



## Chairperson's Report February—March 2011

### Inside this issue:

Chairperson's Report	1
Editor's Report	2
ANZUNS Report	2-3
A Day in the Life of a Community Continence Nurse	3-4
VUNS Report	5
Nursing Education	6
APCC Nurses Meeting	6
Affiliates	6-7
Sponsorship Winners for ASM 2011	7

### Attachment:

Flyer for Educational  
Meeting—10 May 2011

### Newsletter Editor:

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Deadline for next  
Newsletter: **June 2011**

To all our VUNS members  
Welcome back to 2011. I  
hope you all had a restful  
break over the Christmas  
New Year period. This is  
our first Newsletter for  
2011.

I started writing this before  
our ASM in Christchurch.  
Like most people who at-  
tended this meeting I am  
still recovering from this  
experience. I was fortunate  
to have a few days to visit  
the city of Christchurch  
prior to the Urology confer-  
ence commencing. I en-  
joyed a lovely lunch in the  
picturesque town of Lyell-  
ton and also walked the  
bridle path never thinking  
that this town would be  
devastated a few days later.  
The Christchurch earth-  
quake was an experience  
that I definitely do not  
want experience again.

If you can gain a positive  
experience from this trag-  
edy then I believe I have  
done this. I always knew  
that the urology commu-  
nity was a very supportive  
group of people. I am well  
aware of the emotional sup-  
port, camaraderie and  
strength that I gained from  
my colleagues in this stress-  
ful time.

Our thoughts and best  
wishes go to the community  
of Christchurch. We can  
only imagine what you all

must be living through at  
the moment.

On behalf of VUNS com-  
mittee and members who  
attended this meeting in  
Christchurch, I would like  
to send our sincere thanks  
and gratified to all the vol-  
unteers, NZ Red Cross, and  
the support services for  
their expert help in evacu-  
ating us out to Wellington.  
Our Aussie weather has  
been very unpredictable  
this year and we send our  
thoughts and best wishes to  
those of you that have ex-  
perienced the recent floods.  
Our thoughts and best  
wishes are also with our  
Queensland Colleagues.  
There has also been a major  
earthquake and Tsunami in  
Japan, I am not quite sure  
what is happening to our  
world at the moment but it  
is unbelievable the disasters  
and loss of life that impact  
on their community.

My apologies for the heav-  
iness of this address and now  
will try and inform you of  
what is happening with  
VUNS for the coming year.  
VUNS executive committee  
met in January for our 1<sup>st</sup>  
strategic planning meeting.  
This was a very productive  
meeting, looking at the fu-  
ture of VUNS and the di-  
rection we would like to be  
heading in the next few  
years.

VUNS has developed an  
application form for educa-  
tional funding and also for  
the a scholarship to attend  
the Annual Scientific Meet-  
ing so please see the ANF  
VUNS SIG website to ac-  
cess this form. VUNS con-  
tinues to promote education  
meetings with one sched-  
uled for May, We are hop-  
ing to make this a fund-  
raiser for Christchurch stay  
tuned for further informa-  
tion. We also our joint  
meeting with Nurses for  
Continence, Meeting of the  
Waters scheduled for Satur-  
day July 23<sup>rd</sup>.

Please remember that

**VUNS is an  
association for all  
nurses with a passion  
for urology, so why  
not come onto  
committee and share  
the benefits of being  
actively involved in  
your special interest  
group.**

All enquires welcome  
please contact any of our  
committee members for  
details.

**Kath Schubach  
Chairperson VUNS**

Any comments to articles can be sent to me. Also If you would like to share a case study or typical day please send to me for inclusion in newsletter

## Editor's Report

First newsletter for 2011- Lots have happened so far a very eventful ASM.

Great articles this month have been submitted thanks to all. Any comments to articles can be sent to me.

Also If you would like to share a case study or typical day please send to me for inclusion in newsletter

We have another Affiliate

member on board so welcome Tena.

Another reminder for 2011 we will be using more electronic correspondence for ease and disseminating info instantly. For this to happen we need current e-mail addresses so if you haven't already done this can you forward your e-mail to Libby our membership secretary.  
libbyb@epworth.org.au

Also if you haven't been receiving e-mails from me you might need to send again in case we have a old one or even written it down wrong.

If anyone would like to contribute to the newsletter please forward in word doc to me.

