Advice on Post Neobladder Incontinence – What a patient would hear!

You have bladder cancer and after your consultation with the urologist, the appropriate choice for you is the construction of a neobladder. Creating a neobladder involves the process of removing the bladder while the surgeon will use a section of your small intestine to shape it into a sphere. The Urologist will then place it in the exact spot where your original bladder was located. The two ureters (tubes that connect the kidney to the bladder) are attached to the sphere. This will allow the kidney to drain urine into your new bladder. The neobladder is then attached to your urethra which will create a functional bladder that is capable of storing urine and emptying urine. It takes time for the neobladder to be fully operational and as a result you may have difficulties with storing urine. With a lot of work and time you will train your new bladder to stretch to hold urine. To empty the bladder, you will learn new techniques to allow your bladder to empty. Leaking urine after surgery is expected and you need to be prepared for this. With perseverance you will develop a schedule that will reduce your leaking episodes over the next two years. You will learn exercises that you need to do to help strengthen your pelvic floor. These exercises will also help restore the muscle tone in the pelvic floor surrounding the urethra and give support. You can then use these muscles to control the leakage of urine and also you can learn to relax these muscles when you empty your bladder. Some patients will become continent but others will still require the use of a pad to contain urine leakage. You will work towards becoming as continent (dry between voids) as possible.

As a Nurse Continence Advisor, I am very interested in this group of patients. Helping them with strategies to improve their incontinence is a challenge. There is much to learn when undergoing this surgery and many doctors and nurses will look after these patients as they recover. Not all professionals will have experience with a neobladder. Here, in the article below is the experience of one patient and her pearls of wisdom. I would like to thank her for sharing her journey.

By Emmi Champion RN NCA

A Patient’s perspective

I had a radical cystectomy and a neobladder constructed in early September 2014. I was discharged from the ‘system’ with only regular monitoring CTs in late January 2015. I have regained almost complete continence day and night and am optimistic that I will be normal in another month or two.

I entered the Urology clinic with distinct advantages. I am an otherwise healthy woman who maintains fitness through cycling, Pilates and strength training. I am also an indoor and outdoor cycling instructor. My professional background is in physiology and anatomy and I am by nature an analytic person. What follows is the advice I would give someone who was dealing with incontinence and accompanying advice for their continence nurse. I hope that you find this helpful and can use some part of it to improve the outcomes for your patients.

Continued on page 2
Learn the anatomy. Don’t treat your body as a black box which does mysterious things. Seek out pictures and physical models of the pelvic region. Learn how the muscles are connected and try to understand what happens when they contract.

As nurses you can help demystify what happens in the body when working to regain continence. As a cycling coach I know that people are only aware of the muscles they can see or point to. For example, they know about their quads but don’t take into account their hip flexors. I don’t think many people understand the extent and size of the muscles of the pelvic floor. Even with my knowledge I was surprised, when I educated myself about the pelvic muscles, to learn about the attachments on the coccyx. That made all the difference to how I interpreted success when doing the pelvic floor exercises. I could picture my tailbone moving with the contractions. Other people will develop different mental pictures but it is essential that they have a good starting point.

Do your exercises. No one gets better without practice. Create a system which will ensure that you don’t skip or forget your exercise times. Do what you have been instructed by your nurse or other health professional. They are the experts on your case. Be wary of collecting information off the internet. It may not apply to you and may even be incorrect.

As I am sure you aware, the internet is awash with info about Kegels. Now that I have been through the steps to gain control over my pelvic floor I am aware that much of that information is either incorrect or doesn’t apply to me or both. I think it is imperative that your in-person consultations stress the correct techniques and establishes a sound schedule of exercise.

Seek out and use opportunities for biofeedback. At some centres you may be able to work with a nurse who specializes in biofeedback training for incontinence. It is a very valuable tool which will not only help you understand what your muscles are doing but also reinforce you when you are using them correctly. Do not be put off by anything you think biofeedback might be - it is not scary or painful or embarrassing. It is fun and will encourage you to work harder between appointments.

Need I say more? Biofeedback was offered to me very early in my recovery and I wish it had happened even earlier. It is a fantastic way to educate and reinforce simultaneously. And there is no doubt that it encourages greater diligence in maintaining an exercise schedule. That is in part due to the reinforcement in watching the muscles perform but can also be credited to the accountability to the human being who is in the room at the same time.

