



NUNS NEWSLETTER

Special points of interest:

- Education Corner
- page 8
- Dates for your Diary
- page 8
- Scholarship
- page 9
- Committee Members
- page 9

President's Message

On Friday the 8th April we held the first of our two annual education days, at the Burwood RSL Club. The Annual General Meeting (AGM) was also held and some committee members did not seek re-election, with new nominations accepted.

As the incoming President, firstly, I would like to take this opportunity to wish all outgoing committee members all the very best, and introduce you to your new committee members for 2011-2012 (page 9).

The new committee members have been working hard to improve processes for our members.

For those of you who were unable to attend the meeting I reiterate that, NUNS is a non-profit voluntary organisation, and work performed by the Committee members is undertaken in their own time. We meet every two 2 months from 1630 - 1830 at Concord Hospital with communication via emails in between. I believe that changes need to be made to make their valuable contribution easier, with this in mind, arrangements have been made to provide a teleconferencing option for the meetings.

Also I informed the meeting that NUNS would be looking into following the ANZUNS plan to email their newsletters, this will not only lead to savings in postage, but time spent by your newsletter editor enveloping and mailing over 200 newsletters.

As well as email, the newsletter, membership forms, registration forms, and seminar programs will be posted on our website, www.anzuns.org click on contact then the NSW map. This process has been implemented. Other relevant correspondence/information will also be emailed from time to time. **Please ensure we have your correct email address.**

We would encourage members to share an article, experience, case study, pearls or feedback from a conference or seminar with their colleagues, so contact us if you would like to have an article published in the newsletter. Company sponsors will also be invited to submit articles and information to our newsletter. We would appreciate constructive feedback on the newsletter content or ideas for improvements as well. Please address your emails to Emi Loveday the newsletter editor: urological_nurses@hotmail.com

It is proposed that future newsletters will be available four times per year March, June, September and December.

Also in 2012 the education days will be held in May and November (including AGM) in Sydney.

An important commitment by the committee was the revision of the NUNS Constitution, these are the rules that govern the Society and are a legal requirement. The draft version has been emailed and is on the website along with the current version, members will need to vote at the seminar in September or by proxy, once accepted it will then be sent to Fair Trading for endorsement, so make sure you come along and have your say.

The committee will also be developing a strategic plan for the Society and your input would be valued.

Wendy Watts
NUNS President

Inside this issue:

- NUNS Conference
Scholarship
Reports
2-3
- An Unforgettable
Day
4-5
- Pelvic Floor
First Forum
6
- Urology/Continenace
Case History "Mr G"
7

Australia & New Zealand 17th Annual Conference Christchurch 2011

NUNS Conference Scholarship Reports

by Scott Landall

On Sunday the 20th of February I attended workshop 1: Buccal Grafts: tips and tricks in adult and paediatric urology. The session began with the rationalization of utilizing buccal mucosa (BM) in urethroplasty. The use of BM as a full thickness, non-hair bearing 'wet' mucosal graft made sense, especially with an ease of harvest in a hidden 'cosmetic' site.

The chair encouraged surgeons, trainees and nurses to consider the anaesthetic requirements when harvesting BM grafts. Discussion with the anaesthetist on the tube selection, head position and patient's jaw mobility allows for better fluency with the harvest. Care in harvesting graft location was stressed in relation to denture wearing patients as the contraction post harvesting has affected denture placement.

Prevention of airway fires was highlighted by an audience member and the use of diathermy in the mouth was discouraged. A bleeding harvest site concluded the panel was likely to arrest when packed and checked after the graft placement. The use of local anaesthetic with an adrenaline component can also assist here.

The use of a throat pack produced a lively discussion with an audience member commenting that they had two throat packs swallowed by their patients. This reinforced the need to always include a throat pack on the count sheet as dictated by the NSW Health PD2005_571 document, rather than just a sticker placed on the patient's forehead.

Other points of discussion included utilizing a separate set up for BM harvesting, the unnecessary use of an oral prep, and marking of the parotid ducts prior to harvesting. Professor Mundy commented that this step was also unnecessary as division of the duct would cause no harm to the patient, and definitely did not require a head and neck or oral-maxillary review. Half of the audience closed the donor site while the remainder chose to leave it open.

