

President's Report

Hello to all the members. I am writing my 1st report as your new President. The study day and annual general meeting was successful and Kerry has written a comprehensive report on the day for members who could not attend. I would like to thank again the sponsors Abbott, American Medical, Hartmann, Hospira, Hollywood Hospital and Bard for the best paper award.

I would like to welcome Greg Bock and Kara Morten to the committee and thank Valerie Jones who has resigned. A thank you also goes to Jenny Bennett who stepped into the role of President last year but has now resigned from the role. Your new committee member's roles are;

Secretary: Kara Morten

Treasurer: Melody Mitchell

Education committee: Kyla Tilbury, Alison Christie, Lesley Pitman and Sible Rozario

Editorial/Newsletter: Kerry Murphy

ANZUNS representative: Kerry Murphy

Committee members: Greg Bock and Jenny Bennett

To assist and help make communication with the committee members easier Kara has established a single email address for members. The new address sunwa1994@gmail.com Please send all correspondence to the central address.

The education committee is busy organising three study events for next year. The first event will be an education evening in March. Further information will be sent to members in the New Year confirming the date and topic. Keep an eye out for the flyers and mark the date in your education calendar. We are planning to separate the study day and AGM next year, with the study day planned for the end of July and an education evening and AGM planned for October. The committee would be happy to hear from members on these changes.

SUNWA membership is currently around 50 members. Membership forms can be downloaded for the SUNWA website if you have any work colleagues who would like to become a member.

I hope all the members travelling to New Zealand for the ANZUNS conference in February enjoy themselves and please feel free to share your knowledge on your return.

I would like to wish you all a safe and merry Christmas and all the best for the New Year. Those members who are lucky enough to have a summer holiday stay safe and look forward to seeing you all refreshed at the education evening.



Helly Scunness

SUNWA President 2011

THE SUNWA STUDY DAY SEPTEMBER 2010

Nursing Papers:

BARD BEST PAPER AWARD WINNER:

Cancer models of care – What do they mean for the urology cancer patient?

Julie Sykes – Urology Cancer Nurse Coordinator, WA Cancer and Palliative Care Network

Cancer affects nearly one- third of the Australian Community at some stage in their lives. It causes substantial social, psychological and economic morbidity in addition to the impact on physical health¹. The numbers of newly diagnosed cancer cases is increasing steadily each year, as is the number of people living with a diagnosis of cancer. Cancer treatments are becoming increasingly multimodal in an effort to get the greatest benefit through a mix of surgery, chemotherapy, radiotherapy and other therapies. This involves patients seeing multiple specialists during the course of their cancer journey. This complexity may lead to problems for the patient as they negotiate the maze of diagnostic, treatment and support services that they are offered and try to make sense of the messages from each clinician².

Health systems should provide these people with diagnostic and treatment services and ongoing care that is patient-centered. This is not reported to always be the case at the moment. Cancer services have been provided in Perth since 1947 by both public and private providers. The model of care will identify an appropriate cancer care model in accord with international and national best practice. This model could be applied in any health setting reflecting the responsibility of all health care professionals to provide care that meets best practice principles. This model should reflect the role of specialist cancer services and the care continuum in all tertiary, secondary and primary care settings. This overarching Model of Care provides the basis of agreed principles for excellence in cancer care delivery. This presentation will provide an overview of the current progress on the urology cancer model of care and what it means for the urology cancer patient.

1. Optimising Cancer Care in Australia. National Cancer Control Initiative, Melbourne, 1-122
2. Clinical Oncological Society of Australia, The Cancer Council and the National cancer Control Initiative 2002:

BEST NEW PRESENTER WINNER:

Case Study: Care Of The Child With Posterior Urethral Valves (PUV)

Holly Sounness – CN Ward 5C and CN Continence Princess Margaret Hospital

Posterior Urethral Valves (PUV) is the most common cause of bladder outflow obstruction in infant/childhood males. I will be presenting a case study on a 2 year

old boy who presented to Princess Margaret Hospital (PMH) with PUV. During the case study I will discuss the sign and symptoms which made the parents aware their 2 year old had a problem with his urinary tract system and how PUV was diagnosed by the Doctor. The treatment for PUV for the child was surgery and I will discuss the post operative urological nursing care and the long term care required for the patient and family.