Be patient. Your body is undergoing change and that never happens overnight. Think about how long it takes to feel and see results when you go to the gym. It takes time for muscles to get stronger and for your nervous system to accommodate to the different demands you are placing on it.

I have no words of wisdom to offer here. As an indoor cycling instructor I see the same impatience in my students. My solution has been to create an environment which is warm, supportive and fun to keep people engaged while we wait for the desired changes to occur. I am confident that you are all doing the same in your clinics.

Establish markers of your progress. It is easy to get discouraged and feel that there has been no change in your incontinence in spite of all your hard work. Pick an event or activity which you have noticed challenges your continence. That might be a walk with friends or lifting your grandchildren or an exercise class. Then put that activity on your schedule every week. I know that you would rather avoid it but you will be pleasantly surprised when you notice changes week over week. You will feel better because you didn’t hide from the things you really want to be doing.

While you may think of progress in terms of pads used and data in voiding diaries, the person who is living with incontinence only cares about the times when they are suddenly wet, especially if those happen in public places. Encourage your patients to create a system that will reinforce the progress they have made. Events on a weekly schedule are sufficiently far apart to ensure that some progress will be made but not so far apart that the patient cannot remember what happened last time.

Challenge yourself. Even though you would like incontinence to end, it is easy to adjust to the status quo and become complacent. Ask yourself whether you are doing everything possible to resolve your situation. Are you doing your exercises? Are you becoming reliant on pads, particularly in an effort to get back to a semblance of 'normal'? This is your body, and ultimately your problem. Take charge to make a difference.

This seems an appropriate place to offer a personal anecdote. I did exceptionally well in establishing continence following my neobladder surgery. I had some trigger situations that were a problem in spite of my hard work and my body awareness. One day I decided to challenge myself by throwing out all of my pads, except for the very lightest. That was all it took. My brain took over and I moved the last step to complete success. Your clients may never do something as radical but they need to commit to managing their own situation in whatever ways they are able.

By Christine L. Nielsen
About

Managing Urinary Incontinence and Pelvic Organ Prolapse
With a Vaginal Pessary

What is a pessary?
A pessary is a medical device that is worn inside the vagina.¹

What is a pessary used for?
Clinical studies indicate that a pessary is used for the conservative management of urinary incontinence (stress, urge and mixed incontinence) and pelvic organ prolapse. It is also used to determine the effect of surgery for pelvic organ prolapse on urinary incontinence.²

What type of material are pessaries made of?
Pessaries are made from a silicone-based material or plastic to help prevent odors and are non-absorbent.³

How could a pessary help with pelvic organ prolapse?
A support pessary sits in the back recesses in the upper vagina and rests above the pubic bone.⁴ It helps to support the descending bladder, bowel and uterus.

How is a pessary chosen?
Before a pessary is chosen, a patient will have a thorough assessment. An evaluation of the pelvic muscle strength is also completed using the Oxford subjective scale, which ranges from 0 (no palpable contraction) to 5 (very strong contraction).⁵

A bimanual examination is completed by a clinician. The finger is used as a guide to determine the size of the vagina. A pessary is fitted by trial and error. The patient is then encouraged to walk around. If she reports pain or discomfort this may be a sign that the pessary is not the correct size, and a smaller pessary is inserted into the vagina.⁶

Can the pessary be removed once it’s inserted into the vagina?
Yes! You can be taught how to remove and insert your pessary.

How often would I have to clean a pessary?
A pessary requires regular cleaning by the patient or a health care provider. It could be cleaned daily, weekly or monthly according to your preference.⁷

A certified nurse continence advisor will provide you with education about conservative management for urinary incontinence, pelvic organ prolapse and pessary fitting.

References
1. McIntosh, L. The role of the nurse in the use of vaginal pessaries to treat pelvic organ prolapse and/or urinary incontinence: A literature review. Urologic Nursing 2005 Feb; 25, 1.

