To create an ileal conduit, the surgeon takes a short segment of ileum from the small intestine, reconnects the remaining intestine to function as before and uses the portion of ileum as a conduit. One end of the removed segment is brought out through the rectus abdominis muscle to an opening in the abdominal wall and a stoma is created. The ureters, which have been disconnected from the bladder are then attached to the other end of the segment of intestine. The urine travels through the newly formed ileal conduit out the stoma and into an external pouch.

Advantages of this type of surgery is it is relatively simple, requiring less surgical time than the more complex urinary diversion surgeries and there is no need for occasional catheterizations. Disadvantages are the change in body image including an external drain bag, which could leak or have odors.

Pre-op: The patients are seen in Pre-operative Clinic there is an opportunity for medical consultation and to be seen by the rest of the inter-professional team. The nurse will review the patient’s understanding of the surgery, gauge the emotional readiness, provide educational handouts, review pre & post op care and make a referral for the ET nurse for positioning of the stoma.

Surgery: Patients are usually admitted the day before surgery. They are on clear fluids, bowel prep, IV started on Evenings, NPO after midnight and TED stockings on pre-operatively. IV antibiotics are given within the one hour cut time per Safer Health Care Now standards. Normal length of surgery is 4 hours and the patient’s go to ICU or a special observation unit depending on their co-morbidities. Pain is controlled by epidural anaesthetic supplemented with PCA. They have a midline incision with IV, NG, JP and 2 stents.

Stents: The stents are placed in the mid-ureter and come out through the stoma and into the urostomy bag. The stents maintain patency of the ureters and protects the anastomosis until primary healing is complete. They are often sutured at the stoma site to prevent them falling out or being pulled out too soon. The stents remain in situ for 10 – 14 days depending on the surgeon’s preferences. Patency of the stents should be checked closely for blockages from mucus plugs, an order is required to
UNC Executive

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Regina Info: Judy Pare: judy@crun.ca

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 “Pipeline”.

UNC Representative 2010-2011
AWARDS, AWARDS, AWARDS

UNC AWARD OF MERIT

It is time to recognize that "special" UNC nurse in your group. The one who has done that "extra something" for your chapter, your workplace, or your community.

Each year UNC proudly and publicly recognizes an individual who has made significant contribution through education, research or clinical practice or has achieved distinction through excellence in UNC promotion, UNC mentoring or other enhancement of the UNC Mission.

Over the years many of our finest nurses have been honored with this award.

We have some exceptional people within our ranks and they need to be recognized.

The Award of Merit will be presented at the Urological Excellence Conference in Edmonton, Alberta.

Urology Nurses of Canada needs your application for the annual awards that we are able to offer through the continued support of our corporate sponsors.

Awards available are:

Editorial Award
This award will be given to a UNC member who has written an article, paper or editorial that has been published in the past year and has not been previously published.

Research Award
This award is available to a UNC member proposing research related to urological nursing practice in one of the following sub-specialties: urodynamics, biofeedback, endourology, sexual health, uro-oncology or incontinence.

Scholarship Award
This award is available to a UNC member who wishes to further his/her education as related to the practice of nursing. This year $1000 will be granted for each of the Editorial, Research and Scholarship awards. These awards are made available through unrestricted educational grants given via our Corporate sponsorship Program.

The deadline for applications is August 31, 2011.

The UNC Awards Program

New UNC Award Available
The newest UNC award is the Nursing Education Initiative. The nursing education fund is a reimbursement program funded by the UNC to provide financial assistance to UNC members.

Grants of up to $500.00 are available to support nurses engaging in continuing educational events for the enhancement of knowledge, professional skills and patient outcomes specific to the practice of Urology. The applicant must be a member of the Urology Nurses of Canada for one year preceding the application. Applicants must be enrolled in a course or program that is directly related to the enhancement of their practice and the care of Urological patients. Funding cannot be provided without a receipt of payment and evidence of successful completion of the event or course, i.e. certificate of accomplishment, Transcript mark. Applicants cannot have received funding from the UNC in the previous year. More information and application form can be found on our web site www.unc.org.

