.

09:45 - 09:50
Introduction
K. Fitzpatrick, Dublin (IE)

09:50 - 10:10
Smoking and alcohol cessation in cancer surgery - patients’ reflections
S. Vahr Lauridsen, Copenhagen (DK)

10:10 - 10:15
Questions and answers
### Urostoma: Complex problems and effective solutions

**State-of-the-art lecture 2**

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| **Sunday 18 March 09:45 - 10:15** | **Location:** Green Area, Room 12 (Level 1)  
**Chair:** G. Villa, Milan (IT) |

**Aims and objectives of this session**

In this state-of-the-art lecture, evidence-based and best practice solutions for continent and incontinent urostomas will be discussed.

Some of these problems are common in both urostomas, but there are also specific problems for continent stomas like Mitrofanoff, Monti, Kock pouch, Indianapouch or for incontinent stoma like a Bricker derivation.

<table>
<thead>
<tr>
<th>Time</th>
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</table>
| 09:45 - 09:50 | **Introduction**  
G. Villa, Milan (IT) |
| 09:50 - 10:10 | **Promoting solutions for complex problems in continent and incontinent urostomas**  
N. Love-Retinger, New York (US) |
| 10:10 - 10:15 | **Questions and answers** |
Urinary sepsis: A disaster hiding in plain sight

Plenary Session 2

Sunday 18 March
10:30 - 11:30

Location: Green Area, Room 12 (Level 1)
Chair: S. Terzoni, Milan (IT)

Aims and objectives of this session
Urosepsis or urinary sepsis is a serious infection that spreads through the bloodstream from the urogenital tract. Urosepsis concerns about 25% of all the sepsis and is always a medical emergency because it is life threatening. What is the exact definition of urosepsis? How do we differentiate urosepsis from a bacterial urinary tract infection? As nurses, how can we prevent this severe condition, and when patients have a urinary sepsis how can we manage it?

10:30 - 10:35
Introduction
S. Terzoni, Milan (IT)

10:35 - 10:55
Sepsis syndrome in urology: Definition, diagnostic criteria and management
M. Grabe, Malmö (SE)

10:55 - 11:10
Urosepsis: The role of the nurse
H. Thulin, Stockholm (SE)

11:10 - 11:25
Preventive measures
R. Pieters, Ghent (BE)

11:25 - 11:30
Conclusion
S. Terzoni, Milan (IT)
Aims and objectives of this session
This state-of-the-art lecture explores and describes the feelings uncertainty that patients experience during pelvic floor rehabilitation for post-prostatectomy urinary incontinence. It presents the results of a study investigating such feelings and their impact on rehabilitation outcomes and adherence to treatments. This state-of-the-art lecture also describes nursing strategies that, according to the patients, have proved useful for managing uncertainty, as well as their clinical results.

11:45 - 12:00
Pelvic rehabilitation and the role of the nurse in enhancing the quality of life: Results from a qualitative study
S. Terzoni, Milan (IT)

12:00 - 12:10
Issues in patient adherence to the rehabilitation programme
G. Azevedo, Sao Paolo (BR)

12:10 - 12:15
Questions and answers
Poster presentations on research studies, problem-solving efforts and innovative programmes in urology
Poster Session 2

Sunday 18 March
11:45 - 13:30

Location: Green Area, Room 12 (Level 1)

Chairs: F. Geese, Berne (CH)
B.T. Jensen, Aarhus (DK)

Poster viewing of 30 minutes. Short introduction of 4 minutes by the chair of the session. Presentations will take place on stage. Standard presentations are 6 minutes in length, followed by 2 minutes for discussion.

