Up Coming Events

16th Urological Excellence Conference
October 2 – 4, 2003
Hilton Hotel,
Saint John, NB
“Where the Flow Begins”
Call: 506-632-5720
E-mail: porpier@reg2.health.nb.ca
Website: www.unc.org

How To Register Online

Many people have access to the internet and so the UEC - 2003 committee has developed the following steps to register online for the Urological Excellence Conference to be held in Saint John, NB on October 2 - 4, 2003.

The online registration can be found at www.unc.org

Do not forget to send your cheque or money order to:
Urology Excellence Conference - 2003,
St. Joseph’s Hospital,
130 Bayard Drive,
Saint John, NB
E2L 3L3

The cheque should be made payable to: UEC 2003

Steps
1. Fill out personal information
2. Check which conference fee applies to you
3. Check if you need extra tickets for Friday night
4. Check which dinner menu you would like
5. Check which concurrent sessions you wish to attend
6. Submit your online registration by pushing the register button.

You may also print the online form and post with your fees to the above address.

The Role of the Nurse Incontinence Advisor in a Urology Wellness Clinic

Frankie Bates, RN, NCA
Gina Porter, RN, NCA

Urinary incontinence (UI) is defined as the “involuntary loss of urine that is objectively demonstrable and a social or hygienic problem” (Abrams, Blaivas, Stanton, & Anderson, 1988). A recent national poll suggests that 1.5 million of community dwelling Canadians (7%) had suffered from an incontinence episode during the previous year (Angus Reid Group, 1997). The prognosis is good once the condition is diagnosed. Urinary incontinence is often a remedial condition. It is transient in 50% of patients. In 2/3 of the remaining 50%, the condition can be cured or greatly improved.

The costs of UI in the community are high, even if indirect costs (for institutionalization triggered by incontinence) are excluded. Extrapolating from U.S. figures (Wagner & Hs, 1998), the total direct and indirect cost of UI in Canada is probably about $2.6 billion/year (Canadian Continence Foundation, 2000).

The Nurse Continence Advisor: The role of the nurse continence advisor (NCA) has the potential to contribute significantly to resolving incontinence and decreasing the cost of continence management in home care programs (Skelly, 2000). A 6-month pilot study conducted by Skelly and Kenny (1998) examined the role of the NCA and estimated the cost for 704 patients to be $1.9 million per year. The majority of this cost is related to nursing and homemaker hours providing incontinence care. The pilot study also showed that reducing incontinence by 42% with the services of NCAs would translate into a significant cost savings.

The role of the NCA is not a new one. It was first established in Great Britain in the early 1970s. Lengthy waiting lists to see urologist specialists deemed it necessary to create the NCA role. Implementing this role resulted in a 41 enrolled in the program. There are presently 88 certified nurse continence advisors across Canada with 41 enrolled in the program.
A Prostate Support Group

I will never forget being asked to sit on a panel to discuss Prostate Cancer back in 1997. The panel consisted of a urologist, an oncologist, a urology nurse, and a patient. It was this patient’s vision to set up a support group for men diagnosed with Prostate Cancer. We were joined by Mr. Seeley and Mr. Oram from the Canadian Prostate Network. If 30 people showed up we thought it would be a great meeting. Believe it or not, 167 people filed through the doors that night. There were couples old and young, salt and pepper hats and fine business suits. Men even sat on either side of the room signing for the deaf. The need was tremendous.

And so the Newfoundland and Labrador Prostate Support Group was formed. Now 6 years later there are 3 chapters across the province holding regular monthly meetings. The interest is still there. Some even sat on the stairs at the last meeting in St John’s. The comraderie is evident. People are always made welcome and if they know of anyone in hospital a friendly face will visit.

Their mission statement is “To assist men with prostate cancer and their families by providing support and information necessary to make informed choices and decisions; and to increase early detection of prostate cancer through awareness and education.”