The use of an icepack as soon as possible after the BM harvest seemed a great recommendation from the panel. Another suggested tip was to use the sponge from the inside of a needle mat for laying the graft out (with 27fr needles). This was to replace the practice of using reusable silicone sheets that are dubious at best for reprocessing.

Professor Mundy promoted the use of pre-operative urethrograms, that allow the surgeon to confirm stricture location, as it is often more distal than realized when using just an endoscope. This study also shows more extensive disease requiring a change in surgical tactic, and other peri-urethral issues such as a diverticulum.

Professor Margot Fisch described the differences between augmentation and substitution urethroplasty grafting, ventral and dorsal graft placements, and one and two stage procedures. She then explained the 'mesh graft' urethroplasty used in really complicated stricture disease. Professor Fisch also practices paediatric reconstructive urology and suggested that 0.3-0.7% of male newborns have a form of hypospadias. She illustrated the reconstruction of the proximal urethra utilising a subcutaneous flap, foreskin and BM on lay technique.

Professor Mundy compared the urethrotomy and urethroplasty success rate in male adults. This surgeon completes around 160 cases a year, having learnt his trade from Dr Richard Turner-Warrick a pioneer of reconstructive urethral surgery. He recommended urethrotomy and catheterisation for three days as a once only treatment and found it reliable in around 50% of cases. Urethroplasty in the hands of an experienced surgeon in a large centre was approximately successful in 95% of patients.

Having participated in BM urethroplasty procedures in the past, I really enjoyed this update on this specialised surgery. As time caused an abrupt end to proceedings I did not get a chance to investigate what the visiting specialists thought of the role of the Urolume urethral stent in their practice.

On Tuesday Morning I attended the Welcome, Presidential Address, and Guest speaker presentation from UAA and the Harry Harris Oration. Following the first trade fair exposure in the exhibition hall I caught Dr Shah's presentation on nurse led urodynamic investigations. The role of the nurse in completing an urodynamic study is regulated by a department's protocols and if the consultant is looking for something specific, then they should complete the study.

The free paper presentations followed and they were well prepared and presented. Unfortunately time was not permitted for questioning on any of the paper presentations due to how late the sessions were running.

The first presentation was a literature review on the role of the urology theatre nurse role. This was of interest and Rosemary Benfield from Christchurch Hospital described the dynamic role of the urology theatre nurse and the lack of public awareness of what we actually do in their care regime.

The other paper presentation that I was intrigued by was that of Alanna Dunn from Hurstville Private Hospital on *Strategies for the use of the Flexible Uretero-roscope and the 200- micron laser fibre*. Ms Dunn depicted that this unit began using this technology in 2008. The presenter reported a high number of incidents of laser related thermal damage to the institution's ureterorenoscopes. Trials of practices, techniques and processes followed in the following 30 months and 664 cases, with conclusions and process adaptations leading to a reduced number of scope injuries thus less financial cost. This works out to around 6-8 operations per week, a significant number for any operating theatre department. Had time permitted, I would have liked to ask Ms Dunn about the role of the laser company and its representatives in her exploration and the warranty conditions of the laser allowing various independent fibres to be trailed. The level of education and support from our corporate colleagues certainly assists us in achieving the best and safest outcomes in the clinical setting.

In her abstract, Ms Dunn commentates that these techniques have been used since the mid-1990s. Major hospitals in Sydney have been lasering using the same technologies for at least 5-10 years prior to the start of this trial. A point of consideration is that why is it necessary for any hospital to go through an instrument and equipment trial such as this when we have the nurses' association, a theatre subgroup, multiple education events and open networking. A urology department can reduce costly mistakes and lesser clinical outcomes by learning and sharing in other's previous experiences. I believe help should be a phone call or email away. It certainly is a good debate sorting intellectual property from knowledge transfer. I believe we all want the best for our patients and want to help our colleagues out in these situations.

I close with thanks to the Society for assisting in my costs to attend the Scientific Meeting in Christchurch. Although short lived it was great to catch up with our members Australia & New Zealand wide and make some new connections. I was impressed by the nursing attendance and the passion for the speciality and felt the standard of education and general knowledge base is increasing.

