From a nursing perspective, Cysview Blue Light Cystoscopy is definitely the way of the future in the early detection of bladder cancer. This new technology gives bladder cancer patients and their families a more positive outlook for better outcomes.

Recently Dr. Jack Barkin and I spoke at the Urology Nurses of Canada’s 30th Annual Urological Excellence Conference and presented on an innovative diagnostic tool used to detect and treat Non-Muscle Invasive Bladder Cancer (NMIBC). Cysview is an optical imaging agent used in combination with Blue Light Cystoscopy as an adjunct to white light cystoscopy and the technology has been proven extremely successful in helping to find tumours often missed with standard white light cystoscopy.

“Cysview is a tremendous benefit for the patient who has been diagnosed with bladder cancer. Nurses are a vital component of the team because they are the ones instilling Cysview in the patient’s bladder so the patient/nurse interaction is absolutely vital in the understanding and the acceptance of this technology and therapy for the patient,” said Dr. Barkin, Urologic/Robotic Surgeon at Humber River Hospital in Toronto.

Humber River Hospital is the first hospital in Canada to offer this technology which has been approved by Health Canada; it has been used in Europe for 11 years and in the U.S. for seven years. Humber River Hospital started using Cysview in August 2016 as part of an 11-patient study, followed by the establishment of the Cysview Blue Light Cystoscopy Program in March 2017. Blue Light Cystoscopy enables bladder tumours to be better visualized, resulting in fewer residual tumours and recurrences after resection.

The whole procedure is very simple and patients are eager to participate. Cysview is easy to reconstitute and administer following a catheter insertion. The client needs to be continent and able to hold 50ml of solution in his/her bladder for at least one-hour post instillation.

Reconstitution requires withdrawing 50ml of the diluents for Cysview into a sterile 60ml syringe. Inject about 10ml of the diluents into the vial of Cysview powder. Without withdrawing the needle from the vial, hold the powder vial and syringe firmly and gently shake to ensure complete dissolution. Withdraw all of the dissolved solution from the vial into the syringe. Further gently mix the contents of the syringe and it is now ready to use. The solution is clear to slightly opalescent, and colourless to pale yellow. Attach the catheter adapter needed for instillation along with the completed medication label to the syringe. The solution needs to be used immediately after reconstitution or refrigerate and use within two hours.

Instillation is straightforward: Using a standard sterile catheterization technique, instill a Lidocaine gel followed by the insertion of a urethral catheter into the bladder and completely empty the bladder. Slowly instill 50 ml of
Cysview Blue Light Cystoscopy - Continued

Instruct the patient to retain the solution within the bladder for at least one hour or until the Trans-Urethral Resection of Bladder Tumour (TURBT) procedure. The patient may walk, sit and move around while waiting. Patients can void anywhere in public toilets and simple flush it down – no bleach is needed as with BCG.

Patients have experienced few side effects and if skin comes in contact with Cysview, simply wash immediately with soap and water and dry off.

The solution it is preferentially taken up by cancer cells. The urologist inserts a rigid cystoscope with both white light and blue light filters (360-450nm) into the bladder. The bladder is mapped under white light and then mapped under blue light.

Under blue light, the healthy bladder tissue appears blue and the cancer cells fluoresce a bright pink. This improves the ability of the urologist to detect any cancer including small, difficult to see tumours as well as the exact location of the tumour margins.

The benefits to bladder cancer patients are significant. According to published data, 16-25% of bladder cancer patients have tumours detected by Cysview Blue Light Cystoscopy that are missed by white light. Patients may have more than one tumour that is missed by white light.

Dr. Barkin reported that in the past they had on average, a 30% failure rate using standard white light cystoscopy on its own. Cysview detects 96% of all tumours, an improvement in the detection of non-muscle invasive bladder cancer.

Bladder cancer is the most expensive cancer to treat of all cancers in per patient terms as it requires long-term endoscopic surveillance. The recurrence rate is extremely high and regular invasive procedures to identify a recurrence (flexible cystoscopy) and then subsequently remove recurring tumours (TURBT under rigid cystoscopy) are common and costly.