Information about Prostate Cancer is made available through the meetings, on their website www.prostatecancersupport.ca and in a newsletter, aptly named “In Touch”.

Each year, since 2000. “WALK A MILE IN HIS SHOES” is held across the province to promote awareness and funds. Last year $96,000 was raised. Some of this was used to employ a part-time worker whose job is to travel throughout Newfoundland and Labrador telling people about Prostate Cancer and encouraging men to be screened. Since he was hired 26,093 have attended his awareness presentations. This year 31 sites will take part in “Walk a Mile”, which is always held on the Saturday prior to Father’s Day.

The Prostate Support Group has lobbied for research into screening for Prostate Cancer by Family Physicians. This is presently being undertaken through Memorial University and the Newfoundland and Labrador Medical Association.

I would encourage Urology Nurses to get out and support the groups in your area. If we are the educators of health care then these men need our help and support.

Grant Loewen is also very interested in articles by nurses for “Our Voice” magazine. He can be contacted at grant.loewen@videotron.ca

Early detection saves lives.
UNC Award of Merit

It is time to recognize that "special" UNC nurse in your group. The one who has done that "extra" 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.

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A regimen of prompted or timed voiding can be beneficial in increasing bladder capacity, and is used in both the pediatric and adult population. The patient is started on a voiding schedule of 1.5 hour intervals during the daytime. The schedule is discontinued at night. As the patient becomes proficient at this interval, the time is increased by 30 minute increments until the patient is voiding every 2 to 3 hours (Doughty, 2000). Lifestyle changes and bowel management are also important factors.

The staff of the Urology Wellness Clinic firmly believes that urinary incontinence can always be managed and more often treated, cured, or improved. Their nursing background helps to lend an empathetic ear so that patients will "open up" and discuss very private matters. The staff’s incontinence background helps them to assess and treat patients suffering with UI, using individualized programs specific to their needs. It is the meshing of these two backgrounds that nurse continence advisors strive to bring to their practice.
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Urology Nurses of Canada

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

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For more information about UNC, contact: Louise McIntosh, Membership Coordinator at continence@service.netscape.net or visit www.unc.org.

UNC Representatives 2002 - 2003

UNC Executive

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President: Sue Hammond
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Vice-President West: Colleen Toothill
Vice-President East: Louise McIntosh
Vice-President Central: Susan Freed
Membership: Louise McIntosh
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2. Edmonton: Anna Sarkiw (Tel: 780-407-8622)
3. Calgary: Colleen Toothill (Tel: 403-541-3410)
4. Kingston: Geri Nicoll (Tel: 613-634-0520)
5. Ottawa: Susan Freed (Tel: 613-722-2000 ext 3900)
6. Montreal: Raequel de Leon (Tel: 514-842-1231 ext 34959)
7. Halifax: Emmi Champion (Email: emmi.champion@ns.sympatico.ca)
8. New Brunswick: Gina Porter (Tel: 506-633-5720)
9. Newfolandia: Tracey Tompkins (Email: tomjoe@roadrunner.nf.net)

How to form a local UNC Group

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- Authors for Pipeline articles
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The Urine Color Scale

Many of you will remember a presentation by Suzanne Bonhomme, a Clinical Consultant in Surgical Care from Cite de le Sante de Laval, at the Urological Excellence Conference - 2001 in St John's, Newfoundland. There she explained how a urology surgeon, a nurse from the pre-admission clinic, a nurse representing 4 local community health centers, a nurse from the regional center, and herself worked to develop a simple, clinical tool to help patients evaluate how much blood is in their urine following TURP and TURBN.

A graduated scale indicating 5 levels of urine color from clear to deep red was printed on a small card. Patients with Foley catheters were instructed to read the color of the urine in the tubing using this card. Then appropriate actions were listed on the back including a 24hr phone number for a level 4/6 deep red hematuria or any queries. Thus patients who had a TURP or TURBN could be sent home soon and followed in the community.

