To screen or not to screen for prostate cancer, that is the question.

In 2017 prostate cancer remained the most commonly diagnosed cancer among Canadian men apart from non-malignant melanoma and is the third leading cause of cancer-related death.

There has been so much controversy surrounding prostate cancer screening especially since the Prostate, Lung, Colon and Ovary Screening Trial (PLCO) was completed in 2006.

In response the Canadian Urological Association published their new Prostate Cancer Screening Guidelines in 2017. These came from answering four questions:
1. Should Canadian men undergo prostate cancer screening?
2. At what age should prostate cancer screening begin?
3. How frequently should prostate cancer screening be performed?
4. When can prostate cancer screening be stopped?

There are four recommendations:

**Recommendation 1**
Offer Prostatic Specific Antigen (PSA) to men with a life expectancy greater than 10 years. The decision of whether or not to pursue PSA screening should be based on shared decision making after the potential benefits and harms are discussed.

**Recommendation 2**
For men undergoing PSA screening, start at age 50 in most men and at age 45 in men at an increased risk of prostate cancer.

**Recommendation 3**
For men electing PSA screening, intervals between testing should be individualized based on previous PSA levels.
- a) For PSA < 1 ng/ml repeat PSA every 4 years
- b) For PSA 1-3 ng/ml repeat every 2 years
- c) For PSA > 3 ng/ml consider more frequent testing or adjunctive testing strategies

**Recommendation 4**
For men having PSA screening, the age at which to discontinue screening should be based on current PSA level and life expectancy.
- a) For men aged 60 with a PSA < 1 ng/ml consider discontinuing screening.
- b) For all other men discontinue screening at age 70.
- c) For men with a life expectancy less than 10 years discontinue screening.

Population based screening has demonstrated benefits in reducing prostate cancer mortality. Prostate Cancer Canada reports that in the last 25 years the death rate from prostate cancer has been reduced by 50%. Continuation of screening should place an emphasis on maximizing the detection of aggressive and potentially lethal disease and minimizing the harms associated with unnecessary prostate biopsy and discovery of clinically insignificant prostate cancer.

Submitted by Sue Hammond, RN.

Tricks and Tips on How to Pass a Urethral Catheter

Passing a urethral catheter is a commonly performed procedure in emergency rooms, hospitals, patient’s homes and nursing homes. It is something that urology nurses do often and nurses in the urology clinic often pass numerous catheters every day. Many of the patients coming to urology have complicated urinary tracts; this presents us with an even bigger challenge. The main reason for passing a catheter is, to provide a safe and efficient way to empty urine out of the bladder.

The first and most important step is to assess the patient. This includes the patient’s history, a physical assessment and the reason for the catheter, as well as the physician’s order. We also need to consider our skill level. Are you the best person to do this procedure or is there someone else available that could be or should be doing this complex catheterization?

Think about the types of catheters, lubricants or freezing gels that you have available. It is our responsibility to know what is on the market and what your workplace has on hand. You also need to consider the physical space you have to do the procedure. You need the patient in a safe and comfortable position. You also need to think about your position. You need to be able to use good body mechanics and have the patient at the proper height; this ensures that you are in the best possible position. Make sure you have all of your supplies available and within easy reach.

Take a moment to explain and educate the patient prior to obtaining their consent. You need to have the patient’s trust and buy in. This ensures the patient will work with you and helps to reduce their anxiety and resistance. We want the patient to have the best experience possible.

Remember our goal is to place the catheter in the bladder to allow emptying without causing any secondary complications. Some common complications include: damage to the tissues, infection and blockage.

Challenges to urethral catheterization and tips to improve success:

**Obese patient with the large abdominal pannus.** Positioning make a huge difference. They need to be positioned lying on their back or at least reclined. That way their abdomen will flatten out. You may need to ask for assistance from the patient or a staff member. They need to pull up on their belly to relieve the excess abdominal tissue. If they can spread their legs this is also helpful.

