The Cystoscopy Clinic (CC) at the Royal Jubilee Hospital (RJH) in Victoria, British Columbia, is where I work and thus, the basis for this article. A cystoscopy is a medical procedure used to visualize the inside of the bladder with a small round camera, known as a cystoscope, which is inserted through the urethra (Urology Care Foundation, 2016). The CC runs Monday through Thursday, for four hours each day. The team includes two Licensed Practical Nurses and a Health Care Aide, as well as a skilled team of Urologists that alternate each day. There are 25 patients that undergo cystoscopy daily; with up to three additional patients that attend the clinic for routine catheter changes.

Within the CC, nursing staff assist the Urologists with procedures such as ureteric stent removals, stone extractions, and urethral dilations. As Hensly quoted: “Nurses . . . greatly enhance patient safety and quality of care in this treatment setting and have an important impact on the patient’s compliance” (Hensley, 2016, p. 189). Therefore, the CC requires engaged nursing staff to keep the clinic running on time while ensuring quality and safe patient care to allow for fostering of patient engagement (Raso, 2016; Tejero, 2012).

Patient engagement is defined as a set of positive behaviours that promote a willingness to manage care independently, and is directly linked to optimum patient outcomes; which is of great significance in the CC (Steelman, 2014; Tejero, 2012). The majority of patients that attend the CC require a variety of tests, such as urodynamics and ultrasound, to achieve a definitive diagnosis; they then proceed to the treatment process which can be lengthy.

When patients are diagnosed with bladder cancer, they are given a life-long surveillance and preventative treatment regimen to follow, as bladder cancer has a 70% recurrence rate (Canadian Cancer Society, 2016). The current surveillance protocol in Canada post-diagnosis and subsequent tumour resection is: cystoscopy every three months for two years, then every six months for two years, then yearly after that (NCCN, personal communication, September 21, 2016). These patients also undergo routine cycles of computed tomography scans, intra-vesicle mitomycin, and Bacillus Calmette-Guerin therapy as a part of their regimen (Hensley, 2016; NCCN, personal communication, September 21, 2016). If a patient develops another tumour at any point in their regimen, they undergo a tumour resection, and then start the surveillance regime from the beginning again (NCCN, personal communication, September 21, 2016). Therefore, engagement is significant as patients need to actively participate in their care to obtain optimum outcomes (Tejero, 2012).

Engagement of both nursing staff and patients is a top priority within the Vancouver Island Health Authority as they are interdependent and result in optimum patient outcomes (Island Health, personal communication, (Continued on page 2))
November 16, 2015; Tejero, 2012). An engaged employee feels involved in their work, they are passionate about it, and those feelings are exhibited in their behaviour (Mone, Eisinger, Guggenheim, Price, & Stine, 2011). They have a sense of purpose and energy that is demonstrated through adaptability, effort, and readiness for change, which results in increased productivity (Macey, Schneider, Barbera, & Young, 2009; Saratan, 2015). Providing patients with a positive experience increases their satisfaction which fosters engagement and enhances their commitment to follow discharge instructions and attend follow-up appointments (Raso, 2016; Tejero, 2012). Within the CC at RJH, engaged nursing staff collaborate with the Urologists and patients to ensure that each individual’s concerns are addressed; thus, enhancing nurse satisfaction and improving the patient experience (Raso, 2016).

Evidence has shown that communication and collaboration are equally important to nursing staff and patients, and contribute to a healthy and healing environment (Raso, 2016). When staff are engaged, they feel confident, which increases their motivation to collaborate with one another, as well as the physicians (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009). When patients arrive at the CC, they can be nervous and apprehensive due to the nature of the procedure and the potential results. It is the role of the nurse to put the patient at ease, advocate for their needs, and ensure their experience is as positive as can be (Raso, 2016). McCreadie and Payne (2014) stated that patients want staff “to initiate and reciprocate humour” (p. 332) to ease the stigma associated with such procedures as cystoscopy; within the RJH CC, humour is widespread. Humour has been proven to decrease anxiety in patients and provide a positive atmosphere for patients and nursing staff alike (McCreadie & Payne, 2014; Raso, 2016). “Initiating humour involves risk, and risk-taking requires a degree of self-esteem and confidence” (McCreadie & Payne, 2014, p. 332). Advocating for patients also requires a degree of risk, therefore, confidence among nursing staff is crucial (Ruck & Welch, 2012). Nurse engagement has been proven to provide the confidence necessary for enhancing the patient experience and thus, patient engagement (McCreadie & Payne, 2014; Xanthopoulou et al., 2009).