Each year the Urology Nurses of Canada invite their membership to apply for the following awards categories: Research, Education Scholarship, and Editorial. These awards are valued at $1000.00, presented at the annual UEC and have been provided by the generous support of our industry sponsors. This year, UNC offers an additional award: the Nursing Initiative Award, which is valued at $500.00.

UNC offers two additional awards: The Award of Merit recognizes the individual who has made a significant contribution to UNC and the UNC Chapter Award for new local chapters.

Details on the awards, applications and contact info is available on the website www.unc.org

Or Gina Porter vpeast@unc.org
The Urology Nurses of Canada extends an invitation to all nurses and allied health interested in urologic nursing to join the association.

The Urology Nurses of Canada is a National Association whose mandate is to enhance the specialty of urologic nursing in Canada by promoting education, research and clinical practice.

The activities of the Urology Nurses of Canada are designed to enrich members’ professional growth and development.

The UNC hosts an annual conference each fall and convenes for an educational meeting at the Canadian Urological Association annual meeting each June.

Membership in the UNC now entitles you to receive 4 issues of Urological Nursing Journal, 2 issues of Pipeline, Annual Urological Excellence Conference information and discount on registration, UNC Membership Directory, UNC Constitution, UNC:

Standards of Urologic Nursing Practice and your personal access to UNC reports on the web.

For more information about UNC, contact: Nancy Carson, Membership Coordinator at membership@unc.org or visit www.unc.org.

The 65th annual Canadian Urological Association meeting was held in June in the beautiful and friendly city of Charlottetown Prince Edward Island. As with past conferences, UNC members were included and several registrations were provided for Nurses by the CUA. UNC members attended from across the country. We had a booth with lots of UNC information on membership, upcoming meetings, and of course the Pipeline and the SUNA journal.

The nurses had a chance to network with Reps from many of the companies providing Products for our Urology patients.

Lots of timely information was provided in the scientific sessions. Great East Coast entertainment and cuisine made up the Social events. Meeting Chef Michael Smith was certainly a highlight.

The UNC held a meeting for the nurses. Diane Heritz gave a great talk on prolapse, lots of great slides and stories. But none can beat Fran with everything we should know about Pessaries, fitting and maintenance.

We look forward to the same cooperation between the CUA and UNC for the meeting in Montreal PQ in 2011.

Because Boston Scientific was unable to attend the Urology Excellence Conference in Newfoundland, the outgoing Vice President of the West, Colleen Toothill made the presentation of the sponsorship award to the company the following week in her office in the Operating Room at Rockyview Hospital in Calgary.

Accepting the award is Don Blair, the Western Representative for Boston Scientific who was instrumental in gaining the funding for the National sponsorship.

Our thanks go out to Boston Scientific for their continued support of the Urology Nurses of Canada.

Colleen Toothill
Another great annual ½ day workshop was held October 16, 2010. Health care professionals from around the province attended, 47 in all. According to the feedback from our questionnaire everyone enjoyed the topics and will return, as well, some had great suggestions for upcoming workshops.

Dr. Mike Morse (Urologist) spoke on Kidney Cancer, diagnosis, treatment and relation to diet. He discussed case studies which highlighted the significance of the information and he incorporated great interaction from the attendees which they all enjoyed. We usually incorporate non urologic topics which this year covered sexuality and STD’s by Diane Leitch, this was a suggested topic from our previous questionnaire. Presentations on heart health by Trena Moore and heart healthy diet by Harold MacAuley ended our workshop.

An exhibit booth boasting lots of information about the UNC was set up. As well, we displayed pictures of our “screeched in” ceremony from the UEC in Newfoundland and information on the upcoming UEC being held in London, ON. The pictures were great illustrators of the fun at these annual conferences and a draw to the table. We were fortunate this year to have Karen Ross from Kidney Cancer Canada set up an information table which was well attended.