11:45 - 12:15

Poster viewing

P10

Innovation in uro-oncology specialist nursing care: The UCAN model of survivorship
By: Munro D. 1, Pennet L. 2, Simpson L. 2, Paterson C 1, Maclennan S. 3, Maclennan S. 3, Dimitropoulos K. 3, Royle J. 2, N'dow J. 3
1Robert Gordon University, Nursing, Aberdeen, United Kingdom, 2NHS Grampian, Urology, Aberdeen, United Kingdom, 3Aberdeen University, Academic Urology, Aberdeen, United Kingdom

P11

Unsupervised home-based healthy gaming in prostate cancer patients receiving androgen deprivation therapy improves physical function
By: Villumsen B.R.V. 1, Jørgensen M.G.J 2, Frystyk J.F. 3, Hørdam B.H. 4, Borre M.B 5
1Aarhus University and Regional Hospital West Jutland, Dept. of Urology, Holstebro, Denmark, 2Aalborg University Hospital, Department of Geriatrics, Aalborg, Denmark, 3Aarhus University, Department of Clinical Research, Health, Aarhus, Denmark, 4University of Copenhagen, University of Copenhagen, Copenhagen, Denmark, 5Aarhus University Hospital, Department of Urology, Aarhus, Denmark

P12

Physical activity during and after treatment improves quality of life of men with prostate cancer
By: Wildeman S., Van Der Poel A., Hamberg P., De Vries S., Bernie E.
Franciscus Gasthuis, Prostaatcentrum Zuidwest Nederland and Oncology outpatients, Rotterdam, Netherlands, The

P13

Information provision and coherence with quality of life in curative treated patients with prostate cancer
By: Theunissen J. 1, Wal Van De M. 2, Bossera E. 3, Oort I.M. 1
<table>
<thead>
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<th>Paper ID</th>
<th>Title</th>
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<tr>
<td>P15</td>
<td>Exploring the lived experience of gay men with prostate cancer: A phenomenological study</td>
<td>McConkey R., Holborn C.</td>
<td>University Hospital Galway, Urology Department, Galway, Ireland, Sheffield Hallam University, Faculty of Health and Wellbeing, Sheffield, United Kingdom</td>
</tr>
<tr>
<td>P16</td>
<td>Clinical application of early comprehensive nursing interventions in prevention of urinary retention in patients with orthotopic ileal neobladder</td>
<td>Yuwei L., Li X.M.</td>
<td>The Third Military Medicine University Southwest Hospital, Dept. of Urology, Chong qing, China</td>
</tr>
<tr>
<td>P17</td>
<td>Higher body-mass index is associated with worse quality of life, maladaptive coping, and higher unmet needs in muscle invasive bladder cancer survivors treated with cystectomy and urinary diversion</td>
<td></td>
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</tr>
<tr>
<td>P18</td>
<td>Smoking is associated with post-surgical difficulties and less adaptation to treatment outcomes in bladder cancer patients</td>
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</table>
Aims and objectives of this session

What is the overall perception of the relevance of sexual health in the contemporary world? What does it entail for you as a nurse, when a patient (both genders) undergoes major urological and pelvic surgery? How to efficiently accomplish patients’ sexual unmet needs after the unfortunate case of a cancer diagnosis?

This course provides an overall introduction to the field of sexual health as a proxy of overall health (both genders) with a closer look at the relevant role a nurse may have in supporting and taking care of an oncologic patient (both genders), mostly undergoing major pelvic surgery.

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<td>12:30 - 13:30</td>
<td><strong>Part 1: Sexual dysfunction</strong></td>
</tr>
<tr>
<td>12:30 - 12:50</td>
<td>Sexual dysfunction in both genders: Classification and epidemiology</td>
</tr>
<tr>
<td></td>
<td>A. Salonia, Milan (IT)</td>
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<tr>
<td>12:50 - 13:30</td>
<td>Female sexual function and dysfunction</td>
</tr>
<tr>
<td></td>
<td>A. Rantell, London (GB)</td>
</tr>
<tr>
<td>13:30 - 14:00</td>
<td>Break</td>
</tr>
<tr>
<td>14:00 - 14:44</td>
<td><strong>Part II: Sexual dysfunction in men</strong></td>
</tr>
<tr>
<td>14:00 - 14:15</td>
<td>Power is nothing without control</td>
</tr>
<tr>
<td></td>
<td>F. Castiglione, London (GB)</td>
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<tr>
<td>14:15 - 14:30</td>
<td>Postoperative sexual dysfunction - caring for men’s sexual frailty</td>
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<tr>
<td></td>
<td>J. Verkerk-Geelhoed, Gouderak (NL)</td>
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<tr>
<td>14:30 - 14:44</td>
<td>Discussion</td>
</tr>
<tr>
<td>14:44 - 14:45</td>
<td>Closure</td>
</tr>
</tbody>
</table>
Concise poster presentations guided by experts
Expert-Guided Poster Session

Location: EAUN Poster Area (next to the EAUN Booth)
Chairs: L. Drudge-Coates, London (GB)
S. Vahr Lauridsen, Copenhagen (DK)

Aims and objectives of this session
In this new poster session format posters will be presented in a concise format. Two experts will guide the session by means of questions and discussions. The complete session will be 30 minutes, each poster will be presented for 2 minutes followed by 2 minutes of discussion.