**Male with a retracted penis.** A retracted penis makes it difficult to hold the shaft of the penis as it is flush with the abdomen. You need to recline the patient, then you can take your less dominate hand and push down and you can get a hold of the penis and secure it with firm pressure and then gently pass the catheter.

**Female with a retracted urethral opening.** Put them in Trendelenburg or place a towel under their hips and then spread their legs using help from the patient, stirrups or help from a colleague. As you spread the labia you may not see the opening if it is recessed into the vagina but you can pull-up the tissue and with your finger at the opening you can feel the meatus and it will feel like a buttonhole. Carefully guide your catheter in to the bladder.

**Enlarged prostate.** Consider using the coude catheter as it is designed to nicely go around the prostate and decrease trauma. Trauma can happen when you push the straight catheter against the prostate until the straight catheter curves itself. This could cause a false passage by pushing the catheter against the obstruction.

**Spinal cord injury.** Require good, safe positioning and lubricants or possibly freezing gels. Take your time and if you find you can’t pass the catheter through the urethra wait a minute until the urethra relaxes and then you can gently pass the catheter.

**Sexually abused patient and patients who had a previous traumatic catheterization.** These patients need a lot of emotional support; you need to give them extra time and always give the patient an option to stop if it is too much for them to handle. Lidocaine gels can be used but they can cause a sting at first so educate the patient. Allow the lidocaine to work for several minutes before starting (follow the manufacturer’s recommended time). You can use distractions to help the patient, such as music playing in the back ground or a Television show. Involve the patient, explain to the patient what is happening and talk to them throughout the procedure. If the patient can relax and the muscles are relaxed then the catheter can pass by the urethral sphincters with ease.

There are so many catheters available, it is important you stay informed and up to date. When possible, take time to attend any education sessions put on by the many companies. Ask for demonstrations and for samples and try them out. Sometimes you need a soft catheter or a small catheter. Sometimes a large, stiffer catheter works best. It is our job to know what is out there and advocate for the patient to ensure the correct catheter for the job is used.

Assess if you need just a lubricant or a lubricant with an anesthetic. If your work place does not have what you need, find a way to get it. If you have the correct catheter in the first place it will save money, time and trauma to the patient. This will decrease your complications rate and the cost to the health care system.

There are many gels and lubricants on the market. They all have different applicators and they have different viscosities. You need to educate yourself on the one that is easy to use and allows the catheter to pass smoothly. When you are using the applicator make sure you know how it works. For example when using Cathejell, it is an accordion applicator and you compress it to instill the gel but it is very important to keep it compressed until you have removed it from the patient.

It goes without saying, wash your hands and follow your hospital’s policy and procedure. If you are having trouble passing a catheter, ask an experienced colleague for help. There may be a reason the catheter can’t be passed. It is very important to remember that sometimes you will not be able to pass the catheter no matter how skilled you are and the Urologist may have

Continued on page 3
Tricks and Tips - continued

to do a cystoscopy or some other intervention to see why it will not pass.

In conclusion, just because it is in your scope of practice, does not mean you are the best person to insert a catheter in a complicated case. It requires you to take time to assess, plan, educate and carry out the procedure, with or without help, to decrease complications, trauma and increase the patient’s comfort, all in a cost effective manner. The options to use different types and sizes of catheters and lubricants, plain or with lidocaine, will arm you with the tools to be successful at putting in catheters with even the most challenging cases.

Emmi Champion, RN, NCA
UNC VP Central

Saint John, NB Chapter

The Saint John Chapter was pleased to host it’s 6th annual Dine and Learn on September 10th, 2019. We had 48 attendees.

Dr. Scott Bagnell presented “Case Studies on Urinary Incontinence”, Dr. Matt Acker educated us on “Bladder Cancer”, while Dr. Samantha Gray spoke on “New Treatments for Prostate Cancer”. We appreciate all our wonderful speakers who give so generously of their time to educate nurses.