Physicians, nurses, and patients all have a role in enhancing the patient experience which contributes to the improvement of patient outcomes (Raso, 2016; Tejero, 2012). Patients and nurses both share identical characteristics that contribute to their engagement: respect, communication, collaboration, independence, appreciation, resources, and meaningful relationships (Raso, 2016). Physicians maintain a critical role in nurse and patient engagement as they are the front-line leaders within the CC (Swensen, Gorringe, Caviness, & Peters, 2016). The Urologists actively contribute to enhancing engagement by involving nurses and patients in decision-making processes, showing gratitude for their dedication, and taking the time to get to know them on a personal level (Raso, 2016). As well, the Clinical Nurse Leader enhances nursing staff engagement through the development of meaningful relationships, advocating for resources, and allowing a certain level of independence when making decisions in regards to clinic functioning (Raso, 2016). Therefore, leaders must take the time to enhance engagement of nursing staff to ultimately improve patient outcomes.

In conclusion, patient and nurse engagement is equally significant within the CC. Enhancing patient engagement results in optimum outcomes, and is the responsibility of the Urologists and nursing staff (Hensley, 2016; Tejero, 2012). The engagement of nursing staff is dependent upon the leaders within their organization, especially the physicians with whom they work (Mone et al., 2011). Engaged nursing staff foster patient engagement by providing them with safe and quality care which is significant to long-term outcomes for CC clients (Hensley, 2016). The significance of nurse and patient engagement is ultimately quality care and optimum patient outcomes which are the foundational determinants of success within healthcare organizations (Swensen et al., 2016).

By Laicy Ball
UNC Scholarship Award recipient

References:


References continued:


A Tribute to a Great Urologist- Dr. Greg Roberts!

I would like to take this time to share an event that impacted the 2016 National Urology Excellence conference. A week before the conference we lost a very special former resident of ours, Greg Roberts. The Kingston nursing and medical community was in mourning during the conference.

Greg was no ordinary resident……everybody knew him and loved him. He was doctor, husband and father of 3 young boys. After he completed his residency program he had a short career at Rockyview hospital in Calgary. During the 5 years of treatment for a rare form of brain cancer, he managed to complete his residency and had a short Urology career, while also spending precious time with his family. I never heard him complain once.

Greg & I had a special relationship when I worked with him in research. He was always so optimistic and really did live life to the fullest…. we can all learn from him! The world lost a very good man, and I will always remember him.

Sylvia Robb RN
UNC member
Kingston local

29th Annual UEC Reflection

It truly is my passion to grow professionally in the field of Urology. The 29th Annual Urological Excellence Conference (UEC) was my fourth national Urology Nurses’ Conference attended over the years. As I look back to my first conference attended in Kingston, I am overwhelmed with the knowledge that I have gained through the exposure to peers, UNC chapter meetings and incredibly talented colleagues. This year, I had the great honour of being the Scientific Chair for the 2016 Kingston UEC, first time for me, for a conference of this magnitude. I loved having the chance to work with UNC members, the National Executive team and the local Kingston UNC Chapter to organize this event. We were daring, covering controversial topics over a broad range of urological specialties and held all plenary (versus breakout) sessions, as well as poster presentations. All the planning contributed to an undercurrent of enthusiasm, leaving a feeling of empowerment and pride in our field of urological nursing.

One of my favourite things, when attending the UEC, is the opportunity to network with other nursing professionals from all areas of Canada. Each time I have come home from a UNC conference, I have been able to share some of the information with co-workers with a refreshed sense of how much I love urology and nursing!

The lectures were particularly helpful in my understanding of patients’ recovery processes as well as the pathways to desired outcomes. The conference was stacked with awesome presentations. The vast amount of knowledge and clinical experience reverberated through all of the presentations and discussions. I would recommend all of them. These lectures provided a concise review of the literature and national standards of practice, which will subsequently help me to understand how to serve our increasingly complicated patients and the factors impacting patient care. There are times when I look back on my nursing career and when I provided bedside urology nursing in the hospital, I think…if only I knew then what I know now!