14:00 - 14:02
Introduction
L. Drudge-Coates, London (GB)

14:02 - 14:06
EGP 1: Preparation education and training for pessary fitting: Conclusions of experienced nurse providers in the United States
G. Hooper, (US)

14:06 - 14:10
EGP 2: The nurse role in 'one-stop' stone management in a private hospital in Hong Kong
H.Y. Luk, Hong Kong (HK)

14:10 - 14:14
EGP 3: Nurse treatment in the urology clinic following robotic radical cystectomy
A. Bashir, Haifa (IL)

14:14 - 14:18
EGP 4: Delivering a nurse-led survivorship programme to address the concerns of men who have undergone a radical prostatectomy
To be confirmed

14:18 - 14:22
EGP 5: Preoperative biofeedback improves post-prostatectomy incontinence better than pelvic exercises alone: A meta-analysis
S. Terzoni, Milan (IT)

14:22 - 14:26
EGP 6: Position of hospital nurses on the issue of sexual health
L. Balin, Karmiel (IL)
Aims and objectives of this session
The use of Complementary and Alternative Medicine (CAM) among the population is widespread and appears to be increasing. It can be used to protect, to boost the immune system, to treat certain symptoms, to prevent diseases or just be a way to lead a healthy life.

As nurses, we have noticed an increase of use of CAM among our patients. Examples are drinking cranberry juice to prevent urinary tract infections, selenium in prostate cancer etc. Do we, as urology nurses, know the exact definition of the CAM? Are we only talking about herbal products or also about other types of products? Is there any evidence about the efficacy of complementary or alternative medicine? Is it safe to use the CAM in urology? All these questions we have will be answered during this session.
Video Session

Location: Green Area, Room 12 (Level 1)
Chair: S.J. Borg, Msida (MT)

Aims and objectives of this session
Urology nursing is very dynamic, propelled forward by emerging technology, evidence-based practice and clinical demands. However, it is a mistake to assume that urology nursing practice is of the same level, or offering the same services, evenly throughout the EU. In fact, what is taken for granted as a recognised nurse-led practice in one country, is totally the opposite in another EU state. With this in mind, the video session’s aim is to showcase such practices by nurses to other fellow urology nurses, what has been achieved and fine-tuned in specific areas. It will also be an occasion to ask our fellow urology nurses on how they had overcome situations that may still be presenting in other emerging clinical nursing practices.

V1

Video urodynamic study in children: A healthcare training video

By: Decalf V. 1, Ragolle I. 1, Ploumidis A. 2, Hoebekhe P. 1, Everaert K. 1, Spinoit A-F. 1
1 Ghent University Hospital, Dept. of Urology, Ghent, Belgium, 2 Athens Medical Centre, Dept. of Urology, Athens, Greece

V2

Prevention of catheterisation trauma by adopting a new urethral catheterisation device (UCD™)

By: Dragova M. 1, Lock A. 1, Chiriaco G. 1, Holmes K. 2, Attard K. 2, Bugeja S. 2, Castiglione F. 1, Bamfo A. 1, Frost A. 1, Mundy A. 1
1 University College London Hospitals NHS Foundation Trust, Dept. of Urology, London, United Kingdom, 2 Mater Dei Hospital, Dept. of Urology, Msida, Malta
Creating OUR Urology Nursing Curriculum – at the 'no fairy-tale café'

Aims and objectives of this session

It is our aim in this session to support delegates to express their opinions on an overarching question: what are the key components of a curriculum for urology nurse education that will guide our development and make us ever more fit for purpose in the 21st century?