Submitted by Carolyn Richardson, RN, MN, Nurse Continence Advisor, Clinical Nurse Specialist.
28th Annual Urological Excellence Conference

Edmonton & Calgary
Presents the 28th Annual
UROLOGICAL EXCELLENCE
CONFERENCE

“Branch out: Discover and embrace change”

September 17-19, 2015
The Westin Hotel
Edmonton, Alberta

Registration is now open!
Please visit www.unc.org

Registration deadline is September 5th, 2015.
Course materials cannot be guaranteed after this date.

KEYNOTE SPEAKERS

Dorothy Doughty, MN, RN, CWOCN, FAAN
Past President of WOCN, Past Director of the
Emory University WOC Nursing Education Program;
WOC nurse clinician at Emory University Hospital.

William Gibson MBChB, MRCP(UK)
MRCP(London), Clinical Geriatric Fellow
Division of Geriatric Medicine
Faculty of Medicine, University of Alberta

Gary Goldsand, MA Clinical Ethicist
John Dossetor Health Ethics Centre,
University of Alberta

Scott North, MD, FRCPC
Professor and Division Director Medical Oncology,
Dept. of Oncology University of Alberta, Cross
Cancer Institute

Adrian Wagg, MB, BS, FRCP, FRCP(E) FHEA, (MD)
Professor Division of Geriatric Medicine; Faculty of
Medicine, University of Alberta

Here are just some of the excellent topics in store for conference attendees:

- Incontinence associated dermatitis (IAD): Changes in prevention & management
- Management of castrate resistant prostate cancer in 2015: Current state of the art
- Good enough for bingo: Realistic expectations of UI treatment in older people
- Cannabis & clinical caring: What shall a professional do?
- Bladder cancer
- Urological emergencies
- Cutting edge treatment for urethral stricture
- Vaginal HRT
- Acute urinary retention
- Case studies in stoma care
- Enhancing Recovery After Surgery: ERAS
- Prostate cancer: Nursing management
- The Emperor is naked: A cynic’s view of the OAB evidence
The annual Bladder Cancer Canada Awareness Walk will be held on September 26 or 27, 2015, at a location near you. Volunteers are needed.

By Sylvia Robb R.N. CCRP
UNC Membership Coordinator

CALL FOR NOMINATIONS - It is that time of year again!

Time to think about nominations for the UNC Executive positions that are up for election this year. If you know of someone who would do a great job or you are interested in a position yourself, please forward the name and contact information along with the position nominated for, to Gina Porter at president@unc.org

Each person nominated will be contacted to ensure they are interested in having their name stand. They will then be required to submit a short bio that will be available to all those attending and voting at the UEC in Ottawa in September. The duties for each position can be found in the constitution on the UNC web site. Nomination will also be accepted at the UEC prior to the Annual General Meeting.

The positions that are up for election this year are as follows: Vice- President East, Membership Coordinator, Treasurer and Secretary as well as all the Provincial Representatives.

Please have nominations in to Gina Porter by September 1, 2015 to allow for nominees to be contacted.

If you have any questions please feel free to contact any member of your UNC Executive.

Remember: You must be present at the AGM and a member in good standing for the current year in order to vote. Show your support for the UNC and attend the UEC this year. Exercise your right to vote!

Conference News Flash:

A FREE UNC Membership for 2016 will be given to the 28th and 100th person to register for and attend this year’s conference! If registration exceeds 150 then the 150th person will also receive a free membership!
Greetings from Victoria Chapter

Last September four members from the UNC Victoria chapter attended the UNC National Convention in Ottawa. We came back energized. We meet monthly, and are looking forward to the Edmonton convention. We have been working hard to increase urology knowledge and increase membership.

This month, May 4, with the sponsorship of Instillagel and the gracious support from company representative Cory Spooner we put on a special event. At the award winning restaurant, Little Jumbo, 40 nurses were treated to a fabulous three course meal with a fine selection of white and red wine.

We sent out invitations to Victoria’s two hospitals and advertised 20 spots for appetizers and a guest lecture by Dr. Paul Whelan on BPH and Green Light Laser. Within three days over 40 nurses applied to attend. To meet this demand Instillagel provided additional funding for Little Jumbo to host all 40 requests and provided us with a gourmet meal.

Dr. Paul Whelan began his lecture with the great announcement on the behalf of all Victoria urologists: there would be full sponsorship for 2 Victoria UNC members to attend the National Convention in Edmonton!

