One out of ten Canadian men will be diagnosed with Prostate Cancer in their lifetime. With improving diagnostic tests and early diagnosis outcomes are improving. Now we must look at the quality of life following treatment.

With 24 years working in the field of Urology I have been asked many times about what effect RRP will have on erectile function. I have read numerous books and articles on the topic, finding statistics with wide ranges of percentages; I have spoken to numerous patients and their spouses. I have visited Prostate Cancer Centres in Victoria and Seattle.

Prior to 1982 this was an easy question to answer; every patient having radical prostatectomy was warned of the risk of impotence as well as urinary incontinence. Over the subsequent years surgical advances have made nerve sparing surgery the standard procedure. New and improved surgical techniques including Laproscopic Radical Retropubic Prostatectomy are improving outcome as well. The advent of new drugs PDE-5 inhibitors, MUSE (alprostadil) urethral suppositories, medically approved Vacuum treatments are helping in the work that is ongoing to help the patients diagnosed with prostate cancer.

With all the information available to patients through Support Groups, the Internet, and their Physicians, the patient often feels overwhelmed, and has difficulty absorbing so much. The Urology nurse may be able to help the patient understand the process of erectile function rehabilitation.

The patient today is frequently diagnosed after PSA screening tests, and is often asymptomatic. The probable diagnosis of cancer, of course is then a shock to the patient and his partner. After biopsies to confirm the tumour, further tests to determine any spread of the cancer, He, his partner and the Urologist will discuss the many treatments and options available. Radical Retropubic Prostatectomy (RRP) is one option. Radiation, Brachytherapy, Hormone therapy are some others, sometimes there will be a combination. Surgery is sometimes done after radiation or hormone therapy. Sometimes all that is required is close "Watchful waiting". Grading and Staging Systems help the Urologist and Oncologist suggest the most successful treatment for the individual patient.
Implant. Some patients give up, accepting a change in erectile function.

Sometimes at this time the choice is an Inflatable penile erectile function. It may take up to 18-24 months to reach full recovery of injections are available, as well as vacuum devices. It other options available. Urethral suppositories, penile medication does not bring satisfactory results there are nurser will follow up with regular visits. If the oral blood flow to the tissues. The Urologist and the ED process of recovering erections. This may be an opportunity to review with he and his partner what previous counselling they have received. It is important that the Nurse has an understanding of the options available to these patients.

Men who undergo nerve-sparing surgery, and who have had a previously high level of sexual functioning are less likely to experience erectile dysfunction post Radical Retropubic prostatectomy. The likelihood of experiencing erectile dysfunction after RRP also increases with age. As with the general population 52% of men between 40-70 experience some impotence. General health, diabetes, heart disease, arterial hypertension, smoking and alcohol use are factors as well.

Treatment can now begin shortly after the removal of the Foley catheter, regular medication with PDE-5 inhibitors such as Viagra (3 times per week is given) to increase blood flow to the tissues. The Urologist and the ED nurse will follow up with regular visits. If the oral medication does not bring satisfactory results there are other options available. Urethral suppositories, penile injections are available, as well as vacuum devices. It may take up to 18-24 months to reach full recovery of erectile function.

Sometimes at this time the choice is an Inflatable penile implant. Some patients give up, accepting a change in the way they enjoy their sex life. They are still able to experience orgasm.

In this fast paced world, outcomes will hopefully improve. Surgeons performing Laproscopic Radical Retropubic prostatectomy are seeing a decrease in erectile dysfunction as well as incontinence. Robotic surgery is being done in some centres.

Availability of screening tests such as the newest PSA tests can give even earlier treatment. Lobbying is ongoing to have Medical Plans cover such screening. New research is ongoing.

Improved understanding of the need for counselling will assist ED nurses in the rehabilitation of erectile function in these patients.

Urology Daze

Every year the Edmonton chapter of UNC hosts an education day for anyone interested.

The theme for Urology Daze this year was Obstructive Uropathies. As usual it was a great success. The chapter had over 100 in attendance.

The audience included RNs, LPNs, students, physiotherapists and pharmacists and these came from both acute care and home care work settings. The topic covered was Pathophysiology of the lower tract, BPH and lower tract obstruction, stricture disease and surgeries, and management of obstructed voiding and intermittent catheterization. This meeting continues to show that a wide range of health care professionals, both local and within the province are interested in urology education and updates.

New Urological Research Centre

Several members of Urology Nurses of Canada from Kingston, Ontario are involved in an exciting, new urological venture.

A Centre for Advanced Urological Research has been established under the direction of Dr Alvaro Morales.

Dr Morales is a very well known Canadian urologist who has been studying hormonal changes in aging males for more than two decades. He was the first recipient of the prestigious, international Yamanouchi Award honoring urological research.

The research team, which will be headed by Dr Morales, includes Laurel Emerson, Angela Black, Sylvia Robb, Janet Clark-Pereira and Joe Downey who are all UNC members and active in the local Kingston chapter.

Fundraising has been ongoing for some time now and only $150,000 are needed to reach the goal for renovations and furnishings. There has been a tremendous response from industry, individuals and past Queens alumni (past residents and staff)

The centre is located at 62 Barrie Street, Kingston and is presently undergoing renovations by David J. Cupido Construction Ltd.

The official opening is slated for early July.

Continued on page 3.