Following the session, the views expressed by delegates will be analysed and form the basis for an academic paper that will lay the foundations for the development of an inaugural educational curriculum. This session is a landmark session and those who attend will truly be able to say in the future – I was there and I played my part. How we educate ourselves is pivotal to the future of urology nursing! Why let others determine how urology nurses should be educated? Have your voice heard!

16:15 - 16:20
Introduction by the chair
S. Terzoni, Milan (IT)

16:20 - 16:35
Introduction to the session
J.T. Marley, Newtownabbey (GB)

16:35 - 17:25
Creating OUR Curriculum
Moderators: P. Allchorne, London (GB)
H. Cobussen-Boekhorst, Nijmegen (NL)
F. Geese, Berne (CH)
B.T. Jensen, Aarhus (DK)
R. Pieters, Ghent (BE)
J. Taylor, Manchester (GB)
C.N. Tillier, Amsterdam (NL)
S. Vahr Lauridsen, Copenhagen (DK)

17:25 - 17:30
Summary and follow up plans
J.T. Marley, Newtownabbey (GB)
## SIG Continence: Management of chronic bladder problems

**Thematic Session 11**

**Monday 19 March**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
</table>
| 08:30 - 08:35 | **Introduction**  
J. Verkerk-Geelhoed, Gouderak (NL)                                      |
| 08:35 - 08:50 | **Painful bladder syndrome or UTI - misdiagnosis?**  
S.L. Holroyd, Halifax (GB)                                                                 |
| 08:50 - 09:05 | **Underactive bladder**  
V. Phé, Paris (FR)                                                   |
| 09:05 - 09:20 | **Misdiagnosis with UTI**  
E. Wallace, Dublin (IE)                                               |
| 09:20 - 09:30 | **Discussion**                                                      |
SIG Bladder Cancer: Evolution and management of BCG
Thematic Session 10

Location: Green Area, Room 12 (Level 1)
Chair: K. Chatterton, London (GB)

Aims and objectives of this session
BCG is a powerful drug extensively used intravesically by urological nurses worldwide, with potential side effects, including systemic absorption, BCGosis. The aims and objectives of this session are to learn or refresh your knowledge on how BCG was discovered, its mechanism of action, effects on the bladder and impact on bladder cancer. Also, managing the side-effects, recognising them, enabling delegates to gain confidence and autonomy, by reassuring and treating patients appropriately and managing them within their nurse-led clinics. To conclude the session, we will examine a case study on lessons to be learned, which will benefit delegates within their future practice.

08:30 - 08:35
Introduction
K. Chatterton, London (GB)

08:35 - 08:50
The evolution of BCG - How did it start? How does it work?
P. Anderson, Melbourne (AU)

08:50 - 09:05
BCG - understanding and managing the side-effects
C. Edmunds, Huntingdon (GB)

09:05 - 09:20
Case study BCG management in Europe - a case study on the lessons to be learned
R. Pieters, Ghent (BE)

09:20 - 09:30
Discussion
Scientific Programme - EAUN18 Copenhagen

Nurses in a leadership role: Cultivating your leadership
Leadership Course

Location: Orange Area, Room 6 (Level 0)

Chairs: P. Allchorne, London (GB)
        C.N. Tillier, Amsterdam (NL)

Aims and objectives of this session
During this interactive course you will be guided in finding your role as leader. The programme will focus on leadership, effectiveness and communication in relation to patients, teams, colleagues, surgeons, and other superiors.

Together with management consultants Herman Rijksen and Jaap Zijlstra (Facilitation Profs), you will dive into topics like trust, dealing with conflicts, lack of commitment, accountability and results.

09:00 - 09:15 Welcome and introduction
H. Rijksen, Maarsbergen (NL)

09:15 - 09:55 Personal behaviour and leadership
H. Rijksen, Maarsbergen (NL)

09:55 - 10:35 Leadership lessons
J. Zijlstra, Maarsbergen (NL)

10:35 - 11:15 Insights in your organisational patterns and symptoms
H. Rijksen, Maarsbergen (NL)

11:15 - 11:55 Communication and communicative games
J. Zijlstra, Maarsbergen (NL)

11:55 - 12:00 Conclusion and take home messages
Aims and objectives of this session
Until the age of about 25 we speak about adolescents. The working of the adolescent brain differs from adults. What do we need to know in respect to diseases and the adolescent brain? How can we coach and train these adolescents? What are the do’s and don’ts? Our speaker will talk about this subject with a lot of humor, but in the end you will have learned a lot about the adolescent brain.
**Aims and objectives of this session**

On average, men have a shorter life expectancy than women. This is partly due to poor health education and a lack of preventive healthcare. There is also an issue of unhealthy behaviour and more dangerous behaviour. There is a sense of denial and indestructibility that seems to be more prevalent in men than women. Somehow it is not “manly” to be vulnerable and to ask for help.