This educational event was made possible through the generous support of the Urology Nurses of Canada, Pfizer and Cook Medical. Many thanks to our sponsors and attendees!

Submitted by: Frankie Bates, RN, NCA
UNC NB Provincial Rep

UEC 2020 Info and Tips

* Registration for the combined UNC/CUA Conference opened on October 31st, 2019!
* The call for abstracts is open until December 31st, 2019. Consider sharing your expertise and put your abstract in today for an oral presentation or a poster!
* Please keep in mind that the conference hotel frequently sells out early so book your room now!
* Keep your eye on the UNC website and Face Book page for updates. The conference program should be available in early 2020.

The Urology Nurses of Canada would like to wish all it’s Members and Sponsors

Merry Christmas &
Happy New Year

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Submitted by: Frankie Bates, RN, NCA
UNC NB Provincial Rep

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Merry Christmas &
Happy New Year
Over the last 3 years we have been developing an Advanced Prostate Cancer Clinic (APCC). As you may or may not know, through many years of research with clinical studies, we have successfully been able to delay PSA and radiographic progression and overall survival rates. It is also not uncommon to care for the elderly male with advanced prostate cancer as life expectancy in general is much greater. Therefore, we need to change our practice and pay special attention to bone health and to also look at frailty in our aging population of men being treated for prostate cancer.

Through a needs assessment in our APCC clinic we have been working on bone health with men on Androgen Deprivation Therapy (ADT) (i.e. routinely ordering Bone Densitometry and constant reminders to take their Calcium and Vitamin D). We are treating men with Metastatic Castrate Resistant Prostate Cancer with Xgeva (denosumab) to help prevent and protect bones by increasing bone mass which lowers the chance of the cancer causing problems and lowers the incidence of fractures and bone pain requiring radiation treatment.

As mentioned, many of our patients are of advanced age and our goal is to look at their frailty assessment score while managing their prostate cancer. We know that treatment for prostate cancer with ADT comes with many side effects such as:

- fatigue, hot flashes, depression, loss of muscle mass, weight gain, osteoporosis, and lower blood counts or anemia.
- Falls are not uncommon but can have devastating impact on their health as they are at greater risk of fractures.

In order to assess frailty in the elderly we will be using tools such as “Path Frailty Assessment” and facilitating services available such as Fall clinic, Geriatric Assessment Clinic, Palliative Care or Home Care for extra support at home. We intend to collaborate with these services in hopes to have a better holistic approach in the treatment of Prostate Cancer. My research component of this project will be to create awareness of the importance of monitoring osteoporosis in men on ADT, particularly dealing with the aging male and the role of bone densitometry, ongoing use of calcium and vitamin D, use of bone agents when applicable and prevention of falls. It may sound like a simple concept but having a prostate cancer diagnosis with progression can be overwhelming for this aging population and often our bone health can be overlooked. I have included in our Advanced Prostate Cancer Care Plan tools for consistent monitoring of bone health.

Liette Connor, RN
Uro-Oncology Clinical Nurse/Research
UNC Research Award Recipient

Once again I was fortunate to be able to attend the UNC/CUA conference this year. The conference was held in Quebec City which provided a convenient location for us living in or near Ontario and a chance to explore a beautiful city.

As an Emergency room nurse we encounter many urological emergencies. Having current, evidence based information on the latest tests, treatments and procedures makes my job easier, because of this, attending the UNC/CUA conference provides me with the foundation to care for those presenting to ER with urological issues.

This year’s topics and presenters were informative and knowledgeable, with topics ranging from use of Botox in urology, live donor transplant programs, erosions from pessary use to tips on how to pass a urinary catheter. The CUA conference is more scientific but no less interesting as research being conducted on various urological procedures, treatments and medications is needed to improve outcomes for patients with urological illnesses.

It is a pleasure to be able to attend the UNC/CUA conference and I hope to continue to do so in the future.