Scott Landall
Urology CNS
Operating Theatres
Sydney Adventis Hospital

Christchurch Tuesday 22 February 2011

An Unforgettable Day!!

by Claire Dobson

On Tuesday 22 February the urology nurses were treated to memorable and informative talks including a session on Urodynamics.

Many questions and much discussion ensued resulting in us being a bit late for our lunch.

Lunch was served in the trade display area. After seeing the company reps who I needed to see, I was off to find the toilet. Then the earthquake hit!

The noise was incredible, like canons going off! There was no doubt as to what was going on and everyone in the room hit the floor because if you were stood up, you would have been knocked down.

The scary part was the fact that many of the trade stands were collapsing around us and I had to dodge equipment flying around.

As the main glass doors of the Convention Centre had been blown out I was guided out of the building via a different exit by Convention Centre staff. Remarkably there were no screams or hysteria just a hum of sobs and weeping.

As I got out of the building there was an eerie silence for less than a minute then there were sirens, car and shop alarms and the sound of gushing water from broken underwater pipes. There was also a grey cloud of dust, making me think that the devastation must be big.

As a group, we stayed huddled together in the middle of a broken road wondering what the hell just happened. Before I could think too much, the first aftershock hit. That was terrifying, I thought the whole road would open up and swallow us up!

I was still busting for a wee but was not allowed to re-enter the building. The delegates were told to head to a large park and on the way I passed many cafes and restaurants that were open. Still I was not able to use any toilet and when the "point of no return" came and I could not hold for any longer, my toilet was between 2 cars in a car park, I was just hoping that there would not be another aftershock and I would get caught with my pants down!

The group got to the park and stayed together getting regular updates from Dr David Malouf. The aftershocks kept coming and the ground shook quite dramatically.

It was a cool afternoon and I was given a wooden board to sit on. Many Christchurch locals came to the park to offer coats and jumpers which was wonderful.

They also brought charged mobile phones for those of us who didn't have them. I was able to phone my worried family. They were angels and I will be eternally grateful.

Early that evening it started to rain and I was sent to a huge tent where I was "processed" by the Red Cross. I was given papers which entitled me to a blanket, pillow and foam bed roll.

Soon after arriving in the tent I was given food and at least 20 portaloos were set up. Hot tea and coffee was available which was very welcoming.

At approximately 12:30am Dr Malouf informed the delegates that we were being transferred to a school 20 minutes out of town.

We all were put in classrooms with carpet and attempted to get some sleep, pretty hard with aftershocks going off every hour and a half!

At 5am we were told that we were being evacuated to Wellington via NZ Air Force planes. I went to the school hall where I was greeted by another group of volunteers who gave me breakfast and a Red Cross bag with toiletries and towel. They even had boxes of eye solution for those with contact lenses, they were so thoughtful.

I wanted to stay in Christchurch as my Emirates flight was scheduled for later that afternoon but the airport at the time was closed and when Emirates was contacted they could not say whether the flight would go ahead. I was told I had to go to Wellington. I did as I was told (for once in my life!)

When I got to Wellington I was “processed” again at a welfare centre and it was here that I first met Australian consular officials. They assured me that assistance with accommodation, passports and outbound flights would be forthcoming.

They did organise accommodation (I had to pay) but all the rest I had to organise myself. That was the most disappointing aspect of the whole experience, being told that help would be available and it actually wasn't.

I had to buy Qantas flight out of Wellington as Emirates do not fly out of Wellington and as I had no passport I was not allowed to fly to Auckland.

I eventually got a flight out on Friday 25 February and was so glad to be out and home.

I encourage everyone to give generously to the NZ Red Cross and Salvation Army, they were really fantastic and the locals were amazing.

I learnt a lot about Aussie “mateship” I have some great supports and have been in contact with fellow evacuees involved in the tragedy.

An unforgettable day, one that I will never forget!

Claire Dobson
Community Continence CNC | Aged Care and Rehabilitation
Bankstown Hospital

PELVIC FLOOR FIRST FORUM

PROMOTING PELVIC FLOOR SAFE EXERCISES

by Wendy Watts

On Friday 24th June, Julia Hunter, Claire Dobson and I attended the “Pelvic Floor First” forum in Sydney.