But it is not always possible to just “work through the pain or illness.” Men must protect themselves through knowledge, preventive healthcare and early diagnoses of disease. A few clinics offer support for men, but what if men do not use this support? What have we, as health professionals, missed out to offer man-centred care? This lecture aims to give a better understanding of men’s needs and specific care.

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**Scientific Programme - EAUN18 Copenhagen**

**Men's health**  
State-of-the-art lecture 5

**Location:** Green Area, Room 12 (Level 1)  
**Chair:** R. Pieters, Ghent (BE)

**Monday 19 March**  
**09:45 - 10:15**

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09:45 - 09:50  
**Introduction**  
R. Pieters, Ghent (BE)

09:50 - 10:10  
**Men's health and diseases in the urology nursing care context**  
I. Banks, Spa (IE)

10:10 - 10:15  
**Questions and answers**
Joint EAUN-FSUIS Session: From country to continent - universal lessons learned

Thematic Session 12

Monday 19 March 10:30 - 11:30

Location: Green Area, Room 11 (Level 1)

Chairs: S. Vahr Lauridsen, Copenhagen (DK)
        R.N. Knudsen, Aarhus (DK)

Aims and objectives of this session
If you wonder how you can benefit from a 18 year old urology organisation this is the session to attend. The aim of EAUN is to act as the representative body for European nurses in urology and facilitate the continued development of urological nursing in all its aspects and also to promote the exchange of experience and good practice between its members. To reach this goal collaboration with national societies is fundamental because local practices differ from country to country. In this session we want to highlight different learning perspectives and how it has influenced the continued development of urology nursing skills.

10:30 - 10:35

Introduction
S. Vahr Lauridsen, Copenhagen (DK)

10:35 - 10:55

Country to continent: Universal lessons learned from the Danish urology nursing perspective
R.N. Knudsen, Aarhus (DK)

10:55 - 11:10

Adapting European guidelines to national needs
R. Willener, Berne (CH)

11:10 - 11:25

Continent to country: Building the relationship between the EAUN and national urological nursing societies
S. Vahr Lauridsen, Copenhagen (DK)

11:25 - 11:30

Conclusion
Immunotherapy in bladder cancer
EAUN - ESU Course 2

Monday 19 March
10:30 - 12:30

Location: Green Area, Room 12 (Level 1)
Chair: E. Xylinas, Paris (FR)

Aims and objectives of this session
Early results from new immunotherapy trials in the setting of metastatic urothelial bladder cancer have induced a revolution in the treatment paradigm of the disease.

Consequently, urologists and urology nurses are asked to understand the background of immunotherapy in bladder cancer treatment, the achievable results and side effects, and to know which are the current and the ongoing/future therapeutic options for their patients, provided either inside or outside of clinical trials.

In brief, the aims will be the following:
• To provide a background on the basics of immunology.
• To provide urology nurses with a state-of-the-art lecture on immune checkpoint inhibitors mechanisms of action.
• To provide urology nurses with a state of the art lecture on NMIBC treatment with BCG including management of side effects.
• To discuss the current clinical trials in MIBC in the neoadjuvant and adjuvant setting.
• To discuss the optimal clinical management of patients with metastatic disease.