Cysview results in improved quality of care for patients, but it will likely contribute to lower, long-term health care costs. Like Dr. Barkin said: “Cysview Blue Light Cystoscopy is the future. I am very hopeful that more hospitals embrace this technology and choose to incorporate Cysview Blue Light Cystoscopy into their annual planning because ultimately it will be a benefit to hospitals and patients.”

By Sigal Farkas
Registered Nurse, Urology, Humber River Hospital in Toronto
The Urology Nurses Conference seems like it was years ago, when in reality it was only a few weeks… but then we had summer in the middle.

This conference was special to me. I learned all kinds of things I could not have even imagined about sexuality, the LGBYQ community, transgender issues, sacral nerve modulation, blue light for diagnosing bladder cancer, botox (not only for wrinkles—who knew?). ADT and quality of life, was another great presentation. The session about communication will help not only at work but with our families and in everyday situations. Each presenter did an excellent job sharing their knowledge.

I marvel at the technology available today that has changed diagnosing, treating and managing the diseases. We are doing much better at understanding not only the diseases and side effects of the diseases, but the treatments we offer and side effects of the treatments. Research presented at conferences validates what is done, or presents a new validated option. Attending the conference gives insight into the process of change.

The sponsors were there, supporting the nurses, and demonstrating new products to improve patient care. They sought feedback from the nurses to ensure their products met their needs.

Then we went on to the CUA—was that exciting! It was difficult to choose which sessions to attend. Each was excellent. As a urology research nurse and previous oncology nurse I felt like a sponge soaking up the information.

Yes, the conference was great. The outstanding part of it for me, though, was the people. Seeing the presenters gather their courage, and make their presentations and do a fantastic job. They spoke with confidence and conviction. Seeing the audience welcome the speakers and participate in the discussions… these things are what make a good conference.

But the absolute best part is the sharing of information between nurses at your table, over lunch or drinks. Knowing that we are part of a larger organization, and stronger, smarter and supported because of it. Always, the best part for me, is the enthusiasm, the bonding and the shared kinship with other nurses. The empowerment was felt by all as it draws to a close. As we left the conference on Sunday afternoon I saw the same enthusiasm mirrored in the faces of other nurses.

My take home message—go to conferences. Meet other nurses, people working in the same field, who have a passion for what they are doing and share, learn and stretch yourself. Be proud of yourself and your profession.

Wendy Anstey, RN
UNC, Ontario Provincial Representative

Some Photos from our Inaugural Joint Conference!

![Conference Attendees](image1)

![Some of our Exhibitors](image2)

![Some Photos from our Inaugural Joint Conference!](image3)

![Angela Black Award of Merit](image4)

![Wendy Anstey, Lucy Rebelo, Liz Smits, Amber Phaneuf](image5)

![Keri-Lynn Kelly Research Award](image6)

![Handing off the Flag to the East](image7)
I feel very fortunate to have been the recipient of the Nursing Education Initiative award from the Urology Nurses of Canada. This was presented to me at the 30th Annual Urological Excellence Conference held in Toronto June 24th 2017.

This initiative helped financially in allowing me to attend the 47th Annual Meeting of the International Continence Society in Florence Italy from 12th to 15th September. Despite a snag of landing in the wrong city due to high winds, I eventually arrived at the venue and it was certainly worth the exhausting journey!

There were so many choices between interactive workshops, scientific sessions, state of the Art lectures etc., that it was really hard to choose which to attend. With a record of 1158 abstract submissions this year, you can imagine my dilemma!

I chose the short oral podium presentations on neuro-modulation and intravesical therapies as well as UTI symptoms and Nocturia. Also, I attended the spotlight of the International consultation on incontinence to learn the latest research, now published in the 6th edition of the ICI book. I always manage to bring some new information back to my clinic in Saint John for the betterment of our patients.

The scientific podium on Conservative Treatments and Rehabilitation including interesting elements such as “The effects of vaginal tampon training added to pelvic floor muscle training in women with stress urinary incontinence”. Another novel therapeutic approach at this scientific podium was “Pelvic floor muscle rehabilitation for patients with lifelong premature ejaculation” (And yes, indeed this was beneficial in helping patients improve their self-confidence and sense of control of their ejaculatory reflex!)

