

Nursing Assessment Turns Life Around

CLINICAL PROFILE

The Pipeline is a publication of the Urology Nurses of Canada (UNC) and sponsored by **BARD Canada**. The Pipeline is published each spring and fall for UNC members and sponsors and is also located at www.unc.org.

The Pipeline is looking for articles for publication about new initiatives in urology, latest technology, clinical research and evaluation, local chapter activities, patient and community resources.

**Deadline for next issue:
May 1, 2001**

Contact the Pipeline Co-Editors:

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Sister Lea is a very gentle, quiet, and sensitive ninety two- year-old woman from the Holy Cross Order who in 1995, underwent surgery for bowel obstruction. As well, between 1995 and 1998, she underwent several other medical and surgical interventions. These included treatment for Parkinson's disease, electrolyte imbalance, ischemic leg pain, hip fracture, patella fracture and one urinary tract infection. As she was unable to be cared for at home, Sister Lea was transferred to several long term care facilities before she was permanently placed in a long term care setting which met her physical and religious needs in December 1999. There she underwent a thorough nursing assessment.

After the bowel surgery she began experiencing urinary frequency, hesitancy and small volume voids. These symptoms resulted in many unsuccessful trips to the washroom which caused her great distress. By March 1999, her condition had gradually deteriorated to the point where her mobility and her ability to communicate were severely impaired. She also became very depressed and frustrated with her condition. Something had to be done.

INITIAL ASSESSMENT

<i>Medication review:</i>	Potassium chloride tid – Ranidine 150mg qd – Clonazepam tid Trazodone 25mg qhs- Ducosate Sodium 1qd –Metamucil II oz q am
<i>PRN:</i>	Lorazepam 0.5mg at hs- Zopiclone II tab. at hs- Maalox 30mg pc Acetaminophen 500mg or Ibuprophen 1-2 tabs q4hrs for leg pain
<i>Bladder diary:</i>	For 24 hour period: 14 voids (4 at night) Volumes: maximum 400cc – minimum 10cc
<i>Urinalysis:</i>	Negative
<i>Mobility assessment:</i>	Wheelchair bound- walker to bathroom with one person – transfer with one person – wheeled walker with 2 people and transfer belt for walks
<i>Cognitive assessment:</i>	Extremely slow verbal response – good comprehension – good long and short term memory – oriented to person, time and place
<i>Nursing Diagnosis:</i>	Altered pattern of urinary elimination, related to polypharmacy, and immobility

Continued on page 2

Nursing Assessment Turns Life Around

Continued from page 1

Collaborative Goals identified by Sister Lea facilitated by the RN

Decrease bladder distress, relieve leg pain at night, improve her mobility and communication

Health Care Professional Goals

Decrease medication doses, increase mobility, provide pain relief, support and encouragement.

INTERVENTION

Nursing interventions included initiating a toileting regime q 2hrs, a urology consult and a medication evaluation. Attempts to establish a reasonable time between trips to the bathroom did not help and only served to make Sister even more upset and frustrated; therefore the intervention was discontinued. For management of frequency Oxybutynin was ordered with no improvement so it too was discontinued. Zopiclone was increased to 1 tab q hs to help Sister sleep better at night. This helped somewhat but none of the interventions seemed to make a difference in her condition or quality of life.

Sister was then sent for a cystoscopy at which time she was diagnosed with hypotonic bladder and her medications were reviewed. Bethanechol 25mg tid was started with good results in that Sister experienced short term relief of her urinary symptoms, voided larger volumes and was able to wait longer periods between voids. However, the remainder of her medications were evaluated and found to have a negative effect on her bladder function, mobility and speech.