Given the challenges we experienced as the local organizing committee, I’m proud to be associated with a group of inter-professional and intra-professional health care providers. I loved the technology presentations by Doctors Izard and Leveridge. Despite their grief, they pulled together and stepped-up to their commitment to present at

(Continued on page 4)
our conference. Dr. Leveridge reminded us that social media has far reaching implications for the nursing profession, including increased opportunities and communication at both personal and professional levels. He also reminded us that caution is needed as it can result in professional, ethical, regulatory and legal issues. It was clear to me that, although I continue to wrestle with engaging in social media, the world is continuing to expand in this communication tool. His presentation reminded me that I need to invest in some additional education time to learn more about the pitfalls and safety, as well as the power that can be harnessed in this innovative tool to enhance nursing communication and outreach.

I had so much FUN! From the Wine Tour on Thursday and the Welcome Reception in the evening to the Friday Fun Night, I had an awesome time socializing with the delegates…and drank several glasses of red wine! We aimed to have an event that was well organized and had nationally recognized leaders presenting. The conference was also deeply impacted by the quality of the participant’s authentic interest in being there, willingness to networking, as well as everyone’s approach to having a positive experience and meeting interesting people.

Thanks to Todd Bradley for his leadership, he was a major force in steering the entertainment in the right direction. His creativity and attention to detail was appreciated, including a UNC white T-Shirt to take home! As Conference Co-Chairs, Sylvia Robb and Angie Black spent countless hours behind the scenes, working with sponsors and exhibitors, as well as UNC members and registrants. We are very grateful to our sponsors for continuing to support our National conference; we could not have done without them. The Haunted Walk and Pub Crawl Friday night was a wonderful end to a great day.

Bernie Cowperthwaite functioned as our event photographer. Wendy Anstey provided numerous hours organizing our social events and with her amazing husband, they filled in gaps, took photographs and always kept a smile on their faces. Lynn Moulds Gray was incredibly dedicated and managed the conference registration and PayPal.

Finally, thanks to the Kingston UNC Chapter members and supporters for stepping up and assisting the Planning Committee, we could not have managed the conference without everyone’s contributions! The conference evaluations are still being reviewed. So far, the jury has indicated that we had a great conference with lots of topics being covered. Some evaluations had wished for a few longer presentations. Your feedback is greatly valued. The presentations will be loaded onto the web-site in the New Year after we have received verification from the presenters who grant us permission to do so.

We hope that we have piqued your interest in attending the Canadian Urological Association (CUA) Meeting in Toronto June 24-27th, 2017. Attending next year’s conference, allows nurses of all levels of experience, to participate in an area of career and education growth that is not easily found within the structure of the workplace. This will be the first time that we will be having our official annual meeting along with the CUA. Plan to take the time off work and raise or secure funding for your attendance at the 2017 conference. There is no greater opportunity for exposure to new ideas than attending a nursing conference that is also taking place at the same time as our medical colleagues.

Thank you for the amazing opportunity to host our 2016 national nursing conference in Kingston! The Planning Committee has taken a much needed rest, but has had time to appreciate the feedback received so far.

The energy is contagious. I use that inspiration to motivate me. I share in the “conference afterglow” with other participants who experienced the same inspiring, fun, and fulfilling nursing conference. The camaraderie, connection, and inspiration engendered by this conference was a highly satisfying experience for every attendee I spoke with…including me! I love surrounding myself with like-minded people. I have made connections with many exciting nurses. There are tons of new friends to be made and a chance to catch up with other colleagues from the past. Being a nurse means a lifetime of learning.

Yours in Urology Nursing,

Jan Giroux, RN(EC), MScN, CCN(C), CON(C)
Scientific Chair, Kingston UEC
VP Central, UNC
First of all, I would like to express my sincere thank-you to everyone who trusted, nominated, encouraged, supported and voted for me to be your next UNC Executive Team Member as VP Central.

I feel extremely honoured to be a member of the executive board and pledge my commitment to work across Manitoba, Ontario and Quebec during my two year term. I look forward to hearing from members and learning how I can be of assistance.

I would also like to pay a special tribute to Susan Freed, past VP Central, UNC Executive Member. She has dedicated many years to UNC and I feel honoured to be able to continue to work with her as our Ontario UNC Provincial Representative. We are motivated, excited and enthusiastic to work together. I also look forward to working with Wendy Anstey, Ontario’s second Provincial Rep, Raquel De Leon, Provincial Rep from Quebec and other UNC members once we have had a chance to get to know each other.

