

Laparoscopy and robotics hands-on

Applied Laparoscopic Urology Course and Symposium - meeting report



Prof. Yasar Özgök
Gulhane Military
Academy of Medicine
Dept. of Urology
Ankara (TR)

Yozgok@hotmail.com

The biannual Applied Laparoscopic Urology Courses and Symposia have been organised at the Gulhane Military Academy of Medicine (GATA) Department of Urology, in collaboration with Gazi University School of Medicine, Department of Urology in Ankara, Turkey, since 2005.

Overall, each course is a 4-day intensive graduate training programme comprising of real dry-lab application of laparoscopic instruments, hands-on-training, developing stereotactic abilities, and real wet-lab training on porcine tissue in a stress free learning environment. There are 4 major structural components:



Prof. Y. Özgök (Turkey), president of the Applied Laparoscopic Urology Course and Symposiums

Module A

This module provides an essential training which starts with presentation of the laparoscopic instruments and their safety aspects. The lectures include video presentation of the laparoscopic urologic procedures where the techniques used are presented, and tips and tricks are discussed. The pertinent surgical anatomy of the pig is explained as a special lecture before hands-on training.

Module B

This module implies exercising laparoscopic dry lab skills on training boxes. The aim of this section is to master the basic laparoscopic skills as well as the techniques of laparoscopic suturing in a dry lab environment.

Module C

Hands-on training and performing live laparoscopic urologic procedures on anaesthetised pigs in the animal research laboratory is the main objective of this module. The animal research laboratory has four operating rooms. In each room, an anaesthetised pig and the required laparoscopic urologic equipment are provided. The number of trainees per animal is limited to a maximum of four. All procedures are supervised by two experienced laparoscopic urological trainers.

Module D

This part of the course includes a symposium that presents a live laparoscopic urologic procedure performed by a world-renowned laparoscopic urologist. It is a full-day event that gives an insight into the intricacies of such procedures.

The number of participants is limited to 36 urologists for each course. Since 2005, we have provided laparoscopic urology courses to more than 250 urology specialists in Turkey. Beyond the Turkish trainees, we have provided laparoscopy training to colleagues from other countries such as Germany, Greece, Bulgaria, Uzbekistan and Azerbaijan.



Prof. J. Rassweiler (Germany) tutoring how to perform live laparoscopic nephrectomy in the animal research lab on a pig at a past symposium

Course accreditation

In its 3rd edition our course received accreditation from the Turkish Ministry of Health and currently it remains the only one authorised to issue an official certificate to the participants. Additionally, starting from the 3rd edition, our courses are accepted among the sequential courses of EBU and graded with CME points by EU-ACME. Our courses are also considered as post-graduate courses by the Turkish Association of Urology.

Laparoscopy course for operating theatre nurses

An additional feature of past and future courses is a special session for operating theatre nurses. This session includes theoretical lectures and presentation of the laparoscopic urologic instruments for the operating room nurses. Ms. Petra Heiser, who works as a specialist operating theatre nurse in SLK-Kliniken Heilbronn, Teaching Hospital of the Heidelberg University, has given these lectures during the last three courses.

These courses aimed to identify the role of the nurse within the procedure, improve nurses' knowledge on indications of laparoscopic surgery and its practical applications, raise awareness of specificities of laparoscopic surgery, and improve knowledge in terms of the operating theatre equipment and new technologies, and how best to use them.

New developments

The 7th Applied Laparoscopic Urology Course and Symposium was recently held on 2-5 April 2009 in Ankara, Turkey. The Department of Urology of Ankara Ataturk Research and Training Hospital, which collaborates with our courses, has recently acquired a da Vinci robot for its urology operating theatre. During the April 2009 symposium, both live laparoscopic and robotic laparoscopic urologic procedures were performed by world-renowned experts such as Dr. Kevin Zorn from Chicago University (USA). We hope that this new addition will create new interest for the course among the urologic community of the region.