Clonazepam 5mg tid which had been ordered for relief of nocturnal leg pain was contributing to bladder hypotonia, depression, confusion, ataxia, unsteady gait, dysarthria and insomnia. She was gradually weaned to a lower dose and then acetaminophen with codeine was tried followed by Quinine. Neither had an effect and were exchanged for Acetaminophen 325mg which provided Sister some relief of the leg pain. From Trazodone 25mg q hs she experienced lethargy, stiffness, tremors, retarded speech, urinary retention and frequency. This medication was discontinued. Sinemet was prescribed for Parkinson symptoms with marked improvement in her mobility when adjusted to a higher dose. Her medication was also adjusted to ensure electrolyte balance. Ranitidine 150mg qd prescribed for stomach discomfort after meals was discontinued due its sedative effect and was replaced with Maalox. Lorazepam 0.5mg q hs was continued as needed for anxiety.

Some of the recommendations for Sister Lea to improve her bladder control, mobility and sleep included:

- Trying to delay the urge to void for few minutes at times
- Continue her daily exercises and walking as prescribed by her physical therapist
- Sit in rocking chair for short periods to exercise her legs
- Wheel herself as much as possible in her wheelchair to strengthen her arms muscles

SIX MONTH EVALUATION

Medication review: Over a 6-month period Sister Lea gradually improved. She experienced increased control over her bladder and her speech became more articulate. To her great joy she was able to communicate and easily express herself. Her physician reinforced the importance of ongoing medication, monitoring and assessment, using low drug doses, and balancing sedation and quality of life.

Mobility: Sister Lea's gait gradually improved over the six month period. She was re-evaluated by her physiotherapist who stated that with the assistance and supervision of staff, Sister Lea had made slow but steady improvement. With assistance and cueing she had achieved a much higher level of functioning than ever expected. No further intervention by a physical therapist was recommended.

Leg pain: The etiology of Sister's leg pain was investigated. A bone scan revealed osteopenia and soft tissue calcification, probably related to venous insufficiency.

Consultation: To ensure that there all conservative strategies for bladder management had been tried, a Urology Nurse Specialist was contacted to assess Sister Lea. A 24 hour voiding diary was done which showed an increase in urine production over night, not uncommon in elderly people. A portable ultra sound of the bladder showed that the bladder now emptied completely. The potential causes of Sister Lea's hypotonic bladder were pudendal nerve involvement during bowel surgery in 1995 and polypharmacy. Minimal sedation at night and monitoring of anticholinergic medications were recommended to keep her feeling well. Sinemet, for example, has anticholinergic side effects and would place Sister Lea at risk of an increased post void residual.

I am very pleased with the outcome of this assessment. In this case it has certainly contributed to a better quality of life for this patient. She is much happier and is very grateful. With ongoing support and encouragement Sister Lea is able to make informed decisions about her care. I can only promote the importance of a thorough nursing assessment and encourage all nurses to give this chance to other patients. It's all worth it!

Madeleine Maltais Prefontaine, RN
Koreen E. Fahey, RN BScN
Edmonton, Alberta

Special thanks
Grey Nuns of Alberta Provincial Council
Ginette L. Rodger, RN, PhD
Katherine Moore RN, PhD
Gloria Girardo, BScPT, Physical Therapist
Guy Blais, MD.

Laparoscopic Radical Prostatectomy

Minimally invasive surgical techniques appear to be the wave of the future, allowing for decreased surgical time and a shorter length of stay. At The University Health Network Toronto General Division, six laparoscopic radical prostatectomies have been performed.

Dan Mullally is the Urology Resource RN in the Operating room at Toronto General, and recently travelled to Paris, France with colleague Martha Sansom to study the technique. Currently in Paris, the procedure is taking 2.5 hours. Although this surgical time is consistent with a radical retropubic prostatectomy, the patients being discharged the same day as the surgery for morning cases, and next day for the afternoon cases. For comparison, the radical retropubic's are in hospital from 3-5 days. The use of narcotic analgesics are also minimal, allowing for a shorter recovery time.

The main concern with any new surgical procedure is the learning curve, and Dan and Martha have learned that firsthand. The first case in Toronto took 12 hours, but the OR time is steadily being decreased, and currently is 8-9 hours. In Paris, the original cases were similar in length, taking approximately 7 hours.