Over the coming months, I hope you will reach out to me. In the meantime, I will be participating in some learning activities to gain a greater insight into the VP role. I am grateful for this opportunity to serve the UNC membership. I look forward to being mentored and inspired by nurses in urology across the country.

Being part of the Kingston UNC Chapter has helped me to grow personally and professionally. Volunteering has given me a vast number of experiences and I’m eager to share my passion for urology nursing with our region as we all continue to grow together. Urology Nurses coming together and forming a Community of Practice can accomplish so much more together as we strive to be the best we can be!

Once again, thank-you and I look forward to the next two years working with you and forming new relationships to enhance urology nursing!

Jan Giroux, RN(EC), MScN, CCN(C), CON© Vice President Central

UNC Awards are possible because of the continuing support of our National Sponsors.
What Every Urology Nurse Should Know About Chylous Ascites

The purpose of this article is to make you aware of a rare complication that may be seen in some urologic surgeries. I have worked on an inpatient urology unit for my entire nursing career (29 years) and this was a new diagnosis for me. Some of you may be familiar with chylous ascites but I figured if it was new to me it may be new to some of you too. I thought the Urology Nurses of Canada publication The Pipeline would be a wonderful forum to share information with other urology nurses across the country.

Chylous ascites is a rare complication of retroperitoneal surgery that is caused by a leak of the major retroperitoneal lymphatic pathway either by an unrecognized interruption or a lymphoperitoneal fistula formation causing chylous fluid collections. The retroperitoneal lymphatic glands are the regional lymph node drainage for the kidney and the testicles and the secondary lymph node drainage for the external sex organs, perineum and pelvic organs. It is a challenge to identify because it isn’t commonly seen therefore not the first working diagnosis. We all know about post op ileus, urine leaks, bowel leaks and infections but when a patient just doesn’t seem to be recovering as expected and all other tests have proved negative one should be triggered to think could this be a case of chylous ascites? The common procedures in which this may happen is radical nephrectomy, adrenalectomy and retroperitoneal lymph node dissection.

Chylous ascites may be suspected from physical signs and symptoms of fluid accumulation in the retroperitoneal space. Persistent abdominal distension, weight gain, nausea, vomiting, stable hemoglobin (to rule out bleeding), feeling of abdominal fullness and even dyspnea could all be reported. It rarely presents as wound drainage.

Diagnosis can be made by CT scan and sending drain fluid for triglycerides. The CT will show the fluid collection but on the scan the fluid is indistinguishable from other body secretions such as bowel, urine, bile or just normal peritoneal fluid. The fluid must then be sent for triglycerides.

Should this be positive then chylous ascites is confirmed and treatment can be adjusted to clients care plan accordingly

Management and treatment of chylous ascites is conservative, rarely is another surgery required. The first goal of treatment is to decrease the flow of lymph fluid which will decrease the leakage of lymph fluid. Lymph flow is significantly influenced by fat content in the diet. Total parenteral nutrition therapy should be started and keep the client NPO. Once the bowel has been rested and their other symptoms relieved, food can be slowly introduced but with high protein, low fat, restricted salt and medium chain triglycerides only. Medium chain triglycerides (MCT) bypass the lymphatic glands of the bowels and are directly absorbed by the portal venous system therefore not increasing the flow of lymph fluid. You will work closely with the dietician to help maintain nutritional balance and she/he will instruct the patient about the use of MCT oil in their diet. The MCT diet should be continued for several months as maintenance therapy after the chylous ascites has resolved. Additional therapy can be provided by paracentesis and administration of somatostatin. Main nursing considerations should be focused on nutrition and emotional support for a prolonged hospital stay.

I hope this has hit the highlights of this rare urological post operative complication. If you encounter a client with this diagnosis in your practice you now have a working knowledge base to provide the best nursing care possible. There are numerous studies available on this subject if I have piqued your curiosity.

By Tammy Bowles

Reference:

UNC Website! Your Place to Stay Connected and Up to Date!

If you are not in the habit of checking out the UNC website, you are missing out! The website contains conference information, the latest issue of the Pipeline as well as past issues, the Constitution and Standards of Practice, Annual reports, some of the presentations from the most recent Urology Excellence Conference, Member’s Only area, relevant Links and so much more!

You can renew your membership online and pay through Pay Pal. You can renew now for the 2017 year. You can also register and pay for the UNC conference online. To stay up to date on the 2017 conference you should be checking the site often over the coming months. Registration will be open in early 2017! Your Executive is working to make the combined UNC/CUA Meeting one you will not forget. Call for Abstracts is now open but will close on January 2nd, 2017 so go online today and get those abstracts in. Plan now to attend this inaugural conference.