Alison

averton@baysideurology.com.au

## ANZUNS Report by Jean Bothwell—Outgoing President

Incredibly almost three weeks have passed since the Christchurch earthquake and so most of the delegates present will have returned to home and work routines. It is obvious that this is worse than anything this city has seen. Worse than the September 2010 earthquake because it came at a time when people were working, with no darkness to hide the reality of it. Dozens of buildings collapsed throughout the city, crushing cars and buses with passengers inside, as well as those killed within the buildings themselves. Initially, we were stunned and bewildered - noting the damaged buildings, the ruptured concrete and roadways and within minutes the thick grey water and sludge pouring out of the concrete. We noted the stressed faces of Christchurch citizens as they attempted to flee the CBD to return to their homes and families, fearful of what they might find.

Each nasty aftershock brought with it another wave of fear.

Once the services were established to assist those of us listed as a 'displaced person', the evacuation process began. I have heard so many stories from delegates as to how well they were cared for and how impressed they were by all volunteers who assisted during this difficult time. Even Christchurch citizens, offering shelter and food for the night.

Along with the unfolding stories of tragedy, came those of courage - people risking their own safety in a bid to rescue others.

The Christchurch citizens are resilient people and whilst some have decided to leave, others are struggling on with limited services and without any assurance that their homes will be assessed as habitable. Neighbourhoods have rallied; a sense of community has emerged. Random acts of kindness have been common. In the aftermath of disaster this is where we

start, with the people, taking care of each other and acknowledging loss.

The support nationally and internationally has been amazing, from China, Taiwan, Britain, USA, Australia, Singapore, Japan. The true spirit of Anzac has shown through with police and search and rescue personnel from Australia. However, Christchurch certainly faces a long period of rebuilding to re-establish itself as a vibrant, entrepreneurial, innovative centre. I wish to offer to our Christchurch colleagues sincere sympathy for their losses; I am aware that the distress caused by so many aftershocks since September had already taken its toll and now this last quake must really seem to be too much. We are not living your daily lives and cannot even begin to imagine how distressing it is. We are all just people and we share your humanity at the most basic level, we're all mortal, all hopelessly fragile in the same way.



## ANZUNS Report by Jean Bothwell continued

I wish to acknowledge Julie Hedley (ANZUNS conference convenor), Gill Loughnan (scientific convenor) and the conference planning team for all the hard work and energy over the past year in preparation for the ANZUNS meeting. The days preceding the quake gave every indication that the meeting was going to be excellent, with great networking opportunities for our urological nursing colleagues.

I was deeply moved by Julie's opening address on Tuesday morning - there was incredible silence in the theatre during her speech. It was delivered in a manner showing pride in her country and Maori heritage. Thank you Julie. The Harry Harris Oration was given by Ray Avery,

New Zealander of the Year for 2010.

Ray, an orphan in England, eventually made his way to New Zealand and stayed due to his view of New Zealanders having a 'can do' attitude. How true this is! We are currently seeing on TV the innovative 'long drops' that people have developed .. and some smiles amidst the tears.

I am aware that this traumatic event will affect our delegates in different ways and trust that those of you recognising signs of stress have been able to seek comfort from family and friends and counselling if required. I hope too that your work colleagues have been supportive during your return to your jobs. I know we all have anxieties as to when/if our belongings will be returned. I

understand that some of the Hotels are still unsafe at this time and require further engineer assessments and stabilising before they can be accessed. Please refer to the USANZ ASM website

[www.urologymeeting.com.au](http://www.urologymeeting.com.au) for updated information regarding this.

Obviously, there is unfinished business related to the Annual Scientific Meeting and this will be gradually completed. The AGM from 23rd February will now be conducted electronically and you will receive this correspondence in the near future.

Finally, thank you to all the delegates who attended and I trust that we will cross paths again in the future. Hopefully, you will return one day to our beautiful country.

**I wish to acknowledge Julie Hedley, Gill Loughnan and the conference planning team for all the hard work and energy over the past year in preparation for the ANZUNS meeting.**

## A Day in the Life of a Community Continence Nurse

By Michael Dodd—Clinical Nurse Consultant Continence

On the road by seven am, to get to my first client of the day, "Jane" a 38 yr old lady who is bedfast and wheelchair dependent due to MS, have to get there before the carers arrive, whilst I am changing the Suprapubic catheter, we chat about how things are going. Jane has two young children and is reaching the point of being unable to care for them; I advise that I will ask our social worker to visit. Carer's arrive and I discuss transfer techniques, and bowel care. I tend to visit this type of client early so I can check skin integrity

and talk one to one.