The goals of the laparoscopic technique are straight forward, and consistent with what are now considered common laparoscopic surgeries such as the vaginal sling and cholecystectomy. Decrease the invasiveness of the surgery, limit narcotics and the patients will recover more rapidly and have less complications. At the same time, the surgery must prove to be oncologically successful and have similar statistics pertaining to erectile dysfunction and continence.

With greater awareness and improved screening techniques, earlier prostate cancer is being diagnosed at an earlier, more curable stage. The laparoscopic radical prostatectomy is an innovative surgical technique that may be the wave of the future in the realm of urology care!

Dan Mullally RN
Toronto, Ontario

Pediatric Enuresis

In April of this year, the Edmonton Chapter of the UNC held an education session on pediatric enuresis. The guest speaker was Dr Lola Baydala from the Enuresis Clinic based at the Misericordia Hospital. Following is a brief synopsis of her presentation.

Though not overly common, enuresis can have devastating effects on not only the child but their families as well. The average age for girls to have achieved dryness is three and for boys four. At age seven, ten percent of children will experience some degree of enuresis and by sixteen that will have dropped to one percent. The Pediatric Enuresis Clinic facilitates the diagnosis and treatment options for these children.

There are several causes for pediatric enuresis:

- 1) genetic predisposition
- 2) deep sleeper
- 3) decreased ADH
- 4) small bladder capacity
- 5) emotional/behavioral problems

The complications of enuresis can set up a vicious circle. Decreased self-esteem, behavioral problems and restriction of social activities such as sleepovers/camps can make the child feel further alienated from his/her peers. In addition, the family incurs added costs for the increased laundry, ruined clothing and supplies to deal with the enuresis.

Diagnosing and developing a treatment plan takes time and patience for all concerned. An accurate history and physical exam are essential. A psychological profile and voiding diary will provide valuable information and finally, medical tests will be carried out as indicated.

Treatment options need to be tailored to the individual child. Fluid restriction in conjunction with motivational techniques, bedwetting alarms (not before the age 6) and medication will work but require perseverance and patience with adjustments as necessary. Reassurance and support are essential components of any treatment plan. Families need to know they are not alone and that there is hope.

Prior to this session, I had been unaware of the existence of this clinic and the presentation served to reinforce how valuable it is to be aware of the resources available in your community. Though you may not know the answers you can point people in the right direction.

Liz Smits RN
Edmonton, Alberta



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UNC News

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 6 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: Sandra Rowan, Membership Coordinator at (205) 381-3747 or visit www.unc.org.

UNC Representatives 2000-2001

UNC Executive

The Urology Nurses of Canada is managed by an executive board composed of:

President:	Sue Hammond
Past President:	Susan Madden
Vice-President West:	Liz Smits
Vice-President East:	Emmi Champion
Vice-President Central:	Laurel Emerson
Membership:	Sandra Rowan
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Quebec West:	Joanne Savard
Quebec East:	Suzanne Bonhomme
New Brunswick:	Gina Porter
Nova Scotia:	Liette Connors
Prince Edward Island/Newfoundland and Labrador:	Tracy Tompkins

Descriptions of each position are available in the UNC Constitution. Information on UNC news, programs and reports can be located at www.unc.org

Local Chapter News info: www.unc.org

Victoria	Info: Sandra Rowan	Tel: 205 381-3747
Edmonton	Info: Anna Saskiw	Tel: 780-407-8622
Calgary	Info: Coleen Toothill	Tel: 403-541-3410
Kingston	Info: Geri Nicol	Tel: 613-634-0520
Ottawa	Info: Peg Graham	Tel: 613-761-4823
	Susan Freed	Email: pgraham@ottawahospital.on.ca
		Tel: 613-721-2000-3900
		2000-2001 Program
Montreal	Info: Racquel De Leon	Tel: 514-842-1231 (4959)
Halifax	Info: Emmi Champion	Email: martin.champion@ns.sympatico.ca
New Brunswick	Info: Gina Porter	Tel: 506-632-5720
Newfoundland	Info: Tracy Tompkin	Email: tomjoe@roadrunner.nf.net

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 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".