Dr Paul Whelan spoke about BPH and Green Light Laser surgery that is being trialed at the Royal Jubilee Hospital. Attending the meeting were nurses from Victoria General Hospital and the Royal Jubilee Hospital from the OR, PAR, Surgical Daycare, and the Urology units. The success of this evening was evidenced by the laughter and sharing of urology stories. We had many inquiries about membership and extend-ed an invitation to all to attend our next monthly meeting.

Looking forward to the next Victoria chapter meeting and the upcoming convention in Edmonton, and finally we wish to acknowledge the special efforts that Courtney put into our dinner and lecture event. It was a great success!

Victoria chapter members: Courtney Ware, Wendy Simmons, Jill Jeffery, Margaret Bartlett, Francesca Gill, and Shirley Turcotte.

By Shirley Turcotte
UNC Provincial Representative for BC

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Educational evening for Saint John UNC Chapter

Our 2nd Annual Dine and Learn event was a great success. Thirty five nurses from the Saint John area were in attendance. The evening was generously sponsored by Medtronic and Resilia.

Two of our Urologists spoke. Dr Scott Bagnell presented on Sacral Neuromodulation and its positive effect through our central nervous system for patients suffering from overactive bladder (wet or dry) and chronic pelvic pain. Those treated found a 64-79% improvement in their overall symptoms. Dr Gavin Langille presented on male sexual health. Emphasis was on erectile dysfunction. He stressed that sexual health is a human right no matter what the age. Risk factors and treatment options were reviewed as well as the need to encourage our partners / family members to be more proactive in maintaining their physical and emotional health.

Our 3rd speaker was Carol Chapman and she presented on “Uresta” pessary for stress urinary incontinence. This was developed by a Canadian Physician from Halifax NS, Dr Scott Farrell. Presently it is manufactured in Ontario. The pessary is “self-fitted” and with the expectation that it will be complemented by assessment and follow up with a health care professional.

General information on the Urology Nurses of Canada and our membership was handed out and a brief overview given. Attendees were made aware of the UEC in Edmonton Alberta this year, September 17-19. Door prizes were awarded and Mary Beth Demers won a free registration to attend the UEC. Sherry Gionet won a free 2016 UNC membership.

Many thanks to all who participated and made the evening such a success. I would like to encourage any nurses with a urology focus to start chapters in their areas. You do not necessarily have to have a large group to make a difference! The date for next year’s event will be announced in early 2016. See you then!

By Nancy Carson RN, NCA
Secretary, Saint John UNC Chapter
UNC Provincial Representative for NB
A Journey of a Team Navigating through BCG Shortage

My name is Heather Ley. I am a primary Registered Nurse in Urology Clinic at Trillium Health Partners at Credit Valley Site, Mississauga, Ontario. I am a seasoned RN employed at CVH for 27 years.

I work with four busy urologists and a core group of nurses. Our patients come to us from Mississauga, Peel and surrounding areas. Since 2008 the core group of nurses administer BCG (Bacillus Calmette-Guerin) intravesically every Thursday morning in our Medicine Clinic in Ambulatory Care. BCG is an intravesical immunotherapy drug as a treatment for bladder cancer and our volume of patients alters weekly. Our patient compliment has increased over the last few years. Our stats demonstrate this growth. Stats for the last few years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2013/2014</td>
<td>31</td>
<td>150</td>
<td></td>
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<tr>
<td>2014/2015</td>
<td>42</td>
<td>203</td>
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For the last 9 months I have been the RN lead triaging and managing the BCG clinic. In early September 2014 we were notified by pharmacy of a sudden world-wide shortage of BCG and the duration of this interruption was not immediately known. There is no substitute for BCG. Cancer Care Ontario (CCO) communicated with the manufacturer and then relayed information to pharmacy as it was known to all sites. We needed a plan right away! Within hours to days a protocol was needed, patients needed to be informed of a change of treatment plan by their doctors; most new patients treatment was put on hold and decisions were made on how to safely and effectively deal with the shortage of BCG and how to ration the minimal supply available. This was a new territory I had never been involved in. Conference calls and meetings by all stakeholders in the circle of care were quickly put together as we needed to immediately review the patients and determine our action plan. Dr. Andrew Feifer, MD MPH FRCS(C) Urologic Oncology became the Medical Lead on this project and along with the support Feifer, MD MPH FRCS(C) Urologic Oncology became the

The BCG shortage has been a learning curve for me and I am grateful for the support of my colleagues. We have been working tirelessly to minimize the overall patient impact and ensure the best possible patient experience. It is presently the end of April 2015 and current protocol continues as we embrace change while ensuring safety.