Off to my next client, fight my way through the school traffic to see "Bill" a 68 year old retired engineer who has prostate cancer and secondary deposits in the bowel. (Has a Urethral catheter plus a colostomy) Whilst changing Bill's catheter he commented that his stoma bag was leaking. I talked bill through the bag change and advised on technique, we discussed Bill's nausea due to chemotherapy, and I checked that his PICC line was patent, made a mental

note to order more supplies for him.

On to see "Violet" a 94 year old lady, referred to me by the Aged Care Assessment Service, asking me to recommend a suitable continence pad for her. Her daughter was present at the visit. She advised me that she visits mum on a daily basis and was trying to persuade her to move into more supported accommodation

Violet presented as an alert and orientated well dressed lady, well nourished, well groomed. We discussed why



## A Day in the Life of a Community Continence Nurse

I was there and she was quite receptive to the visit. She described losing urine on exertion (coughing, moving etc.) I asked her to void and she passed approximately 25mls of cloudy urine, which on testing with Multisticks showed Positive Nitrites, Leucocytes++, so we may assume that this lady has a Urinary tract infection, I asked her to lay on the bed so I could do a bladder scan and check her for excoriation, the bladder scan showed a residual urine of 480mls. (Violet had no sensation of needing to void) Assume retention with overflow, I checked Violet's lying and standing blood pressure, no problems detected (Normal range for age) I also checked her blood sugar as it was over two hours since breakfast. (Within normal limits)

Her daughter advised that her mother suffers from constipation, and so we discussed diet and fluid intake and effects of medication.

I went through the Mini-Mental exam with Violet she scored 20/30 which is indicative of declining cognition, even though she presents very well.

Whilst going through Violet's medication I noted that she was prescribed Aricept which is an Acetylcholinesterase inhibitor this can cause urinary retention.

The daughter also stated that mum has been very "flat" since her husband died 5 years ago. (? Unresolved grief, depression) As

Violet is a Veterans affairs widow I suggested the veterans counselling service, and advised that I will refer to our music therapist

I phoned Violet's doctor, and we discussed the urinary retention and the? Urinary infection, she was agreeable to ceasing the Aricept and monitoring the outcome, and prescribing Antibiotics for the infection. I advised the daughter that I will refer for more in home assistance, such as personal care, meal preparation etc, to provide some relief for her, and to try to convince mum to take some respite care.

2 hours later back in the car, to the centre to try to answer some the mobile phone calls (6) that have come through whilst I was attending clients and start some paperwork for all the people I had seen this morning. Just got in when I had to attend a call out, for a blocked catheter. 80 yr old man just discharged from hospital with a size 22 urethral catheter and a overnight bag in situ and no other equipment (What can you say!!) Plus the obligatory urinary tract infection. I changed the catheter to a smaller size, phoned the local doctor. Organised supplies etc. (What is it that old people are allergic to drinking)

1pm out again (Where has the morning gone) eat some fruit in the car for lunch. Off to see a 24 yr old man with paraplegia, who was referred to me for a continence assessment by the Transport Accident Com-

mission? "John" presented with a spinal cord injury of T8 complete paraplegia following a motor cycle accident. He presented as a thin underweight wheelchair dependent young man, he was living back at home with his parents.

He had been taught intermittent catheterisation whilst in rehab. And there had been some problems with autonomic hyperreflexia due to his bowel management. We went through all the physical tests and I observed his intermittent catheterisation technique. "John admitted to being non-compliant at times, and was angry at having to live back at home with his parents. He is hoping to eventually move into his own unit, after giving all the advice about catheters and bowels plus aids and equipment etc. We discussed sexuality, as he is hoping to resume physical relationship with his girlfriend; I suggested some suitable resources he might like to explore. Its 2.30pm jump in the car.

Back to the centre to try to write all the letters/referrals/visit outcomes etc.

Discuss with primary nurses various clients we have in common, dispense advice on problems

Time to grab a cup of tea, 10 emails plus verbal and written referrals to deal with.

It's nearly 5pm time to think about getting out of here.