Be up to date, stay connected!
Gina Porter RN, NCA
UNC President
Pipeline Editor
30th Annual Urological Excellence Conference
The Inaugural UNC / CUA Joint Conference
The Westin Harbour Castle Toronto, Ontario

Nurses registered for the UNC 2017 Toronto Meeting on June 24th 2017, will receive FREE scientific program registration for the 72nd CUA Annual Meeting, June 24-27.

Check out www.unc.org often for updates!

Call for Abstracts now open!
Apply online through the UNC website!
I have worked very closely with Bladder Cancer Canada over the past 3 years. The Urology group in Kingston has supported the awareness campaign as well as the annual walk. Urologists Dr. Siemens and Dr. Leveridge and I presented at an educational forum for patients and families as well.

Bladder cancer statistics:
According to Canadian Cancer Society:
Close to 9,000 Canadians will develop bladder cancer this year.
Over 6,000 men will be diagnosed with bladder cancer and 1,668 will die from it.
Over 2,000 women will be diagnosed with bladder cancer and 667 will die from it.

Common Causes:
- Smoking
- Chemical Exposures: dye, rubber & plastic manufacturing, textile, dry cleaning
- Medical exposures: cyclophosphamide

Common Symptoms:
- Hematuria: microscopic or gross
- New onset of lower urinary tract symptoms (LUTS)

Work up:
- Renal U/S or CT
- Urine studies: C&S, U/A, Cytology
- Cystoscopy

Two Types:
- Superficial – Papillary, involving mucosa or submucosa
- Invasive – Muscle invasive bladder cancer (MIBC)

Treatments:
Superficial: Transurethral resection of the bladder tumour (TURBT) and bladder instillations with BCG, Mitomycin C and other agents such as interferon or clinical trial drugs.

Side Effects of bladder instillations:
- Dysuria
- Flu-like symptoms
- Hematuria

Follow up – after the course of bladder instillation treatments (6 weekly), followed by maintenance (3 weekly).
- Cystoscopy – schedule for surveillance, q 3 months X 1 year, q 6 months, q yearly for 10 years
- Routine urine for cytology

Muscle invasive bladder cancer (MIBC) requires cystectomy
Except in very select patients, the gold standard treatment for muscle-invasive bladder cancer is the complete removal of the bladder, often combined with chemotherapy either before or after surgery.

What’s new in bladder cancer?
A new diagnostic imaging agent – Cysview (dye) and Blue light cystoscopy (Storz Photodynamic Diagnostic system) are now used to assist in the cystoscopic detection of non-muscle invasive papillary cancer of the bladder. This is indicated for patients suspected or known to have lesion(s) on the basis of a prior cystoscopy.

The first procedure done in Canada was on May 31, 2016 in Kingston, ON, with Dr. Siemens and myself; assisted by nurses from the pre-op and operating room. Lynn Moulds-Gray RN, (Urology OR charge nurse), continues this work with all urologists at Kingston General Hospital.

Funding for bladder cancer is certainly lacking. Bladder Cancer Canada (BCC) has been organizing fundraising walks in various cities across Canada for the past 7 years to help improve funding and increase awareness. They have also hosted educational presentations for patients and their families in various cities across the country.

The volunteers are tireless. They attend many events to promote bladder cancer education. BCC has a presence at the Annual Urology Nurses of Canada National conference and the annual Canadian Urological Association meeting.

Yours in nursing,
Sylvia Robb RN, CCRP
Queen’s University
Urology Research Coordinator
UNC member- Kingston chapter

Gerry Ross, Bladder Cancer Canada volunteer and Sylvia Robb at the 2016 UEC in Kingston, ON.

The Urology Nurses of Canada would like to wish all it’s Members and Sponsors
Merry Christmas
&
Happy New Year.
Kudos to Urology Nurses of Canada, the organizing committee and the Kingston chapter, you really out did yourselves. It was a great conference!

This conference was so helpful to my practice. I particularly enjoyed the talk on Clean Intermittent Catheterization, which has challenged our cleaning of the one-time use catheters. Dr. Dean Elterman discussed the practice of reusing catheters and possible reasons why we would want to change that practice. Many countries are covering the cost of catheters; therefore reuse is not an issue. The costs of catheters’ are not being covered in Canada for every patient. We must consider this when we plan care for our patients. Buying catheters is a huge financial burden. If patients do not have catheters provided or provided at a reasonable cost, intermittent catheterization will not be an option for them.