I chaired and spoke at workshop 25: “Collaboration of Professionals: Physiotherapy and Nursing Networking to Treat Disorders Related to the Dysfunctional Pelvic Floor”. I had a great team of presenters which were represented globally. It was a diverse team made up of physiotherapists and nurses; showing how working together benefits the patient and results in successful treatment outcomes. We had a lot of audience participation and questions and heard many wonderful evaluations about the success of the workshop as well as comments that this type of networking between professionals should occur more often.

Lastly I attended “Conservative management, a physiotherapy approach”. In this workshop I was able to review the principles of teaching PFMT and training regimes as well as review adjunctive treatments for pelvic floor dysfunction using Electrical stimulation, and EMG Biofeedback.

As always, it is essential to be involved with Industry and visit the exhibits. I saw many different products on the market, especially new catheter companies with more discreet and smaller catheters as well as a novel new supportive devise similar to a pessary.

There were many opportunities for networking, including the nursing forum and luncheon where I met many interesting nursing professionals from around the world and shared our expertise. I was also able to meet many of the co-authors on an ICS endorsed book on fecal incontinence (of which I also am a co-author). It was nice to put the faces to the names of these individuals we have been working with over the last year!

I would like to thank the Urology Nurse of Canada, for honoring me with this award and enabling me to further my education in urology. I would like to remind all UNC members to consider applying for these awards, which are so generously donated by our sponsors. By advancing our education, we can provide improved care for our Urology patients, using the latest research and evidence based treatments.

Frankie Bates RN, NCA

Firstly I would like to thank the UNC executive for selecting me to be one of the attendance award recipients. Attending the first joint UNC/CUA meeting was something I had looked forward to. The UEC had lots of good information and I enjoyed all the presentations. I personally had no previous knowledge of the use of Cysview and Bluelight Cystoscopy for the diagnosing and treatment of bladder cancer. It does seem that this new innovative approach (where almost 50% of patients with CIS and 30% with small papillary tumors and/or where positive margins were left) should become the gold standard for the diagnosis and treatment of bladder cancer. It would seem that it could possibly prevent and most likely delay the progression to cystectomy. As a retired urology nurse I am frequently asked questions and therefore find it important to be aware of new technologies.

By Liz Smits
This past June, I had the privilege of attending the inaugural CUA/UNC conference in Toronto, Ontario. My attendance was facilitated by being one of the successful applicants of the UEC Attendance Awards. As a former urology nurse and now an Emergency nurse, attending gave me the opportunity to participate, learn and continue in my professional growth. The talks were first rate and the lecturers were engaging. I was able to network with colleagues from diverse clinical settings and develop a greater understanding of urological issues affecting patients in the emergency room (ER) setting.

During the meeting, many treatment options and new procedures were discussed thus providing me with the knowledge to provide care to those who seek help in the ER. A highlight for me was being present when a friend and colleague was recognized with an award of merit for her twenty-five plus years working in urology, first as a staff nurse and now in research. Her years of dedication and knowledge were recognized and rewarded by her peers.

Urology nursing has always been a huge interest for me and after many years of not being an active member, I have found my way back to UNC. I attend and participate in learning opportunities with regards to our local UNC Kingston chapter. I walked away from this four-day event better informed and updated on urological practices, treatments, and procedures.

Lucy Rebelo, RN
UNC, Kingston Chapter

The Victoria urology chapter is arranging a meeting where the successful sponsored Victoria members will speak on their experiences at the urology conference held in June in Toronto. Arminder Sani and Karen Carle will share their experiences. We have heard our members learned a lot and hope to return to future conferences. We are looking forward to the Halifax conference next year and keep informing urology nurses of this event to encourage interest.

We are also hoping for an educational session on studors by one of our urologists in 2018. Talks are currently in progress and arrangements will be made for an educational session.

Margaret Bartlett
Victoria chapter secretary

The Montreal Chapter is looking to organize a meeting in November 2017. If you are interested in joining this meeting or for further information about the UNC please contact Raquel DeLeon at raquel.deleon@muhc.mcgill.ca

By Nancy Carson RN, NCA
Secretary, Saint John UNC Chapter

The Saint John Chapter generally meets quarterly with the main focus of these meetings being the planning of the Dine and Learn.