Dr. K. Zorn (US) lecturing on live robotic radical prostatectomy

First hand accounts

Ms. Tayyibe Sen

Trainee
Operating Theatre Nurse
Ankara Numune Training
and Research Hospital (TR)



I attended the 7th International Laparoscopic Urology Course and Symposium where I learned, which I enjoyed and where I was happy. I was happy because there I could confirm and build upon my enthusiasm for what I do. I enjoyed the meeting because of its welcoming and friendly atmosphere. And of course I learned an immense amount of information related to my field of work. Many thanks to everyone for their contributions. Hope to meet you again in the next course.

Dr. Antonio Cardì

Trainer, urologist
Dept. of Urology
S. Camillo de Lellis Hospital
Rieti (IT)



This kind of laparoscopic course is very successful. The reason is the trainee gets to use the instruments and work with live tissues. Training is essential for those who would like to start performing procedures laparoscopically, and this approach to training is the best there is, as it includes theory, pelvic training and live operations on pigs.

Dr. Ömer Fatih Çelik

Trainee
Trabzon Private Imperial Hospital
Trabzon (TR)



Before I attended this course, I believed that I would be a spectator as in the previous courses I attended, which wasn't the case. I believe this course has contributed greatly to my surgical skills and I expect to start operating in a short while. I would like to express my gratitude and wish that this warm atmosphere and friendship will grow from strength to strength.

Dr. A. Erdem Canda

Trainer
Ankara Ataturk Training
and Research Hospital
Ankara (TR)



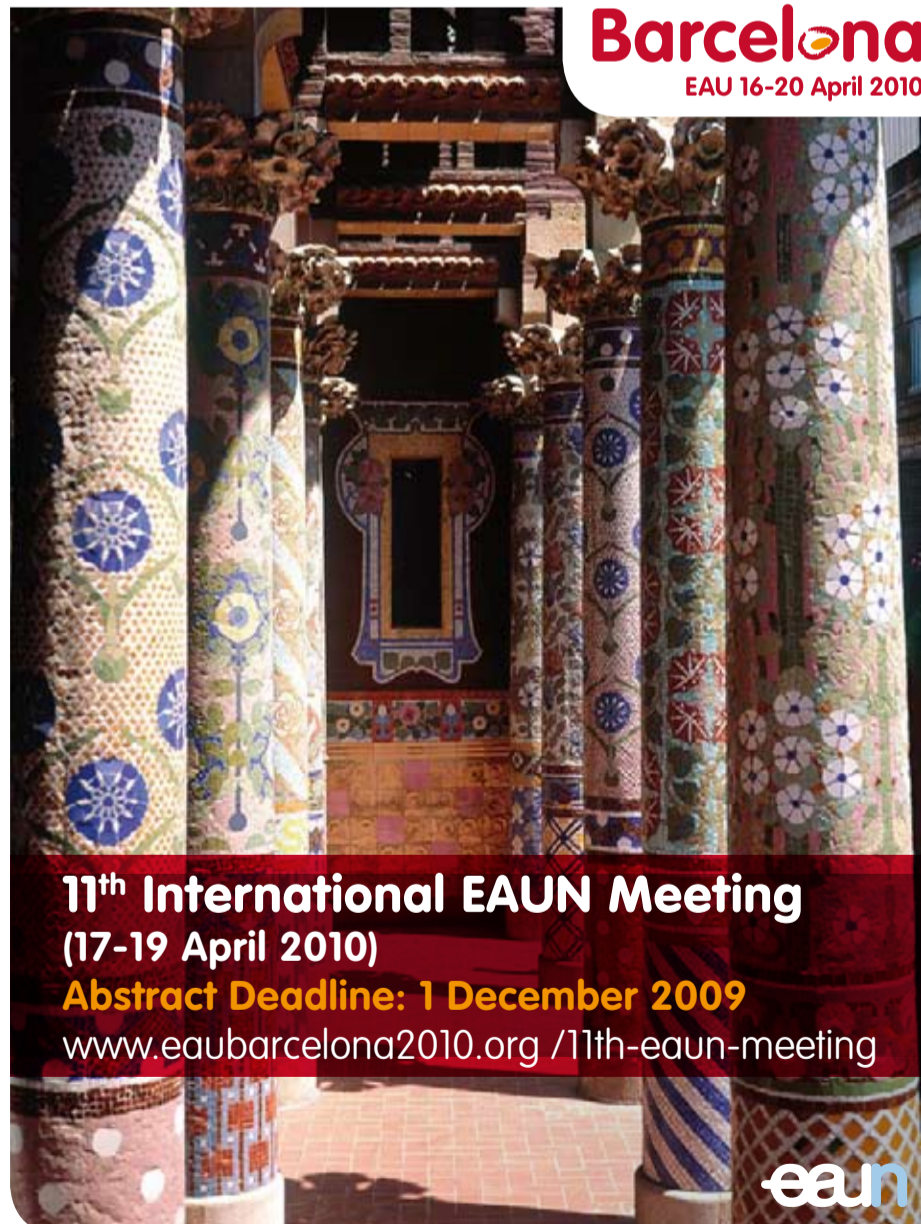
In 2008 I attended the 5th Applied Laparoscopic Urology Course and Symposium as a "trainee" which I found extremely educational. This course motivated me enormously and changed my vision to a very large extent. Subsequently, I did further training at SLK-Kliniken Heilbronn in Germany. I have become very comfortable with performing laparoscopic procedures of varied difficulty which allowed me to join this course, this time, in the capacity of "trainer" - an amazing experience which gave me a strong feeling of satisfaction.