We normally draw 2 door prizes during our workshop and this year we added a prize that was drawn for the person who travelled the furthest. We are happy to have had some participants who travelled over 3 ½ hours to attend this workshop. Thanks to our wonderful sponsors for free registration, luncheon and break. I would also like to THANK everyone on the Saint John chapter who helped with setting up this early morning workshop. We could not have done it without this wonderful team effort. As I’ve said in the past CAN’T WAIT UNTIL NEXT YEAR !! ☺

Lorraine Lambert

NB provincial rep
irrigate the stent with normal saline. Urine output should be about 30cc per hour. The stents are guide through the non-return section of the urostomy bag to prevent urine from continual contact with the newly formed stoma. Once the anastomosis is healed the stents are easy to pull out. Most stents are now removed in the physician’s office.

Ileal conduits are usually planned surgeries so the opportunity to do pre-op teaching is very beneficial for the patient and the family. Urostomy information may be obtained from ostomy support groups, libraries and online. Contact with an ET can facilitate the best positioning of the stoma as well as create a contact for community support post-op.

Complications: All the usual complications are to be monitored and watched for including bleeding, venous thrombotic embolus, leakage of urine, paralytic ileus and post-op delirium.

VTE’s could be either a deep vein thrombus or a pulmonary emboli therefore mobilize as ordered, use anticoagulation and monitor oxygen saturation.

Urine leaking from the anastomosis is a concern, a small leak will heal on its own but a large leak will require surgery to prevent peritonitis, the surgeon might send fluid from the JP for creatinine to find if the fluid is urine.

Paralytic ileus - the patient have difficulty mobilizing so it is very important to monitor for bowel sounds and stimulate the gut to start working by getting the patients’ sitting and standing as soon as possible. Report increased abdominal distention. Monitor NG output or insert an NG if ordered to reduce abdominal pressure and prevent decreased circulation to the new conduit.

It is important to identify and treat the patient at risk of developing delirium. These patient populations tend to have had a high risk life style of smoking, ETOH and potential poor nutritional status. Consider an ETOH protocol, smoking cessation program and / or boosting their nutritional status pre-op and continue the programs during the post-operative period.

References:
• Reference Urological Nursing 3rd Edition Sharon Fillingham & Jean Douglas
• Smith’s General Urology Emil A. Tanagho & Jack W. McAninch
• Abdominal Stomas and their Skin Disorders Edited by Calum C. Lyon & Amanda Smith
• Health Information Cleveland Clinic
• National Kidney and Urologic Diseases Information Clearinghouse

This is the Youtube address for the lady explaining an ileal conduit
Http://www.youtube.com/watch?v=ctes2 V4-n0

ATTENTION!!!!
Your UNC Pipeline is looking for articles.  If you are a Nurse working with Urology patients, you maybe able to write about your experiences, observations or perhaps a case study. If you are a UNC member, you can submit your newly published article for the Editorial Award.

More info or send your papers to: uncpipeline@gmail.com
For nearly 16 years I had been in the trenches of critical care. I was tired and looking for a change. I wanted a job where fewer of my clients died. I still loved being a nurse but I needed a change. In the fall of 2008 I made the leap into urology.

I figured, how hard could it be? Peeing, no big deal right? The bladder fills, you pee, end of story. But then I discovered that peeing was serious business, it was a bodily function I could no longer take for granted. It evolved a complicated series of events with many things to consider and worry about.

My family was initially relieved and thrilled to be free of my endless lectures about sodium, cholesterol, exercise and smoking. They would now give their right arms to go back to those days. These days I talk about private parts and all the things they should be able to do and what to do if they can’t.

Before I became a urology nurse I thought men had it made in the shade. No menstrual cycles, pregnancy, breastfeeding, menopause, or stress incontinence to worry about, men were lucky. But now I know about the prostate (hee hee). I would have never known that the digital rectal exam is the most embarrassing, painful and dreaded exam any human could imagine. To be honest, most days I’d like to tell the guys, “If he comes at you with a cold duck bill and a miner’s cap, then you’ll have my sympathy. Until then suck it up”.