10:30 - 10:45
The basics of immunology and checkpoint inhibitors
E. Van Der Laan, Amsterdam (NL)

10:45 - 11:00
BCG use in bladder cancer management
E. Xylinas, Paris (FR)

11:00 - 11:15
Immunotherapy in combination with local therapy (neoad/adj)
S. Osanto, Leiden (NL)

11:15 - 11:30
Side-effects of immunotherapy and the focus points for nurses
E. Van Der Laan, Amsterdam (NL)

11:30 - 11:45
Break

11:45 - 12:00
Immunotherapy in metastasized disease
E. Xylinas, Paris (FR)

12:00 - 12:15
The future of immunotherapy in bladder cancer
S. Osanto, Leiden (NL)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:15 - 12:29</td>
<td>Discussion</td>
</tr>
<tr>
<td>12:29 - 12:30</td>
<td>Closure</td>
</tr>
</tbody>
</table>
## Rare cases and diseases in urology
Thematic Session 13

### Monday 19 March
11:45 - 12:45

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 - 12:00</td>
<td>Birt-Hogg-Dubé Syndrome</td>
<td>R.H. Giles, Utrecht (NL)</td>
</tr>
<tr>
<td>12:00 - 12:05</td>
<td>Questions and answers</td>
<td></td>
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<tr>
<td>12:05 - 12:20</td>
<td>Partial segmental thrombosis of the corpus cavernosum</td>
<td>P. Hoyerup, Herlev (DK)</td>
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<tr>
<td>12:20 - 12:25</td>
<td>Questions and answers</td>
<td></td>
</tr>
<tr>
<td>12:25 - 12:40</td>
<td>Duplication of urethra</td>
<td>Y.F. Rawashdeh, Aarhus N (DK)</td>
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<tr>
<td>12:40 - 12:45</td>
<td>Questions and answers</td>
<td></td>
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</tbody>
</table>

### Location:
Green Area, Room 11 (Level 1)

### Chair:
K. Fitzpatrick, Dublin (IE)

**Aims and objectives of this session**
This session will provide you with the newest knowledge about uncommon conditions that can be found in urology patients. In everyday practice it is often difficult to find literature and practical information about unusual diseases for timely management such conditions. The speakers of this session will discuss relevant observations, indications and treatment of these cases.
ESU/ERUS-EAUN Hands-on Training in Robotic simulation and communication
ESU Hands-on Training

Monday 19 March
13:00 - 16:00

Location: Yellow Area, Room 5
Chair: S.J. Borg, Msida (MT)

Aims and objectives of this session
• Obtain an understanding of the role of the console surgeon and the first assistant
• Test and improve your psychomotor skills required in the console by performing various exercises and experience parts of a surgical procedure in the simulator.

Get a glimpse of what it is like being a console surgeon or a first assistant in robotic surgery and the importance of adequate communication in the operating room. This robotics simulator hands-on training course will provide training using simulators and communication exercises adjusted for high risk environment. Performing efficient robotic assisted surgery requires psychomotor skills, where cognitive functions and physical skills such as coordination and fine and precise movements of the robotic instruments are vital for a safe surgical procedure. This course will offer an opportunity to discover the challenges and difficulties encountered both in the console performing robotic surgery and for the first assistant by creating an imitative environment.

Target audience:
Novice and experienced nurses and operating room nurses curious to learn more of the fundamentals of robotic surgery.

• Ohad Fenkel
• Erwin De Penfentenyo
• Kim Drube
The General Assembly (AGM) is open to all delegates. Only Full EAUN Members can vote.

Chair: S. Terzoni, Milan (IT)

Board:
P. Allchorne, London (GB)
S. Borg, Msida (MT)
L. Drudge-Coates, London (GB), Past Chair
L. Söderkvist, Stockholm (SE)
C. Tillier, Amsterdam (NL)
S. Vahr, Copenhagen (DK), Chair Elect
J. Verkerk-Geelhoed, Gouda (NL)
G. Villa, Milan (IT)

Agenda:
• Welcome by the chair
• Approval of the Minutes AGM 2017
• Voting changes in the Board
• The report of the chair with presentation of the achievements of 2017/2018
• Report ESUN & Guidelines activities
• Report Finances & Special Interest Groups & Scientific committee
• Call for Social Media Assistant / Nursing Professional
• Open forum (for proposals from the members, cards will be available at the EAUN booth)
Award session
Specialty Session 5

Monday 19 March
13:45 - 14:00

Location: Green Area, Room 12 (Level 1)
Chair: S. Terzoni, Milan (IT)

Agenda
• First Prize for the Best EAUN Poster Presentation
• Second Prize for the Best EAUN Poster Presentation
• Third Prize for the Best EAUN Poster Presentation
• Prize for the Best EAUN Nursing Research Project