This was a free one day education forum, for exercise professionals, continence nurse advisors and physiotherapists, developed by the Continence Foundation of Australia (CFA) under the Australian Government’s National Continence Program.

The forum was held during World Continence Week with “Exercise and the Pelvic Floor” being the theme. The day was primarily aimed towards the fitness industry promoting *pelvic floor safe exercises* particularly for women who are at risk and those with a weak pelvic floor.

The presenters Lisa Westlake, Physiotherapist and Fitness Leader, Marietta Mehanni, International Group Fitness Instructor and Sally Thompson, Consumer Representative and Personal Trainer explained (and demonstrated) that despite the fact that, fitness classes were prescriptive, the instructors could adapt the exercises for women with a weak pelvic floor by using cues that supported the women without identifying or embarrassing them e.g. if you have knee, back or pelvic floor problems then you may want to try doing this exercise.....

Sally also presented her personal story about her weight loss and exercise program that saw her lose 17kgs. In preparation for the Sydney Half Marathon she “had done every exercise class available, had lifted, pushed and pulled every weight in the gym and run many kilometres over five months with the help of a personal trainer - nothing was going to stop me”.

Sally finished the race but had “wee- drenched socks”, fortunately she saw a women’s health physiotherapist who taught her how to identify her pelvic floor muscles and perform pelvic floor exercises correctly, and she modified high impact and intensity for low impact and can “run a dry 7km”.

I would highly recommend visiting the website to view, order, or download the many free information resources, E-newsletters and a speaker’s kit for continence professionals as well as information on the presenters.

www.pelvicfloorfirst.com.au

Wendy Watts
Urology CNC
Royal Newcastle Centre

UROLOGY/CONTINENCE CASE HISTORY

“Mr G”

by *Claire Dobson*

SOCIAL:

62 year old married man lives with his wife in his own home. Good family support

Wife reported that he was a very nervous type of man.

Did work in a large retail store in the fridge section but recently retired due to ill health.

Self-funded retiree, applying for disability pension

Fully independent in all ADLs

REASON FOR REFERRAL:

Urgency (could only hold on for approximately 2 minutes) and frequency following radiotherapy for prostate cancer 10 months ago, being seen by urologist and oncologist

PAST MEDICAL HISTORY:

Vasectomy, appendix, knee surgery, haemorrhoids, constipation

MEDICATIONS:

Ditropan BD and Tofranil at night (used to take Vesicare but got too expensive)

FLUIDS:

Reluctant to drink water, 1 coffee, 2 glasses iced tea, 1 cordial

FREQUENCY:

Up to 3 times an hour during the day, (recent MSU, clear), twice at night

PADS:

Using pull ups 2 - 4 a day and felt more confident using them especially when going out

PLAN:

Mr G attended the Continence Clinic 3 times with his wife

A time and volume chart was kept;

- Initially volumes were under 200mls, after 10 weeks it had increased to a maximum day time volume of 420ml
- frequency improved to 2 hourly with deferment techniques but still experienced some urgency and urge incontinence
- bowel management was discussed and constipation was alleviated, bowels open 2nd daily
- fluid intake increased although Mr G did not like water, he had more cordial/watermelon and ice blocks, intake was nearly up to 2L at 10 weeks
- CAPS form filled in with “Bladder Instability” criteria to assist with financial cost of pads
- Mr G reported his overall outlook and quality of life was much improved
- letter to GP and urologist sent with Mr G's consent

He is being followed up by his urologist and I have offered further assistance if and when necessary

Claire Dobson
Community Continence CNCAged Care and Rehabilitation
Bankstown Hospital

Letters to the Editor: Member comments (this is anew addition)

Education Corner:

Izard J; Nickel JC, Impact of medical therapy on transurethral resection of the prostate: two decades of change, BJU Int. 2011; 108(1):89-93.

Ellis AK; Glenn LL, Challenges in staging of transient pressure ulcers following urologic surgery, Urologic Nursing, 2011; 31(3):193-4 .