By Heather Ley RN

“The White Paper”

The Canadian Continence Foundation (TCCF) launched a new report highlighting concerns related to the social stigma, economic impact and access to treatment for urinary incontinence. The “White Paper” as it is known, was realised on April 14, 2015.

TCCF urged decision makers to consider immediate actions to provide equitable access in all provinces to all OAB drugs. It also suggested that there be no restrictions on the use of newer pharmacological agents with a proven benefit. The report recommended that physician choice for an individualized approach to treatment was paramount. Lastly the Cost of incontinence to the person and the caregiver was addressed. The full report can be downloaded on the TCCF website. http://www.canadiancontinence.ca

By Frankie Bates RN, NCA
Valley Regional Hospital Kentville, NS, OR and ACC Nursing

I joined the Urology Nurses of Canada in 2010. At the time that I joined, I was working full-time in the Operating Room at the Valley Regional Hospital in Kentville, Nova Scotia. At the VRH we have many services including orthopedics, vascular surgery, general surgery, ENT, OMF, urology, and gynecology. All nurses rotate through these services as we work on-call and must be proficient in all of the services offered at VRH. I was the co-service head of the urology service in the Operating Room and thought it would be a great opportunity to become a member of the UNC. I value the support of other like-minded members from across the country and feel it is imperative to keep up-to-date with what new advancements are being done across the country.

The urology service at the VRH has grown exponentially in the last several years. We have three urologists who are very keen in developing the program to keep up with the evolving standard of care for patients. Over the past few years we have been doing an increasingly large number of partial and radical laparoscopic Nephrectomy; radical prostatectomy’s; and laparoscopic UPJ reconstructions. We continue to do the regular procedures such as cystoscopy, vasectomy, hydrocelectomy, laser lithotripsy, TURP, TURBT, TVT, curative correction for Peyronie’s, etc.

In 2013 I accepted a part-time position in the non-urgent Ambulatory Care Clinic. This encompasses a couple of walk-in clinics in the Valley as well as the Monday to Friday Ambulatory Care Clinic on site at the VRH. In these clinics we do a lot of wound care; ENT procedures; colposcopy; medicine and urology procedures. The Urology procedures typically performed in this setting are Urodynamical Studies, vasectomies, bladder instillations for interstitial cystitis, and other minor treatments. I still work part-time in the Operating Room as well.

Last year I was very fortunate to have received the UNC Attendance Award. The 27th Annual Urology Excellence Conference was held at the Fairmont Chateau Laurier in Ottawa, Ontario from September 18-20, 2014. The conference was amazing from the welcome reception, to hearing the informative speakers, attending the murder mystery dinner theater and the highlight of "High Tea" at the hotel. It was wonderful to see old friends and meet new partners in the area of urology nursing. The information gained at this conference was shared with my colleagues in my local hospital and furthered my education to the advances in the care of urologic patients.

I would like to thank the UNC for their monetary support which allowed me to attend the 27th Annual Urology Excellence Conference.

By Ellen Young-Morse RN, CPN(C)
As Canada’s national patient advocacy group, The Canadian Continence Foundation (TCCF) has previously recognised November as our National incontinence awareness month. To align on a more global awareness program, TCCF is now coordinating with World Continence Week which is held under the auspices of the International Continence Society (ICS). This event is held on an annual basis on the last full week in June, (22nd to 28th June 2015).

The activity can be something as modest as setting up a booth in a hospital lobby or gym with information on urinary incontinence and treatment. They are generally organised by a multidisciplinary healthcare member.

In the past we have held fashion shows in Saint John NB all the way up to a giant human hand to hand link in India to create awareness of this very common medical condition which is often suffered in silence.