**Michael Dodd**  
Clinical Nurse  
Consultant  
Continence  
Royal District  
Nursing Service  
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## VUNS Report

by Janice Thompson, CNC-Continence, Continence Service Manager

Ms M, a 70 year old female, is referred to Bayside Urology Continence Clinic (BUCC) (based at Caulfield Hospital) with overactive bladder and incomplete emptying in 2008. She has a past history of an anterior posterior vaginal repair plus uterosacral suspension for vault prolapse in 2006 and Sjogren Syndrome. Sjogren Syndrome is an autoimmune disease that results in dryness especially of the mouth and eyes. As a result Mrs M is unable to tolerate anticholinergic medication (eg Vesicare) often used to help settle an overactive bladder due to the dry mouth side effects.

Since her prolapse surgery, Ms M has had to perform clean intermittent self catheterisation (CISC) twice daily due to her incomplete bladder emptying, draining volumes of 200-250mls. In addition, she has the overactive bladder symptoms of frequency, voiding 8-10 times per day, and bothersome nocturia, voiding 3 times per night. She experiences urgency incontinence and uses three continence pads per day.

Ms M is referred for a rigid cystoscopy at The Alfred hospital and for video urodynamics at Caulfield Continence Service

Video urodynamics shows detrusor overactivity with impaired contractility and incomplete bladder emptying. Mrs M has no desire to void when her bladder is

filled to 300ml and an involuntary contraction with incontinence occurs. When she then voids, she is only able to pass 130ml and does not completely empty her bladder.

In late 2008 Ms M undergoes a rigid cystoscopy with intradetrusor injection of 200 units of Botulinum Toxin in 20 different bladder sites. Ms M reports having a 'new lease on life' post Botox. She now needs to attend ISC four times per day to empty her bladder due to the paralysing affects of the botox and is continent. She has further intravesical Botox over the next few years, as required, dependent upon the recurrence of her overactive bladder symptoms ie urgency, frequency, nocturia, urgency incontinence.

Ms M attends a review at BUCC in 2011. She is experiencing recurrent UTIs and attending ISC 10 times per day. She is referred to the Caulfield Continence Service for review of ISC. She has been reusing her nelaton catheters for up to a week. She has been having a high fluid intake with herbal teas due to her Sjogren's Syndrome.

Ms M is advised not to reuse catheters. She is given an alternative brand of catheter to trial. She is advised that she can use non relubricated catheter when out and dispose of them as she has been using

her limited resources on relubricated catheters and supplementing this by reusing her more basic nelaton catheters.

Ms M is advised to limit her fluid intake to 2 litres per day. Ms M is advised to sip not scull fluids and restrict her fluids at least two hours before going to bed and overnight. Alternatives to fluids to help with oral hydration are discussed (eg artificial saliva products).

Ms M is followed up a week later after completing a bladder diary. She reports being very happy with alternative brand of nelaton catheters provided to her. Ms M stated she has been attending ISC four times per day and once overnight with volumes less an 500mls. She stated she had been trying to limit her fluid intake and was happy with her current ISC pattern.

Ms M advised to request non-lubricated nelaton catheters with her next Victorian Aids and Equipment Program (A&EP) application so to maximise her access to catheters and stop the need to reuse catheters due to cost. Ms M advised to use her Continence Aids Payment Scheme (CAPS) to purchase relubricated catheters as required.



## Nursing Education

The **Master of Nursing (Urology & Continence)** is a 1.5 year, full-time or 2-3 year, part-time award with exit options available at either the Graduate Certificate (60 credit points) or the Postgraduate Diploma (120 credit points). The course is only available via distance education. The course continues to attract students from around Australia and is continually updated to reflect changes in knowledge and practice. Prospective students may be able to apply for advanced standing on the basis of previous study and specialist clinical experience.

The enrolment form for the course and further information about the course (and the applications form) can be found at the following website (you need to scroll down the page for the urological/continence nursing course – click on the link for further information about the course and specific subjects):

<http://www.latrobe.edu.au/nursing/ProspectiveStudents/Postgraduate2009/index.php>

The **Prostate Care Nursing subject** is the only specialised program of study in Australia which prepares registered nurses to care for men living with prostate cancer and their families. In this subject students have the opportunity to develop knowledge and skills in the specialist practice area of prostate nursing care, particularly the nursing assessment and treatment options for men experiencing prostate problems. Scholarships may be available to support students with the costs of this subject.