Our 4th Annual Dine and Learn took place on September 26th, 2017. It was extremely well attended with 47 in attendance.

The topics covered were Menopause—Dispelling the Myths presented by Dr. Suma Satya, Neo bladders presented by Dr. Matt Acker and Clean Intermittent Catheterization presented by Gina Porter. The presentations were well received the feedback from those in attendance was extremely positive.

A huge thank you to our sponsor this year: Coloplast, Cook and Laborie. Four door prizes were donated by Hollister. It is through the support of our generous sponsors we are able to put this event on each year.

By Nancy Carson RN, NCA
Secretary, Saint John UNC Chapter

The Edmonton Urology Interest group had another successful Urology Daze on May 26th, 2017. We had 110 attendees from all over Alberta and 11 vendors participate in our education day at the Chateau Louis Conference Centre. Topics included: Anticoagulants, Transitional care in Pediatric Urology, Sexual Health and Alternative Facts. As well, Colleen Torgunrud gave an emotional presentation on her experiences with the Medical Assistance in Dying Legislation and her participation on the MAID Care Team. Lastly Michele Zielinski provided an in-depth and poignant presentation on her lived experience with invasive bladder cancer and a neobladder. I would like to thank all the presenters, exhibitors and UIG committee members for their hard work and participation in our 2017 Urology Daze and we look forward to 2018.

Betty Ann Thibodeau, NP
Chair of the Urology Interest Group
Edmonton Chapter of Urology Nurses of Canada

The Calgary Chapter held a Meeting on Thursday October 26th 2017 @1700 at Alberta Children’s Hospital. We meet Quarterly. For information about future meeting or the UNC please contact Carolyn Richardson at richardson.carolyn7@gmail.com

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Margaret Bartlett
Victoria chapter secretary
UNC Info

UNC Representatives 2016-2017

**UNC Executive**

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<th>Position</th>
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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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<td>Carolyn Richardson</td>
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**UNC Provincial Representatives**

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<td>West</td>
<td>British Columbia</td>
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<td>Newfoundland and Labrador</td>
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<td>Prince Edward Island</td>
<td>Tara Rose Stewart</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:** Margaret Bartlett - margarettabartlett@gmail.com
- **Edmonton:** Betty Ann Thibodeau - bettyann.thibodeau@albertahealthservices.ca
- **Calgary:** Carolyn Richardson - richardson.carolyn7@gmail.com
- **Toronto:** Frances Stewart - bladderqueen@hotmail.com
- **Kingston:** Todd Bradley - bradleyt@kgh.kari.net
- **Ottawa:** Susan Freed - freeds@teksavvy.com
- **Montreal:** Raquel DeLeon - raquel.deleon@muhc.mcgill.ca
- **New Brunswick:** Gina Porter - gina.porter@horizonnb.ca
- **Halifax:** Emmi Champion - Emmi.Champion@nshealth.ca
- **Newfoundland:** Sue Hammond - hammond_so@yahoo.ca
Coming Events

2018 Urology Daze
May 4, 2018
Chateau Louis Conference Centre
Edmonton, AB

UNC / CUA Joint Conference
June 23rd - 26th, 2018
Halifax Marriott Harbourfront Hotel
Halifax, NS

31st Annual UEC - Saturday June 23rd

73rd Annual CUA June 23rd PM to June 26th
Registration fee for UEC portion covers the Scientific Program of the CUA as well as Fun Night.

www.unc.org
www.cua.org

Society of Urologic Nurses and Associates:
SUNA UroLogic Conference
October 25th - 28th, 2018
Sheraton San Diego,
San Diego, CA, USA
www.suna.org
find SUNA on facebook-
www.facebook.com/UrologicNursing

2017 Annual CANO/ACIO
October 26th - 29th, 2018
Prince Edward Island
www.cano-acio.ca

ICS 2018 PHILADELPHIA
48TH ANNUAL MEETING
August 28th - 31th, 2018
Philadelphia , USA
www.ics.org/2018

WHAT DO ALL THESE ABBREVIATIONS MEAN???

AUA - American Urologic Association
AQIIU - 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
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