Assoc. Prof. Dr. Lutfi Tunc

Scientific Committee Member
Gazi University, School of Medicine
Dept. of Urology, Ankara (TR)



Our courses give the chance of getting theoretical and hands-on training from both national and international course trainers attending from different countries such as Germany, Greece, UK, Italy, Romania and Egypt. I think that this gives the opportunity of learning and experiencing different laparoscopic approaches to the trainees in addition to establishing international friendship.



11th International EAUN Meeting
(17-19 April 2010)

Abstract Deadline: 1 December 2009

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Urology nurses take initiative in patient care research

Highlights from the 10th EAUN Congress: from nutricounter to bladder spasms



Françoise Charnay-Sonnek
Surgical Urology
NHC, Hôpital Civil 1
Strasbourg (FR)

Francoise.Sonnek@chru-strasbourg.fr

The 10th EAUN Congress was held in conjunction with the 24th Annual EAU congress on 18-20 March 2009 in Stockholm, Sweden. This congress deals with most urology-related fields, including urological oncology, which is extensively discussed in a number of presentations and sessions.

The programme started on Wednesday morning with two workshops. The first one covered nocturia, its causes and treatment options, whereas the second dealt with superficial bladder cancer and the use of Hexvix®. I was honoured to be chairman of this session.

Fluorescence cystoscopy

Hexvix® fluorescence cystoscopy brings new perspectives in the detection of bladder cancer. It is the only licensed product that improves the visual detection of tumour in the bladder and is of enormous help during a transurethral resection as it allows to see if the tumour is completely removed.

The audience showed much interest in this issue and the live TURB direct from the Karolinska Hospital in Stockholm gave invaluable insight into endoscopy techniques that involve fluorescence diagnostics.

The nurse plays a key role in the preparation and the administration of the product as well as in providing information and counselling to the patient. It is evident that a workshop like this would become of great value to the nurses interested in learning more about the product, the procedure. This session motivated many to explore this field and enhance their skills.

Later in the session, the new edition of "Good Practice in Health Care" was presented. This year's guidelines dealt with the challenges of urostomas. I expect that the booklet will soon be translated into languages other than English.

Other subjects presented during the congress focused on incontinence, body image and sexuality in urology,

infection and prevention and evidence-based practice in bladder cancer nursing care.

Poster session highlights

During the poster session, ten posters were presented. I was particularly impressed with four presentations.

Nutricounter

The first introduced a novel approach to weight loss prevention in bladder cancer patients. Titled "Nutricounter: a visual tool reduces weight loss" by Vormstrup and colleagues from Aalborg Hospital in Denmark. According to this report, bladder cancer patients who undergo cystectomy sustain weight loss of 4-7 kg during hospitalisation.

An illustrative tool for both patients and caregivers has been created to give the patient an opportunity to assume responsibility for adequate food intakes. And this tool gives nurses a quick overview of the immediate nutritional status and the opportunity to consider whether supplementation is required. The results of the study showed that the introduction of NC induced a decrease of weight losses of about 0,8% against 4,4% without NC.