The other big time consumer for me is talking about erectile dysfunction. I’m quite sure that when my father, a Pentecostal preacher no less, sent me off to get an education this was not what he had in mind. I’m sure he never pictured his little girl alone in a room with a man talking about penile rings, pumps, lubricant, sexual stimulation, injections, pills and implants. I think he had more of a Florence Nightingale image in his head.

Like most urology clinics we use a lot of questionnaires and diagnostic tests to come up with a diagnosis. The most interesting of all of these is Urodynamics. For those of you who don’t do these test basically , you strip the patient from the waist down, put a tube in every orifice that normally has stuff coming out of and then tell them to pee “naturally” while you watch.

You would have thought switching roads on my career path at the age of 40 would have been enough for me but it wasn’t. In September of 2009, I enrolled in the Nurse Continence Advisor Program, through McMaster University. Nothing like 12 months of studying while you work full time and raise a family to fill up all that “spare time” working mom’s have.
During this program I learned even more “scary” information. I had never before done a female pelvic exam. I never knew that my bits could fall down or even all the way out and that they could be shoved back in and held in place with a rubber donut. I thought I knew what incontinence was. I never knew that there were so many reasons and risk factors that could cause it. I never knew that it wasn’t just something to look forward to after my nursing career.

I learned about overflow incontinence: this occurs when a person never actually pees, they are filled to the top and leak off just enough to keep their bladders from exploding. I learned that stress incontinence is the proper term for the leakage that occurs when you laugh, sneeze or cough. It is not the incontinence that occurs the split second before your car hits a deer. Urge incontinence is the term that refers to not being able to make it to the ladies’ room before you leak. I also learned that there is a medical term for the leakage I get when I try to wear jeans that are a size too small. They call it functional incontinence.

I have always been a little, well let’s say fleshy. I thought that I had tried every exercise known to man. I am also a rather clumsy and uncoordinated soul and I thought that I had had physio on every possible spot on my body. But in the nurse continence advisor program they teach you a whole new way to exercise, it won’t tone your thighs or give you a six pack but it will keep you dry. This is a special exercise for your lady bits and if you can’t master it on your own you can go to physiotherapy for assistance. They call this assistance biofeedback, you squeeze your vagina and little fish dance on a computer screen to show you if you’re doing it right. If this doesn’t work for you they can place electrodes in or around your vagina and shock it until it contracts properly. This is supposed to aid you in being more aware of exactly where the muscles are. I think that just one shock to my girly bits would have me figure it out PDQ.

There was a lot of studying and writing involved in this program and if I learned one thing from all this, it is that caffeine is very bad for your bladder. I want to make it very clear that I know caffeine is bad for my bladder, I have just chosen to ignore the fact.

Being a nurse continence advisor makes me more than just an expert on peeing it also means I know a lot about poop. And let me tell you that not pooping is serious business. Never, ever strain to get it out because that can basically wreck you down there. So eat your bran buds and drink your water or you’re going to be wet, dirty and need one of those donuts things I told you about earlier.

On a more serious note I would like to thank Linda Irving RN NCA who was my preceptor during my NCA program. She went beyond and above what was required of her to assist me in meeting the requirements of the NCA program. Her willingness to share her expertise and knowledge with me has continued to be a gift. I would also like to thank all the members of the Urology Nurses of Canada and the Canadian Nurse Continence Advisor Association who have always welcomed me and made me feel like a valued member of the healthcare team.

Keri Coulson RN BN soon to be NCA

I would also like to thank Emmi, Sue, Getty, Liette, Gloria and Cecil from the Urology Clinic at the QEII Health Centre in Halifax, NS who graciously welcomed me into their clinic and have assisted me in many ways including education, policy and procedure development and resource procurement.

The Poster Presentation and Short Paper Awards are presented at the annual UEC. Information about submitting your Abstracts is on the website, and is sent out to members each year.