Help Wanted!

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

- Authors for Pipeline articles
- Co-ordinator of monthly chat discussions on the UNC web site.

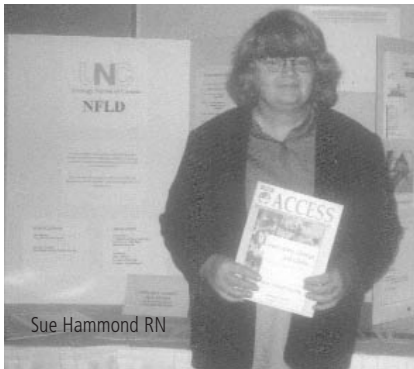
Feature on UNC Members

Focus on... Newfoundland Chapter

One of UNC Newfoundland Chapter's objectives reads: "To raise the profile of urological nursing within the nursing profession, medical profession, allied health care fields and the community" ...and it was time to get to work on achieving this.

It was decided to set up a booth at the 42nd Annual Meeting of the ARNNL being held in St John's. We are a Special Interest Group of our provincial registering body and thought this would be a good platform. We would feature UNC- NFLD together with daily topics of interest.

Out came the poster boards, computer, tape and markers. We displayed the UNC-NFLD mandate, the UNC website, the Standards of Urologic Nursing Practice, our workshop and contact names. We gave out UNC and UNC-NFLD membership forms, issues of Pipeline and Urologic Nursing Journals. Our daily topics included Prostate Cancer, Erectile Dysfunction and Kidney Stones. Any literature we could find about these subjects, we distributed. The response was phenomenal.



Community nurses in Labrador wanted to know how to change long term suprapubic catheters instead of having to fly patients to St Anthony, NF. Contacts were made with nurses in general surgery wards, diagnostic imaging, VON, rehab, and community health. One small clinic around

the bay wondered if we would come and give a talk on erectile dysfunction. A school of nursing was interested in the Prostate Cancer modules. If we didn't know the answers we put them in contact with those who did. We quickly ran out of printed material. I was writing down addresses of where to get the information and constantly referring them to www.unc.org

We certainly fulfilled our objective and this is a must repeat on our agenda!

Sue Hammond RN
St John's, Newfoundland

Focus on... Adrienne Booth

Dear Adrienne,

Thank you so much for all your help and support. You definitely go the extra mile for patients. You are indeed a credit to the nursing profession & I hope nurses with your caring & compassion will always be apart of our health care system.

Sincerely

Lynn Cassie
Ottawa Regional Cancer Center

Adrienne's efforts...

An idea for a project surfaced as I was approached by a member of the Prostate Cancer Association of Ottawa-Carleton. He asked me if I could think of a worthwhile endeavour that would benefit prostate cancer patients to which their group could donate discretionary funds.

After mulling it over, I came up with the idea that they purchase 2 flexible cystoscopes for the Brachytherapy program at the Ottawa Regional

Cancer Center. The Brachytherapy program began in November 1999. Shortly thereafter, the uro-oncologist facilitating this program asked me if he could borrow equipment to perform cystoscopy's during "seeding". Needless to say, this sort of equipment is in very short supply. Management had already voiced their opinion with a resounding NO. not to be discouraged, I allowed the urologist to smuggle the items with a warning to return them "promptly" if he valued his life. Thankfully he did, so this worked reasonably well for some time. But it was less than ideal. It took me a while but I finally got together a proposals, submitted it and it was ultimately approved? Karl Storz Canada has agreed to attach a plaque to each instrument stating that they were made possible through the generous donation of the Prostate Cancer Association Ottawa Carleton.