Incontinence Websites
www.continence-fdn.org
www.continet.org
www.continetw.org
www.continence-fdn.org

www.aca.uk.com
www.simonfoundation.org
www.aboutincontinence.org
www.womensbladderhealth.com

Recently I was privileged to receive a copy of A Care Giver's Guide: A Handbook about End-of-Life Care.

This remarkable book was developed by the Military and Hospitaller Order of St Lazarus with the support of the Canadian Hospice Palliative Care Association. It was designed to assist family caregivers by complementing the guidance and assistance they receive from palliative care and home care professionals.

The beginning chapter is entitled When a Terminal Diagnosis is First Diagnosed and covers coming to terms with what is going on, what to expect, communication, caring for yourself, the caregiver, and support networks. There is a simple chapter on physical caregiving with many useful tips.

Another chapter deals with the physical problems of pain, nausea and vomiting, shortness of breath, loss of strength, mouth problems, bowel and bladder problems and confusion. There is a section on wills, dying at home, to make funeral arrangements and grieving.

A Caregiver's Guide presents family caregivers the information and emotional support. Sharing this journey with a loved one is better known is one of the few physicians offering this surgical option. Patient's recover faster and have no incontinence to date. Erectile dysfunction rates are being studied, but with this nerve sparing technique, it's looking promising.

The book is unique in making the user a participant in making arrangements and preparations. The events flow smoothly with no episodes of respite. Plans for the new chapter are underway.

Elizabeth Bowman RegN, BScN, Cneph(c)
Research Coordinator
Hamilton and District Urology Research Group.

Patient Navigation

Universal accessibility to health care is one of the fundamental rights of Canadians through Medicare. Unfortunately the evolution of the Canadian health care system has resulted in a very large, complex, and for most patients and many professionals, perplexing system. Patients and families frequently complain of poorly coordinated care, long waiting lists, poor connections and inadequate information. There is a great need to integrate institutional and community-based care and effectively balance health professional and patient perspectives.

Recently several workshops of the Canadian Strategy for Cancer Control confirmed the problem and suggested a potential solution: namely the concept of a patient navigator. The idea is to have someone help patients enter and navigate the maze of professionals, services and programs.

The Canadian Breast Cancer Initiative supported by Health Canada undertook a process to identify existing programs, obtain patient input and evaluate the efficacy of potential models. In 2002 they produced a report entitled "Investigation and Assessment of the Navigator Role in Meeting the Information, Decisional and Educational Needs of Women with Breast Cancer in Canada".

This states that a study was undertaken to obtain information on the status of the navigator role in Canada. 74 key informants were interviewed from across Canada. Every province was represented, as was a sample from both urban and rural settings and a mix of professionals.

Three models were identified:

- **An Active Coordination Model** – the navigator is actively involved in making arrangements and preparation for the patient.
- **A Facilitating Navigator Model** – the navigator provides information, support and encouragement.
- **The Shared or Tacit Model** – this involves several people providing navigation either tacitly or by design.

The models are remarkably similar in relation to most structural and process components.

Nurses involved in the navigator role may be called follow-up nurses, advanced nurse practitioners, clinical coordinators, cancer support nurses or case managers. In general any one of a number of people might occupy a navigator role. The particulars of the role do not differ appreciably, rather the major issue is that some provinces/regions are further along than others in the implementation of the more formalized role.

This is a report on the status with breast cancer patients but what about Prostate Cancer patients?

The Newfoundland and Labrador Prostate Cancer Advisory Board is interested in hearing from those involved in a navigator role particularly with Prostate Cancer patients. If interested please contact Sue Hammond – Hammond.so@yahoo.ca

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 Uroglogical Excellence Conference in Halifax, Nova Scotia.

Nominations due August 31, 2005.
Urology Nurses of Canada
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: Angela Black, Membership Coordinator at blacks@kgh.kari.net or visit www.unc.org.

Local Chapter News info: www.unc.org

The UNC invites you to participate with some of the UNC initiatives including:

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for the 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 Representatives 2004 - 2005

UNC Executive
The UNC represents the nursing profession in urology. The UNC is managed by an executive board composed of:

President: Susan Freed
Past President: Sue Hammond
Vice-President West: Calleen Toothill
Vice-President East: Emmi Champion
Vice-President Central: Fran Stewart
Membership: Angela Black
Treasurer: Lisa Lynch
Secretary: Brenda Boote

UNC Provincial Representatives
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Alberta: Laurel McDonald
Saskatchewan: Judy Pure
Manitoba: Betty Kirk
Ontario: Nancy Bauer
Quebec: Sylvie Robb
Quebec: Raquel le Leon
Nova Scotia: Carol Anne Lee
New Brunswick: Gina Porter
Newfoundland and Labrador: Sue Walsh
Ontario: Sylvia Robb
Quebec: Carol Anne Lee
Nova Scotia: Liette Connor

UNC Info

UNC Provincial Representatives

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Awards, Awards!
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-urology 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.

Male Sexual Dysfunction Scholarship
This award is available to a UNC member who wishes to further their interest in male sexual dysfunction.

This year $1000 will be granted for each of the Editorial, Research and Scholarship awards.

The Male Sexual Dysfunction Scholarship will remain at $2000 as in previous years.

These awards are made available through unrestricted educational grants given via our Corporate Sponsorship Program. The deadline for applications is August 31, 2005.

Applications/Nominations
Please send all nominations and applications for Awards to:
Sandra Rowan
200-1211 Yates St., Victoria, BC V8N 3N1
E-mail: s.rowan@shaw.ca
Fax: 250-381-3748

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