### Poster Presentation Award

Presenters of posters at the annual Urological Excellence Conference are eligible for this award. The recipient of this will have demonstrated excellence in poster presentation and meet the pre-established criteria for posters. The recipient will receive a $100.00 award from UNC.

### Short Paper Presentation Award

Presenters of short papers at the annual Urological Excellence Conference are eligible for this award. The recipient of this will have demonstrated excellence in presentation and meet the pre-established criteria for short papers. The recipient will receive a $100.00 award from UNC.
Risks

The UNC is well aware of the potential hazards that needlesticks and sharps can pose to its members. In a recent edition of the *Pipeline* the UNC highlighted the prevalence and cost of needlestick injuries and showcased some of the latest advances in needle safety.

Every year an estimated 66,000 health care workers suffer needlessly from accidental needlestick injuries, with nurses accounting for more than half of that total. The resulting risk of exposure to serious and even potentially fatal viruses such as hepatitis B, hepatitis C and HIV can cause tremendous psychological and emotional impact for both health care workers and their families.

UNC-Position Statement

Maintaining exceptional safety standards is an important concern for the UNC and its members. As set out in *The Standards of Urologic Nursing Practice*, the urology nurse has a mandate to ensure safe and efficacious care by:

- Evaluating current practices and safety standards
- Implementing policies and procedures reflective of current practices
- Evaluating current policies and procedures to ensure consistency with current practice and evidence based research
- Identifying and initiating change to ensure effective practices or systems where possible

This Position Statement is an extension of this commitment.

Several studies have shown that needlestick injuries can be prevented by implementing a program that includes effective disposal systems, improved equipment design, practice guidelines, employee training, and surveillance initiatives.

A key component of this preventative program also includes the use of safety-engineered needles. The Centers for Disease Control and Prevention (CDC) in the U.S. estimates that 62 to 88% of sharps injuries can be prevented through the use of safer medical devices including safety-engineered sharps and needles. Many provinces have already mandated the use of safety-engineered needles in hospitals and health care workplaces through their Health and Safety Act. We strongly encourage all provinces to follow this example.

The National Institute for Occupational Safety and Health/CDC, believe that safety-engineered needles and devices should be designed and selected using the following criteria:

- The safety feature should be an integral part of the device
- The safety feature should be engaged with a single-handed technique (ideally)
- The clinician’s hands should remain behind the exposed sharp
- The user can easily tell whether the safety feature is activated
- The safety feature cannot be deactivated and remains protective through disposal

Although each of these characteristics is desirable, some are not feasible, applicable or available for certain health care situations.

This is strictly a guideline for safety in the clinical setting. Needle and device manufacturers have long seen the need for safety devices that protect against accidental injury. With safety engineered medical sharps now being mandated in most provinces, the UNC encourages their members to review their policies and procedures, where these devices are available for clinical use, to minimize the risks of needlestick injuries.

References:


Standards of Urologic Nursing Practice


®Eligard® Product Monograph, Sanofi-Aventis, March 2009.
Coming Events

Canadian Urological Association
66th Annual Meeting
June 19 - 21 2011
Fairmont, The Queen Elizabeth
Montreal, Quebec
www.cua.org

Urology Nurses of Canada at the CUA Meeting
Monday June 20, 2011
1600-1800 hrs
Details tba
www.unc.org

24nd Annual Urologic Excellence Conference
September 15-17, 2011
London Delta Armoires
London, ON
www.unc.org

41st Annual ICS/IUGA 2011
August 29– September 2, 2010
Glasgow, UK
www.iscoffice.org

Society of Urologic Nurses and Associates:
SUNA Annual Conference
Oct 28-31, 2011
Marriott San Antonio, River Center,
San Antonio, TX.
www.suna.org

SUNA 2011 Annual Symposium
Annual Meeting
March 10-12, 2011
Marriot New Orleans,
New Orleans, LA

2010 Annual CANO/ACIO
September 11-14, 2011
World Trade and Convention Centre
Halifax NS
www.cano-acio.ca

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@gmail.com
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