Here are a few of the milestones over the years:

- A "Diaper Fashion Catwalk" in Singapore in 2009
- Free telephone continence clinics in Japan in 2010
- Free testing and assessment in at least 50 hospitals in Thessaloniki, Greece in 2011
- Public Transport posters across Hamilton, Ontario in 2012
- WCW information blitz to the Polish Media in 2013 including radio spots, articles in Daily newspapers, Internet, TV and magazines.
- A Bladder diary day in 2014 was a global activity that collated thousands of Bladder Diaries from people all over the world.
- “Tell someone who cares” campaign in Australia this year, encouraging people to seek help by phoning the National Continence Helpline.

There is a resource pack on the ICS website (http://www.ics.org) which is available for all to utilise. This comprises of posters where a clinic or individual can add their information to advertise; a fact sheet on urinary incontinence as well as ICS and WCW logos.

We encourage all Urology Nurses of Canada members to get involved and use your influence to increase awareness of this last medical taboo.

By Frankie Bates RN, NCA

The ICS Nursing Committee are delighted to announce that this year’s Annual Scientific Meeting in Montreal will host a range of nursing lead workshops and forums with opportunities for nurses to present their work and to be involved in ICS activities.

The Annual Meeting is being hosted in Montreal, Quebec from October 6th - 9th, 2015.

What's on for Nurses & Continence Advisors?

In addition to scientific abstract presentation sessions dedicated to conservative management, rehabilitation, quality of life and health services delivery there will be the following innovative nurse and continence advisor programme:

Tuesday 6th - W10 Promoting an Evidence-Based Approach to Quality Continence Care for Frail Older Adults
- Early career professional session
- Nurses Forum (Free Session)

Thursday 8th - W24 Use of Catheters: The “Ins and Outs” of the Benefits, Risks and Management
- W25 Educating our Generalist Col leagues: A Committee Collaboration Lead by the Continence Promotion Committee
- Fecal incontinence: from bench to bedside

Friday 9th - W29 Committee Activity - Evidence Based Continence Care in Interdisciplinary and Nurse Led Services and Clinics.
(Free Session, Live Translation Available)

View the full programme at www.ics.org/2015

Information, used with permission, is from the ICS 2015 Nurses Flyer.
### UNC Executive

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<td>President</td>
<td>Gina Porter</td>
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<td>Past President</td>
<td>Frances Stewart</td>
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### UNC Provincial Representatives

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<td>Emmi Champion</td>
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<td></td>
<td>Newfoundland and Labrador</td>
<td>Sue Hammond</td>
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<td></td>
<td>Prince Edward Island</td>
<td>Kim Smith</td>
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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**: Jill Jeffery - Tel: (250) 658-5632
- **Edmonton Info**: Liz Smits - Tel: (780) 407-6154
- **Toronto Info**: Frances Stewart - bladderqueen@hotmail.com
- **Kingston Info**: Sylvia Robb - Tel: (613) 548-7800
- **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 - Tel: (709) 368-0101
Coming Events

International Conference on Prostate Cancer
June 22nd - 24th, 2015
Hyatt Regency,
Orlando, Florida, USA
http://prostatecancer.cancersummit.org/

70th Annual CUA
June 27th - 30th, 2015
Ottawa, ON
www.cua.org
Nurses meeting at CUA
Monday June 28th, from 4pm - 6pm

28th Annual UEC
“Branch Out: Discover and Embrace Change”
September 17th - 19th, 2015
Westin Edmonton,
Edmonton, AB
www.unc.org

2015 Annual CANO/ACIO
October 4th - 7th, 2015
Fairmont Royal York Hotel,
Toronto, ON
www.cano-acio.ca

45TH ANNUAL ICS 2015
October 6th - 9th, 2015
Montreal, QC
www.iscoffice.org

Society of Urologic Nurses and Associates:
SUNA Annual Conference
October 23rd - 26th, 2015
Rio All-Suite Hotel,
Las Vegas, NV, USA
www.suna.org
find SUNA on facebook:-
www.facebook.com/UrologicNursing

WHAT DO ALL THESE ABBREVIATIONS MEAN????

AUA - American Urologic Association
AQIU - Association Québécoise des Infirmières et
Infirmiers en Urologie.
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