For more information please contact Elizabeth Watt (Course Coordinator) on (03) 9496 4461 or [e.watt@latrobe.edu.au](mailto:e.watt@latrobe.edu.au)

Further details  
will be  
announced via  
our website  
[www.prostate2011.org](http://www.prostate2011.org)

## APCC Nurses Meeting

The Australian Prostate Cancer Research Centre Victoria (APCRC) is pleased to be hosting the 12th Australasian Prostate Cancer Conference (APCC) formerly the National Prostate Cancer Symposium. This year's event brings together world leading experts presenting their expertise and current research on all areas of prostate cancer care delivery. It will take place from 3-5th Au-

gust 2011 at the stunning Melbourne Convention and Exhibition Centre.

The Nurses Meeting promises to be a very exciting meeting, the morning workshop will cover a variety of nurse specific topics, followed by an afternoon plenary session held jointly with Clinical Psychologists, Continence Practitioners and GPs. Also back by popular demand is the Nurses Breakfast with our

special international guest.

For the first time, this year abstracts for scientific and clinical prostate cancer research may be submitted online in March. Oral paper presentations as well as poster presentations aim to showcase the work being conducted across a range of disciplines. The deadline for abstract submission is 30<sup>th</sup> May 2011 and there will be generous prizes for the best posters in each category.

## Affiliates



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## Affiliates continued



Xatral (Alfuzosin) Functionally uroselective alpha blocker for BPH

### Reps:

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Victoria west territory (Including Austin, Peter Mac, Freemasons)

Zoe Lang, 0403348656

Victorian Eastern Territory (Including St Vincent's, Epworth Richmond)



**Marianna Karamitsios—0409 448 067**

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**Penelope Lane—0402 970 208**

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Covering Victoria West

Melbourne (CBD, North, South, East, West), Ballarat, Geelong, Albury, Dividing Ranges, Wonthaggi, Warnambool, Mildura



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Ipsen is a global biopharmaceutical group, with sales exceeding 1 billion euros in 2009. Ipsen's focus is on specialty care drugs in oncology, endocrinology, neurology and haematology. Ipsen's research & development (R&D) centres and its peptide & protein engineering platform give the Group a strong competitive edge with R&D expenditure representing nearly 20% of Group sales in 2009.

Products promoted locally in the field of Urology include: Diphereline™ (for locally advanced and metastatic prostate cancer) and Enablex<sup>R</sup> (for overactive bladder).

Please contact Ipsen's local Representative, Ken Abbott on 0421811298, for further information about our products and services.

## Device Technologies Australia

Ms Lisa Kirsch

Product Specialist- Urology/Gynaecology & Urodynamics

Device Technologies Australia – Victoria

Email: [lkirsch@device.com.au](mailto:lkirsch@device.com.au)

Mobile : 0422 452 780

Products: Mediwatch Urodynamics

Bladder Ultrasound Scanners

Urodynamic Consumables

Uroflometry Systems

Device Technologies is very pleased to welcome Lisa Kirsch to the Victorian sales team. Lisa has a physiotherapy background, most recently from the Alfred Hospital and has a keen interest in the area of urogynaecology.

## Sponsorship Winners for ASM 2011

Lynda Hardy	AZ full ANZUNS
Melissa Carusso	AZ full ANZUNS
Alison Overton	VUNS Nurses ANZUNS
Grace Smith	Abbott Full ANZUNS
Lindy Thunder	Abbott Full ANZUNS
Elizabeth Hayes	Abbott Nurses ANZUNS
Mary Leahy	IPSEN full ANZUNS
Indra Jolyemi	VUNS full Scholarship \$2000
Ros Lawrence	VUNS Nurses ANZUNS
Donna Cowan	Astra Zeneca Nurses ANZUNS



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## **Victorian Urological Nurses Society Inc**

All correspondence to be directed to:  
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Fax: 9275 9344

**We're on the Web:**  
[anfvic.asn.au/sigs/](http://anfvic.asn.au/sigs/)

## **VUNS Committee 2010/2011**

**Chairperson**

Kath Schubach

**Treasurer**

Pat Bugeja

**Membership**

Libby Beale

**Newsletter Editor**

**And ANZUNS Rep**

Alison Overton

**General Committee Members**

Ros Lawrence

Donna Cowan

Kellie Matthews

Bronwyn Hughes

Merrill Rowland

Chris Redpath



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