Flip-Flo

The second presentation by O'Brien and colleagues from James' Hospital in Dublin, Ireland, was an evaluation of safety and efficiency of the indwelling catheter valve. Patients presenting with acute urinary retention are routinely catheterised and the choice of the drainage system is dictated by the intended duration, patient mobility and patient choice.

Catheter valve have been in use for many years and research showed that the valve is not in routine use. An evaluation of patients using indwelling catheter valves versus the standard leg bag has been performed. The results showed that the Flip-Flo valve is a viable and patient friendly alternative to the leg bag in persons with long-term catheter needs. The valve is easy to use, offers patients discretion, comfort and independence of managing the drainage system. Due to the flushing action of the valve it has been suggested that it may help maintain a healthy bladder and thus reduce the incidence of urinary tract infections. However, patients have to have good dexterity and be aware of their own bladder to operate this system.

Bladder spasms after RALP

The third presentation discussed the use of transversus abdominis plane-block to prevent painful urine bladder spasm after RALP. This study by Buitelaar and colleagues from Netherlands Cancer Institute - Antoni Van Leeuwenhoek Hospital in Amsterdam, the Netherlands, investigated yielded promising preliminary results.

Patient undergoing a robot-assisted laparoscopic prostatectomy (RALP) often experience painful bladder spasms. The incidence of bladder spasms is 64% in the first hour postoperatively. In a pilot analysis, a reduction of bladder spasms after administering long acting local anesthetic agents by means of a transversus abdominis plane (tap-block) between the start of the general anesthesia and the start of the procedure of the RALP was observed. To address this issue a prospective randomized double-blind trial comparing tap-block to no standard anaesthesiology during RALP has been initiated by this group. The preliminary results of the tap-block are promising and show that a decrease in the pain medication use was observed in the tap-block group. There is a weak trend that tap-block reduces bladder spasms during the first 24 hours after RALP.

Systemisation

The fourth presentation, the winner of the poster session, dealt with the systematic standardisation of urological catheters, their practical feasibility and clinical implication. The study was conducted by Serra Saus and colleagues from Hospital Del Mar Universidad Autonoma De Barcelona in Barcelona, Spain.

Urological catheters are essential in most urological surgical procedures. However, there is a wide variability of commercially available catheters according to their consistency, shape, design, size and number of lumen. Each has its own proper indication. The aim was to design a practical guideline for the use of these catheters by the nursing staff in the urology operation room in order to facilitate their use and to improve the surgical team efficiency. This tool can be also very useful for the nursing staff on the ward.

EAUN research

Regarding the second EAUN research competition six nominees presented their research plans. The winning proposal by Smit-Van Den Hof from Holland, dealt with the instruction of patients on the use of a vacuum device for the management of erectile dysfunction.

The meeting ended with the Annual General Assembly. A new board member was elected and those retiring from the board were thanked for their work.

I, myself, had the opportunity to present the EONS/EAUN project on educational needs for nurses working with prostate cancer patients and was very inspired by the fact that the attending nurses showed much interest and enthusiasm with regard to our work. Indeed prostate cancer is a big challenge for physicians but also for the nurses. Nurses have a big role to play and they need education and support to be able to assist and inform prostate cancer patients.

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At the end of this congress I rushed into the city to discover Stockholm, the Venice of the north. I met my colleague from the EONS board and together we went through the old part of this truly beautiful city.

I came back to Strasbourg tired, but satisfied with what we were able to achieve at the congress. The programme was dense and rich. I was also encouraged by the prospect of collaboration between the EONS and the EAUN with regard to our PSA project. There is certainly much to look forward to in the future.

Willem de Blok, Ma ANP

Urology nurse
EAUN Board member
NKI-AVL
Amsterdam (NL)
w.deblok@eaun.org



Dear Colleagues,

At the EAUN's General Assembly scheduled in April 2010, my candidacy for board membership will be considered for voting. With this in mind, I would like to take this opportunity to acquaint the EAUN members with my candidacy.

I am a nurse practitioner for the Urology Department at the Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital (NKI-AVL) in Amsterdam, a well-known Dutch institution in the field of oncology.