Other Nursing Papers:

“Maintaining the flow”, Development of a flowchart for management of Continuous Bladder Irrigation complications.

S.Hickey, K . Tilbury - Urology Clinical Nurses, Hollywood Private Hospital, Perth Western Australia.

As clinical nurses practicing in a specialist urological unit, we provide a large component of urological education through our training and development department to an ever increasing and wide range of nurses. In 2009 we completed a review of our units education resources and tools, with the aim of improving and ensuring that lecture sessions and workshops are user friendly and are able to be readily presented by a variety of our units clinical staff.

Management of complications with CBI remains the most frequently requested workshop as well as being one of the prime area's of urological nursing that provides the non or novice urological nurse with the highest degree of difficulty.

The management of complications has remained relatively unchanged and literature review demonstrated the majority of information related to this topic is delivered in a guideline written format.

Based on all of the above factors it was determined that an easily accessible, concise flowchart highlighting the major complications of a patient with a CBI and their subsequent nursing management would provide an effective educational resource, as well as having the potential to assist quickly and readily the novice urological nurse in the wider hospital setting.

The flowchart is registered as a quality activity; it will be reviewed by our urological surgical team and then will commence trial on our unit as an educational tool for our graduate nurses, followed by a survey to determine its efficacy.

It's only a bag of wee!

Rita McIllduff - Clinical Nurse Manager, Stomal Therapy Nurse

Ileoconduits are commonly performed in today hospitals for urinary diversion of the bladder due to cancers, neurogenic disorders, congenital abnormalities, and bladder traumas and inflammatory conditions. Yet many “urological” nurses still feel that the care of the urostomy bag is still best left for the stomal therapy nurse. Whether this is

due the increasing workload of the ward or a lack skills this pattern needs to be addressed (it's only a bag of wee!)

Care of the urostomy, or any stoma are skills that any surgical or medical nurse should obtain. As inconvenient as it may be – stoma appliances rarely fall off during “office hours” or when there is a stomal therapist on site. The increase workload of stomal therapist also means they need to prioritise time to new ostimates leaving routine changes of long term stomas to the urological nurses.

Neglecting to properly care for a urostomy can lead to many avoidable complications for the patient, mainly skin breakdowns which can begin a cycle of non adherence and substituent leaking. Nurses also need to realise that it takes less time and resources to change a urostomy appliance than it does to change and clean a patient whose urostomy has leaked. (It's only a bag of wee!)

This presentation will provide a brief background into the ileacondiut procedure itself, as well highlight the importance of correct urostomy care. It is this presentation's aim to help urological nurses feel comfortable at changing a urostomy appliance, by providing some practical methodology and humour (it's only a bag of wee!)

***** **PUT THIS DATE IN YOUR DIARY!!!!!!!!!!!!!!** *****

MARCH 2011 EDUCATION EVENING

Theme: "Secret Womens Business"

Presenters: Dr Jess Yin , Dr Robyn Leake, Yvonne Tully

Date: Thursday March 24th 2011

Time: Registration 1730-1800
Seminar 1800-1945
Refreshments 1945-2100

Venue: Citigate Hotel Perth, Wellington St, Perth.

(Close parking around corner on Elder St Direct access to North/South Fwy), plus very reasonable room hire price.

More details in the New Year

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PRESENTATIONS AT STUDY DAY:

A synopsis of the contents of the presentations from the invited speakers at the September 2010 SUNWA study day.

GREENLIGHT LASER VAPOURISATION OF THE PROSTATE - A minimally invasive treatment option for BPH

Mr Sidney Weinstein

Criteria for new Technology: As good as or better than "Gold Standard".