A great deal of interest was shown by nurses from across the country. Many were interested because it gave a standard description for urine color.

This simple but very useful tool is now available to all nurses across the country. Both English and French versions are available. For further information please contact Mr Gaetan Desmeules. His e-mail is: editionsressources@videotron.ca

Nursing Community Research Study

Strategic Marketing & Research, Inc., a professional market research firm located in Indianapolis, Indiana, USA is conducting an international research study among nurses on behalf of the Honor Society of Nursing, Sigma Theta Tau International.

The Honor Society of Nursing is one of the largest, not-for-profit nursing organizations for individuals in the world. The society’s vision is to create a global community of nurses who lead in using scholarship, knowledge and technology to improve the health of the world’s people.

Nursing is an ever-changing world. As new techniques and new practices are introduced, today’s nurse is constantly striving to stay current and that can be a very challenging aspect of a career in nursing. This study is being conducted to ask you opinions regarding the needs of today’s nurses. Specifically questions will be asked about your needs associated with:

- the availability of access to information on nursing research including evidence-based practice.
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This survey is for research purposes only and is not an attempt to sell anything. Individual responses are kept in strict confidence.

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The NCA Distance Education Program on Continence Promotion and Management is designed to assist the experienced registered nurse in acquiring the knowledge and skills to become an NCA. The academic requirements of the course are equivalent to 150 hours. The students complete the eight modules (usually one per month) and mail them in for marking. The clinical component includes 75 hours of clinical supervision and 75 hours of independent practice. It takes most students 1 year to complete the course. Further information about the program can be obtained from the Web site - www.fhs.mcmaster.ca/nursing/nca.

A NCA Program at Work

The Nurse Continence Advisor Program within the Atlantic Health Sciences Corporation at St. Joseph’s Hospital, Saint John, New Brunswick, has grown steadily over the last few years. The Urology Wellness Clinic now includes several exciting programs including Biofeedback and Stimulation Therapy, Nocturnal Enuretic Clinic, Continence Clinic, Prostate Clinic and Educational Services. The program involves two nurse continence advisors in a job-sharing position. Their nursing background assists them in treating various types of UI in a holistic conservative manner. The clinic is available to patients of all ages with varying types and degrees of UI. Referrals come from urologists, pediatricians, gynecologists and obstetricians. The continence clinic helps patients in the following ways:

1. Determines the cause of an individual’s incontinence and assesses which treatment modality specifically suits that patient’s need.
2. Helps to strengthen the pelvic floor muscles using exercises and biofeedback techniques.
3. Helps the individual to establish healthy bladder habits with bladder training techniques.
4. Evaluates the patient’s diet and fluid intake to assess his/her potential impact on the patient’s incontinence.

Evaluation and History

Once a patient is referred to the continence clinic the NCA will perform a thorough evaluation. Evaluation of patients suffering from UI centers on the history, physical examination and the development of a differential diagnosis. The Collaborative Continence Assessment Form is used to evaluate voiding habits, urine loss, fluid intake, caffeine intake, product use, bowel-habits, past medical history, medications, and functional ability. A post-void residual and pelvic assessment complete the assessment. Voiding can be observed at this time to detect signs of hesitancy, straining, or slow or interrupted stream that may indicate urethral obstruction, a bladder contractility problem, or both (Fantl et al., 1996). Certain conditions that are associated with or are known to contribute to UI (such as hematuria, glucosuria, pyuria, bacteriuria, and proteinuria) can be detected with urinalysis and microscopic examination.

Therapeutic Strategies

After acquiring a detailed history from the patient, the NCA can immediately start with some simple lifestyle changes that will often improve bladder problems significantly. Increasing the patient’s bladder capacity can improve nocturia as well as daytime frequency and urgency. Most individuals drink only half the amount of fluid they should in a 24-hour period. Two liters of water daily is stressed as a “normal” or adequate amount of fluid intake. Completing fluid intake 2 hours prior to bedtime is also stressed, particularly in the elderly and pediatric populations. This will help prevent nocturia and nocturnal enuresis.