I obtained my Advanced Nursing Practice degree in 2005. I focused on prostate and bladder cancers. Through my experience I found out that nurses can bring a lot of positive influence on the quality of care in oncology. Our colleagues in healthcare and specialists such as urologists are also becoming much more aware of this, and the active collaboration between the EAU and the EAUN provides proof of this cooperation.

In the past, I found support in the EAUN when I looked for a platform to share results or the skills I developed in my speciality. I believe it is very important to share the knowledge we have. Moreover, by interacting with my colleagues I created a network of new contacts, particularly when I attend the EAUN conferences. The fact that the EAUN gives a strong emphasis on networking amongst nurses is very appealing since our common goals can be achieved through these networks.

With my candidacy for the EAUN board, I hope I can further contribute by providing the contacts needed by nurses not only from across Europe, but also for other nursing organisations in the Netherlands to renew and strengthen their ties.

If elected to the board, my main focus will be on urological cancers, a field and topic that I expect to become more dynamic and prominent in the future. More importantly, I hope to contribute to the EAUN's long-term plans and strategies.

Lastly, do not hesitate to contact me in case you need some information or any guidance regarding uro-oncology nursing in the Netherlands.

Sincerely,
Willem de Blok, Ma ANP

Bridge building in bone health

New therapeutic approaches to cancer induced bone disease look promising



Rn. Lawrence Drudge-Coates
King's College
Hospital
Dept. of Urology
London (UK)

drudgecoates@aol.com

In managing patients with genitourinary cancers, bone health is probably an aspect that has yet to receive more attention from nursing professionals. However, the treatments that we initiate, the resultant cancer therapy induced bone loss (CTIBL) and the effect of cancer induced bone disease (CIBD) pose new challenges to patient bone health in urology.

The progression of metastatic bone disease in patients with prostate, renal and bladder cancers can lead to debilitating skeletal-related events (SREs), with CIBD leading to pathologic bone fractures (vertebral or nonvertebral), spinal cord compression, requirement for surgery and radiotherapy to bone for pain. Skeletal related events are important adverse events

that we must have an understanding of and how such complications factors can be assessed and managed.

In prostate cancer, CTIBL through androgen deprivation therapy (ADT) such as LHRH agonists results in annual bone mineral density (BMD) reductions of up to 4.6%, a rate that exceeds normal age-related loss in men by almost ten-fold and almost a five-fold increase than seen in post menopausal women, with low BMD resulting in increased fracture risk due to osteoporosis, with resultant significant morbidity, reduced quality of life, and increased mortality.

Before ADT is initiated, all patients should be counselled on the risk of therapy. Measuring baseline BMD is now recommended in national guidelines, the most common method being dual energy X-ray absorptiometry (DEXA) of the lumbar spine and total hip. Lifestyle modifications, including weight bearing exercises, reducing alcohol consumption and dietary calcium intake are important first steps for all patients experiencing bone loss.

In the reduction of SRE's, bisphosphonates have been shown to be highly effective in metastatic urological patients. In addition they have also been shown to prevent ADT-related bone loss in prostate cancer, showing significant increase in BMD using both IV and oral treatments. However, none of the bisphosphonate studies have been powered to quantify the differences in fractures rates between

treatment and control groups and thus the benefit in reducing fractures in this population is yet unknown. New therapeutic approaches to CTIBL & CIBD look promising. Denosumab, a genetically engineered antibody, designed to block the action of a protein called RANK ligand (RANK-L), which activates signals that lead to the breakdown of bones, has been implicated in bone loss across a broad range of conditions including cancer treatment-induced bone loss.

In a phase III placebo-controlled trial, denosumab produced statistically significantly greater increases in bone mineral density (BMD) at the lumbar spine and non-vertebral sites compared with placebo. Men receiving denosumab experienced less than half the incidence of new vertebral fractures compared with those receiving placebo, and fewer non-vertebral fractures.

In the metastatic disease arena denosumab has also been shown to normalised levels of excessive bone loss more frequently than continuing bisphosphonate therapy.

For urology nurses the implications of bone health in patient care are immense. Therefore, as part of the wider recognition of bone health issues across many disease areas, the EAUN will be promoting a closer collaboration with other nursing societies to discuss, learn and develop nursing approaches to patient bone health.