Green Light Laser Prostatectomy (532nm wavelength)

- Vapourisation - Selective due to Haemoglobin
- Coagulation - Inherent haemostasis

Bouchier-Hayes J Endourol 2006

COMPLICATIONS:	TURP	GL (637)
Haematuria (+/-clot evacuation)	1.3%	0-1.4% *
TUR Syndrome	2%	0
Reoperation	2.5 - 14.7%	0 – 1.6%
Urethral Stricture	1 – 3.7%	0.3%
Catheter Time:	44 hrs	13.7hrs
Length of Stay	3.28days	1.1days
Incontinence	1.7 – 3.2%	0 – 0.7%
Retrograde Ejaculation	53 – 75%	0 – 14% (80W – 33% after 5 yrs)
Erectile Dysfunction	2.1 – 6.9%	0
Transient Dysuria Day 1 -3	NA	11.8%
Persistent Dysuria >4 weeks	NA	2.6 – 18%

ADVANTAGES OF GREEN LIGHT LASER PROSTATECTOMY

- Less invasive and as effective as TURP
- Less side effects than TURP
- Less or minimal bleeding
- Anticoagulated patients

- Shorter catheterisation time
- Quicker return to work
- Saline irrigation
- Less nursing intensive!

DISADVANTAGES OF GREEN LIGHT LASER PROSTATECTOMY

- Dysuria/irritation 1-2 weeks
- Few weeks to settle and achieve max effect
- Learning curve/experience

UROLOGY PROSTHESES:

Shane La Bianca

Incontinence:

Conservative therapies first

If failed: Devices eg Dribble Stop or Cunningham or C3

Bulking Agents eg collagen, silicone beads

Compression eg ProAct Balloon

Or

Surgical: Advance™ Male Sling

Artificial Urethral Sphincter GOLD STANDARD

Not suitable for use in people with poor blood supply/paraplegia/quadriplegia

Erectile Dysfunction:

Medication eg Viagra

Non Surgical eg Pumps, Injections

Surgical eg Penile Implant (Non inflatable, 2 part Inflatable, 3 part Inflatable)

- irreversible

Peyronie's Disease

Surgical: Submucosal Intestinal Substrate (Porcine SIS)

Penile Lengthening

The "small penis" has psycho social impacts. Jes-Extender: need to wear 6-8hrs/day for 6months. Good outcome if patient can persist.

Sequential BCG and Mitomycin intra-vesical therapy versus BCG alone for high risk non muscle invasive bladder cancer

Pilot Study to assess feasibility, local and systemic toxicity and proposal for an ANZ trial

Professor Dickon Hayne

21% of cancers in hospital are urological.

250 new cases of bladder cancer in 2009 (do not include CIS & C3 – all pTa), Cancer Research Funding is generally linked to outcomes. Survival from bladder cancer has decreased over the last 10 years.

High Risk non muscle invasive bladder cancers have a risk of progression of 30 – 50%

The Di Stasi et al Treatment Schedule was used. BCG must be delivered with maintenance otherwise it has the same outcome as Mitomycin. An increased concentration of Mitmycin gave a better effect

Conclusion:

There is no demonstrable difference between the regimes in regards to the scores in IPPS, VAS and Cystitis.

Long term outcomes in a large cohort are not known

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IMPORTANT DATES FOR 2011

COMMITTEE MEETINGS: FIRST TUESDAY OF THE MONTH AT 5 PM
3rd January, 1st February, 1st March, 5th April, 3rd May, 7th June, 5th July, 2nd August, 6th September, 4th October, 8th November (please note date), 6th December

EDUCATION: Education Evenings: 24th March 2011

SUNWA ANNUAL STUDY DAY August 2011

ANZUNS CONFERENCE: 16th Annual Meeting 20th – 24th February 2011 to be held in Christchurch, New Zealand.

Educational Grants:

ABBOTT Award: see SUNWA website for more details
(Closing Date 30th June 2011)

Hospira Study SEE ANZUNS WEBSITE FOR MORE DETAILS

Scholarship (Closing Date 31st December 2010)

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SUNWA Membership Application Forms are available on the website

Please include your email addresses on your application please. We are mindful of our carbon footprint.

For electronic funds transfer, SUNWA bank details as follows:

Westpac: BSB and Acct. Number 036-083 10-4984

When you are doing the electronic transfer, please put your full name in the comment section so we know who has paid their membership.

SUNWA extends their thanks to Hollywood Private Hospital for their ongoing support and encouragement to urology nurses.