Encouraging cardiac patients to keep their legs elevated during the evening hours can help promote a shift of fluid causing diuresis during waking hours.

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Edmonton’s Urology Daze
Anna Saskiw
UNC Alberta Provincial Rep

Each year in the spring the Edmonton Chapter hosts an educational day known as Urology Daze. Their theme this year was "In and Outs of Urinary Tract Infections". 150 health care professionals, involved in the care of patients with urinary tract infections and neurogenic bladders, gathered in the Zane Fieldman Auditorium at the Cross Cancer Institute, Edmonton to hear about the whys and wherefores of UTIs.

A marvellous array of doctors and nurses shared their insights into Upper Urinary Tract Infections, Lower Urinary Tract Infections, Urosepsis, Sexually Transmitted Diseases and Voiding Dysfunction, InterstitialCystitis and Treatment of Urinary Retention.

Needless to say the educational day was very well received.

The organizers were very grateful to their sponsors: Medtronic, Janssen-Ortho, Johnson & Johnson, Baxter, and Classic Health Supplies.

Any chapter who has hosted a day such as this will tell you that every bit of the organization required is worth it. We need educational updates and we need to get together.

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A Prostate Support Group

I will never forget being asked to sit on a panel to discuss Prostate Cancer back in 1997. The panel consisted of a urologist, an oncologist, a urology nurse, and a patient. It was this patient’s vision to set up a support group for men diagnosed with Prostate Cancer. We were joined by Mr. Seeley and Mr. Orum from the Canadian Prostate Network. If 30 people showed up we thought it would be a great meeting. Believe it or not, 167 people filed through the doors that night. There were couples old and young, salt and pepper hats and fine business suits. Men even sat on either side of the room signing for the deaf. The need was tremendous.

And so the Newfoundland and Labrador Prostate Support Group was formed. Now 6 years later there are 3 chapters across the province holding regular monthly meetings. The interest is still there. Some even sat on the stairs at the last meeting in St John’s. The comradery is evident. People are always made welcome and if they know of someone in hospital a friendly face will visit.

Their mission statement is “To assist men with prostate cancer and their families by providing support and information necessary to make informed choices and decisions; and to increase early detection of prostate cancer through awareness and education.”

Information about Prostate Cancer is made available through the meetings, on their website www.prostatecancersupport.ca and in a newsletter, aptly named “In Touch”.

Each year, since 2000. "WALK A MILE IN HIS SHOES" is held across the province to promote awareness and funds. Last year $96,000 was raised. Some of this was used to employ a part-time worker whose job is to travel throughout Newfoundland and Labrador telling people about Prostate Cancer and encouraging men to be screened. Since he was hired 26,093 have attended his awareness presentations. This year 31 sites will take part in "Walk a Mile", which is always held on the Saturday prior to Father’s Day.

The Prostate Support Group has lobbied for research into screening for Prostate Cancer by Family Physicians. This is presently being undertaken through Memorial University and the Newfoundland and Labrador Medical Association.

I would encourage Urology Nurses to get out and support the groups in your area. If we are the educators of health care then these men need our help and support.

Grant Loewen is also very interested in articles by nurses for “Our Voice” magazine. He can be contacted at grant.loewen@videotron.ca

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Up Coming Events

The Canadian Continence Foundation & The Canadian Urodynamics Professionals
2nd Joint Conference
June 20 – 21, 2003
Hilton Bonaventure Conference Centre
Montreal, QC
Call: 514-499-8920
E-mail: sorelcom@globetrotter.net
Website: www.unc.org

Canadian Urological Association
58th Annual Meeting
June 22 – 25, 2003
Hilton Bonaventure Conference Centre
Montreal, QC
Call: 514-499-8920
E-mail: sorelcom@globetrotter.net
Website: www.unc.org