The debate on vaginal estrogen by Dr. Shawna Johnston and Dr. Stephen Steele was very educational and fun. Both sides mounted a good argument and in the end, we all had a better idea of all the pros and cons you have to consider when prescribing vaginal estrogen.

It was so nice to connect with nurses that work across Canada and find out how they have solved the many issues that we have in urology. I am always excited to learn so many new things that I can take back to the hospital to share with my colleagues.

We had a new format this year and it allowed us to have an action packed program and I did not have to decide what concurrent session to go to, I was able to hear all of the talks.

The conference met all its goals and I came home with renewed energy and confidence that we are giving great care and meeting the standard in urology across the country.

Receiving the travel award allowed me to attend the conference. I encourage all members to apply for these awards. I can hardly wait for the first ever UNC conference being held in conjunction with CUA in Toronto June 2017!

Emmi Champion RN NCA
Nova Scotia UNC Provincial Representative

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We’re here to help you give your patients the full support they need.

Upon hearing they have bladder cancer, your patients are going to be in shock. They are bound to have many questions and concerns, and you may not have the time to address all of them fully. That’s where we can help.

At Bladder Cancer Canada, we provide emotional and educational support to people living with bladder cancer.

Together, we can ensure that every patient gets the support they need.

FOR HELPFUL RESOURCES AND MORE INFORMATION, VISIT bladdercancercanada.org
1-866-674-8839 | info@bladdercancercanada.org

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WITH YOU IN THE FIGHT AGAINST BLADDER CANCER.
UNC Info

UNC Representatives 2016-2017

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How to form a local UNC Group

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for initial meeting).
3. Book meeting room
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer.
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to The “Pipeline”.

Local Chapter news info: www.unc.org

Victoria Info: Margaret Bartlett - margarettabartlett@gmail.com

Edmonton Info: Betty Ann Thibodeau - bettyann.thibodeau@albertahealthservices.ca

Calgary Info: Carolyn Richardson - richardson.carolyn7@gmail.com

Toronto Info: Frances Stewart - bladderqueen@hotmail.com

Kingston Info: Sylvia Robb - sylviamrobb@gmail.com

Ottawa Info: Susan Freed - freeds@teksavvy.com

Montreal Info: Raquel DeLeon - raquel.deleon@muhc.mcgill.ca

New Brunswick Info: Gina Porter - gina.porter@horizonnb.ca

Halifax Info: Emmi Champion - emmi.champion@cdha.nshealth.ca

Newfoundland Info: Sue Hammond - hammond_so@yahoo.ca
Coming Events

Inaugural UNC / CUA Joint Conference
June 24th - 27th, 2017
The Westin Harbour Castle Toronto
Toronto, ON

30th Annual UEC - Saturday June 24th

72nd Annual CUA June 24th PM to June 27th

Registration fee for UEC portion covers the Scientific Program of the CUA.

www.unc.org
www.cua.org

2017 Conference | Prostate Cancer Canada Network
September 15th -16th, 2017
Ottawa Conference and Event Centre,
Ottawa, ON
http://pccnottawa.ca/news/2017-conference

ICS 2017 FLORENCE
47TH ANNUAL MEETING
September 12th - 15th, 2017
Florence, Italy
www.ics.org/2017

2017 Annual CANO/ACIO
October 27th - 30th, 2017
Hilton Lac-Leamy,
Gatineau-Ottawa, ON
www.cano-acio.ca

Society of Urologic Nurses and Associates:
SUNA UroLogic Conference
October 13th - 16th, 2017
Hilton Chicago,
Chicago, IL, USA
www.suna.org
find SUNA on facebook- www.facebook.com/UrologicNursing

WHAT DO ALL THESE ABBREVIATIONS MEAN????

AUA - American Urologic Association
CANO/ACIO - Canadian Association of Nurses in Oncology
CUA - Canadian Urologic Association
ICS - International Continence Society
NCA - Nurse Continence Advisor
PCCN - Prostate Cancer Canada Network
SUNA - Society of Urology Nurses of America
UEC - Urological Excellence Conference
UNC - Urology Nurses of Canada

If your chapter or organization has an upcoming event that you would like to advertise in the Pipeline, submit the information with contact email to uncpipeline@hotmail.com