Johnson TV; Young AN; Force S; Master VA, C-reactive protein may represent sensitive measure of renal cell carcinoma metastasis, Urologic Nursing, 2011; 31(3):181-2, 194.

Blair M, Overview of genitourinary trauma. Urologic Nursing, 2011; 31(3):139-45.

Nahon I; Waddington G; Dorey G; Adams R, The history of urologic surgery: from reeds to robotics, Urologic Nursing, 2011; 31(3):173-80.

Borch M; Baron B; Davey A; Hattala P; Kiernan M; Rust K; Schempp BA; Trzcinski B; Wasilewski A; Yovanovich J, Management of patients with interstitial cystitis: a case study, HYPERLINK "http://www.medscape.com/viewpublication/1064" Urologic Nursing, 2011; 31(3):183-9.

Marie-Andrée Lahaie; Stéphanie C Boyer; Rhonda Amsel; Samir Khalifé; Yitzchak M Binik, Vaginismus: A Review of the Literature on the Classification/Diagnosis, Etiology and Treatment, Women's Health. 2010;6(5):705-719.

Karina So Education officer

Dates for your Diary:

2011

Clinical Oncological Society of Australia (COSA) Prostate & Urogenital tumours Nov Perth www.cosa2011.org

National Continence Foundation of Australia (CFA) Conference 17-19 Nov includes Workshops 16 & 19th Nov Melbourne www.continence.org.au

Christine Norton evening seminar 6pm, 24th Nov Nth Sydney venue TBA, contact Claire Dobson

2012

Bladder & Kidney Cancer Symposium 9-11 Feb Melbourne bkcs2012@icms.com.au

ANZUNS Conference April 21-23 Darwin

NUNS Seminar May Sydney

ANCAN Seminar May 4th Port Macquarie

Continence Course May 21st & 28th Royal Newcastle Centre

ANCAN Seminar and AGM 3rd Aug Sydney

NUNS Seminar & AGM Nov Sydney

Scholarships:

Scholarship details are available on the website www.anzuns.org a more detailed list will be available in the next issue. Scholarships (\$1000) are available for NUNS members to attend the ANZUNS meeting in Darwin 2012 conditions apply.

Scholarship recipients for ANZUNS conference attendance 2011

2011 Claire Dobson
 Melissa O'Grady
 Jane Gardner
 Scott Landall

NUNS Committee Members 2011-2012

Wendy Watts	President	Royal Newcastle Centre
Karen Clarke	Vice President	Concord Hospital
Chris Black	Secretary	North Shore Private Hospital
Kylie Foley	Treasurer	Royal North Shore Hospital
Karina So	Education Officer	Concord Hospital
Beth Whittaker	Public Officer	Concord Hospital
Emi Loveday	Newsletter Editor	War Memorial Hospital Kimberly Clark Australia
Clare Dobson	Conference Co-ordinator	Bankstown Hospita
Julia Hunter	NSW ANZUS Representative	Royal North Shore Hospital
Sharon Slack	Rural Representative	Tamworth Rural Referral Hospital
Nicola Fynes-Clinton	Financial Assistant	Paid non member

To contact a committee member please email them on: urological_nurses@hotmail.com and enter the person's name that you want to correspond with in the subject line or phone the Society 02 9990 4148 and leave a message.

The NUNS committee wish to express our gratitude to ConvaTec for their continued support with sponsoring our newsletters.



Unipark Monash, Building 2,
 Ground Floor, 195 Wellington Road, Clayton, Vic 3168
Tel: 1800 339 412 Fax: 1800 814 196
 Email: convatec.orders@convatec.com
 Web: www.convatec.com

About ConvaTec: ConvaTec is a world leader in continence and critical care, wound therapeutics, ostomy and infusion medical devices. For more than 30 years, its advanced medical technologies have transformed lives across the globe.

ConvaTec



Contact details for your NSW ConvaTec Representatives:

Andrew Barker	Senior Product Manager	0438 877 534
Saara Habil	Sales Specialist	0423 337 085
Ellie McGovern	Sales Specialist	0418 282 851
Erica Johnston	Sales Specialist	0419 218 072