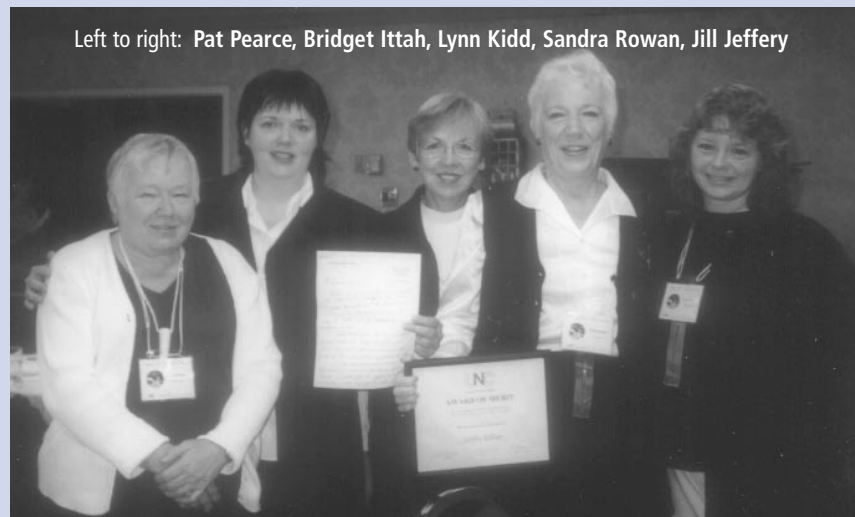


UNC Award of Merit

The purpose of the UNC Award of Merit is to formally acknowledge UNC members who have made a significant contribution to the principles on which the Urology Nurses of Canada was founded. Recognition may be made for significant contribution in the dimensions of education, research, or urologic clinical practice. Distinction may be through excellence in UNC promotion, UNC mentoring, or other enhancement of the UNC Mission. A selection committee chooses the winner. There are three members on the selection committee, one from the executive, one from the membership at large, and one from the corporate world.

Award of Merit
2000 recipient
Sandra Rowan
(second from right);
with nursing colleagues.

Presented at the
Urological Excellence
Conference,
October 14, 2000,
Kingston, Ontario



UNC Corporate Sponsorship Program *Revised*

The UNC has available a Corporate Sponsorship Program. This is a unique program available to corporations and associations and functions independent of general UNC conference corporate sponsorships. Corporate affiliations are available at the Platinum, Gold, Silver and Bronze levels. Each level offers different advantages. These affiliations are indeed valued and are essential to ensure the viability and growth of the UNC. For more information on the Corporate Sponsorship Program, please contact: Shelly Burton, Sponsorship Coordinator at 416/256-9606

2000-2001 Corporate Sponsors

Platinum:	<i>Pfizer Canada</i>
Gold:	<i>Abbott Laboratories</i>
Honorary Gold:	<i>Bard Canada</i>

UNC Web Site

The UNC world wide web site continues to attract visitors from around the world.

The site has over 400 pages of information, research and UNC resource information. Check out www.unc.org for local chapter information, Urological Excellence Conference Information, upcoming events, discussion page plus much more!

Additions to the site include Modules 3 & 4 of the popular Prostate Cancer Education Module – created by Abbott Laboratories.

Comments and suggestions for the web should be directed to Charlie Massel at masselcp@home.com or Susan Madden at maddensusan@yahoo.ca

UNC at CUA

Urology Nurses of Canada will host the 6th annual meeting of the UNC in conjunction with the 56th Annual Canadian Urological Association (CUA) meeting on June 25, 2001, at Toronto Hilton, Toronto, Ontario. Details of this meeting will soon be available at www.unc.org

NEW UNC Awards Program

Each year UNC members may be eligible for the following awards. The recipients will be announced each year at the Annual General Business Meeting.

UNC Award of Merit

Candidate must be a UNC member in good standing and nominated by two UNC members. Candidate must demonstrate excellence in urologic nursing through clinical practice, research or education. Candidate must demonstrate significant

contributions to Urology Nurses of Canada through promotion, mentoring or enhancement at a local or national level. Deadline for submission is August 31. The recipient will receive a plaque.