Urology Nurses of Canada
at the CUA meeting
Monday, June 23, 2002
16.00 – 18.00 hrs
Call: 709-368-0101
E-mail: dhammond@avint.net
Website: www.unc.org

21st World Congress on Endourology
September 21 – 24, 2003
Palais des Congres,
Montreal, QC
Call: 514-286-0855
E-mail: wce2003@eventintl.com
Website: www.wce2003.com

16th Urological Excellence Conference
October 2 – 4, 2003
Hilton Hotel,
Saint John, NB
“Where the Flow Begins”
Call: 506-632-5720
E-mail: porpac@reg2.health.nb.ca
Website: www.unc.org

How To Register Online

Many people have access to the internet and so the UEC - 2003 committee has developed the following steps to register online for the Urological Excellence Conference to be held in Saint John, NB on October 2 – 4, 2003.

The online registration can be found at www.unc.org

Do not forget to send your cheque or money order to:
Urology Excellence Conference - 2003,
St. Joseph's Hospital,
130 Bayard Drive,
Saint John, NB
E2L 3L3

The cheque should be made payable to: UEC 2003

STEPS
1. Fill out personal information
2. Check which conference fee applies to you
3. Check if you need extra tickets for Friday night
4. Check which dinner menu you would like
5. Check which concurrent sessions you wish to attend
6. SUBMIT YOUR ONLINE REGISTRATION BY PUSHING THE REGISTER BUTTON.

You may also print the online form and post with your fees to the above address.

The Role of the Nurse Incontinence Advisor in a Urology Wellness Clinic

Frankie Bates, RN, NCA
Gina Porter, RN, NCA

Urinary incontinence (UI) is defined as the “involuntary loss of urine that is objectively demonstrable and a social or hygienic problem” (Abrams, Blaivas, Stanton, & Anderson, 1988). A recent national poll suggests that 1.5 million of community dwelling Canadians (7%) had suffered from an incontinence episode during the previous year (Angus Reid Group, 1997).

The prognosis is good once the condition is diagnosed. Urinary incontinence is often a remedial condition. It is transient in 50% of patients. In 2/3 of the remaining 50%, the condition can be cured or greatly improved.

The costs of UI in the community are high, even if indirect costs (for institutionalization triggered by incontinence) are excluded. Extrapolating from U.S. figures (Wagner & Hs, 1998), the total direct and indirect cost of UI in Canada is probably about $2.6 billion/year (Canadian Continence Foundation, 2000).

The Nurse Continence Advisor

The role of the nurse continence advisor (NCA) has the potential to contribute significantly to resolving incontinence and decreasing the cost of incontinence management in home care programs (Skelly, 2000). A 6-month pilot study conducted by Skelly and Kenny (1998) examined the role of the NCA and estimated the cost for 704 patients to be $1.9 million per year. The majority of this cost is related to nursing and homemaker hours providing incontinence care. The pilot study also showed that reducing incontinence by 42% with the services of NCAs would translate into a significant cost savings.

The role of the NCA is not a new one. It was first established in Great Britain in the early 1970s. Lengthy waiting lists to see urologic specialists deemed it necessary to create the NCA role. Implementing this role resulted in a conservative holistic approach to incontinence problems utilizing lifestyle changes, pelvic floor exercises, and biofeedback therapy. Patients often found that by the time they were seen by the urology specialist, their continence had improved to the point they required no further therapy. The NCA role was first established in Canada in 1995-1996. The first program for training NCAs was started as pilot project by the Ontario Ministry of Health, In Home Services Branch. The NCA education program was developed using a small-group, problem-based approach to learning. A group of 37 nurses was chosen from the Community Nursing Agencies across Ontario to participate in the program. The distance education program was first established in 1997.

There are presently 88 certified nurse continence advisors across Canada with 41 enrolled in the program.