Lucy Rebelo
UNC Kingston chapter member

Thank you to the Urology Nurses of Canada for selecting me as one of the recipients of the 2019 UNC Nursing Education Initiative Award.

Working in an emergency department, I see a different side of urology. I see ureteral traumas, patients in extreme retention, sudden onset gross hematuria, testicular torsions, and all the kidney stones. I see post-operative complications, pre-op anxiety and everything in between.

The networking and relationships that I have made over the last six years attending the UEC being a part of the Victoria chapter and now the executive for the UNC is invaluable. I have learned that putting a patient in Trendelenburg can assist in placing a difficult catheter in women. That prostate cancer patients in rural Newfound Land have a huge voice via Sue you with more information than you ever thought possible in less than 30 minutes. The list goes on! I have also learned that I am not alone in having a passion for the unique unusual universe of urology.

I have been a member of the UNC since 2014 and have attended five of the last six annual meetings. This year was my first conference as a member of the planning committee; wow a lot goes into making the UEC successful year after year. It has been an honor to learn from other nurses who share a passion for urology.

I am looking forward to broadening my scope on the coast with 20/20 vision at the 4th annual joint conference in 2020 in my adopted hometown of Beautiful Victoria, British Columbia.

Courtney Ware
UNC VP East
UNC Awards and UEC/ CUA 2019 Highlights in Pictures!

UNC Scholarship, Nursing Initiative and UEC Attendance Awards are all made possible through the generous support of our UNC National Sponsors.

**UEC Attendance Award:** Amber Fisher, Lucy Rebelo, Susan Hammond

**UNC Scholarship Award:** Gloria Connolly

**UNC Scholarship Award:** Carolyn Richardson

**UNC Award of Merit:** Nancy Carson

**UNC Research Award:** Liette Connor

**Networking opportunities!**

**UNC Nursing Initiative Award:** Todd Bradley, Courtney Ware

**Some of the fantastic Presenters!**

**Interesting Posters!**

**CUA Night brought us “Back to the 80’s”!**
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: Ali Maclaggan - Ali.maclaggan16@gmail.com
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Calgary: GeMan Chen - gmwwwei@gmail.com
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Ottawa: Susan Freed - freeds@teksavvy.com
New Brunswick: Gina Porter - ginaporter@horizonnb.ca
Halifax: Gina Harding - Ginaharding@hotmail.com
Newfoundland: Marg Hollett - margarethollett@hotmail.com
Coming Events

2020 Urology Daze
May 1, 2020
Edmonton, AB
http://urologyinterestgroupedmonton.ca

UNC / CUA Joint Conference
June 27th to 29th, 2020
Victoria Convention Centre,
Victoria, British Columbia
33rd Annual UEC - Saturday June 27th
75th Annual CUA June 27th-29th
Registration fee for UEC portion covers the Scientific Program of the CUA as well as CUA Night.
Register at: www.unc.org
Hotel Info: www.cua.org

ICS 2020 Las Vegas
50th Annual Meeting
Las Vegas, USA
August 26th–29th, 2020
www.ics.org/2020

2020 Dine and Learn
September 15th, 2020
Thandi’s Restaurant
Saint John, NB

Society of Urologic Nurses and Associates:
SUNA UroLogic Conference
October 9th -12th, 2020
Hyatt Regency New Orleans
New Orleans, LA, USA
www.suna.org
find SUNA on facebook-
www.facebook.com/UrologicNursing

2020 Annual CANO/ACIO
October 23rd - October 26th, 2020
Victoria Convention Centre
Victoria, British Columbia
www.cano-acio.ca

WHAT DO ALL THESE ABBREVIATIONS MEAN????

AUA - American Urologic Association
CANO/ACIO - Canadian Association of Nurses in Oncology
CNCA - Canadian Nurse Continence Advisors Association
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 or phone number to uncpipeline@hotmail.com
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