Poster Presentation Award

Presenters of posters at the annual Urological Excellence Conference are eligible for this award. The recipient of this will have demonstrated excellence in poster presentation and meet the pre-established criteria for posters. The recipient will receive a \$100.00 award from UNC.

Short Paper Presentation Award

Presenters of short papers at the annual Urological Excellence Conference are eligible for this award. The recipient of this will have demonstrated excellence in presentation and meet the pre-established criteria for short papers. The recipient will receive a \$100.00 award from UNC.

(Industry Sponsored) Editorial Award

This award is available to UNC members and writing about urologic nursing practice, education or research in one of the subspecialties including urodynamics, biofeedback, endourology, sexual health, uro-oncology, and continence. The article must be original, published within the year preceding the award, and previously unpublished. An award(s) of \$250.00 will be granted through the UNC Corporate Sponsorship Program. Submission for this award must be received by August 31

(Industry Sponsored) Research Award

This award is available to UNC members proposing research and related to urologic nursing practice in one of the subspecialties including urodynamics, biofeedback, endourology, sexual health, uro-oncology, and continence. An award (s) of up to \$1000.00 will be granted through the UNC Corporate Sponsorship Program. Proposals for this award must be received by August 31.

(Industry Sponsored) Scholarship Award

This award is available to UNC members who wish to further their education in an accredited program as related to the practice of nursing. A scholarship (s) in the amount of \$500.00 each will be granted through the UNC Corporate Sponsorship Program for full or part time study. Submissions for this award must be received by August 31.

Local Chapter Education Award

This award is available to UNC chapters who wish to promote excellence in urologic nursing practice through education. The education topic must be related to urologic nursing practice in one of the subspecialties including urodynamics, biofeedback, endourology, sexual health, uro-oncology, and continence. An award of \$100.00 will be available.

Further information and applications will soon be sent to UNC Members and available at www.unc.org

Up Coming Events

The 14th Annual Urological Excellence Conference: "Explore The Rocks, Waves & Water"

Newfoundland Chapter of Urology Nurses of Canada encourages you to attend the Urological Excellence Conference in St. John's Newfoundland, October 18-20, 2001 at Delta Hotel.

Call for abstracts: Abstracts are invited for the 14th Annual Urological Excellence Conference.

Concurrent sessions:

Abstracts are invited for the concurrent sessions and may include the following general topics:

- clinical approaches to the evaluation/treatment/management of specific urological conditions
- nursing research related to urologic nursing practice
- development of staff or patient education programs related to urology
- ethical decision-making in urologic practice
- patient care in uro-oncology or nephrology

General criteria for consideration are originality, clarity and concise presentation. A concurrent session will be 1 hour in duration. Research papers will be evaluated for purpose of study, method/design, results, conclusions and implications for nursing. Abstracts will be printed as submitted and should not exceed 250 words. They should be typed single spaced 12 cpi.

Posters/ Short Papers

We would like you to share your ideas with us!

- Doing a great job of teaching a urological procedure?
- Have a new method of helping patients learn?
- Getting good results in your practice at your institution?
- Perhaps you are not ready to give an oral presentation of your research
- Perhaps you feel that a common sense approach to urological nursing is what is needed...

Deadline for submissions is February 28, 2001.

Submit abstracts to Brenda Hicks. Fax: 709-834-8826 Email: cnorman@roadrunner.nf.net or visit www.unc.org

Society of Urologic Nurses and Associates (SUNA) 32nd Annual Conference

June 1-5, 2001, Disneyland Hotel, Anaheim, Ca
Info: 609-256-2335

56rd Annual Canadian Urological Association Meeting

June 24-28, 2001
Toronto Hilton, Toronto, Ontario
Info: 416-480-5956

Urology Nurses of Canada: CUA Affiliate Group Meeting

Monday June 25, 2001 @ 4 PM
Toronto Hilton, Toronto, Ontario, Toronto
Info: www.unc.org

Symposium for the Multidisciplinary Care of the Urology Patient at the Hospital for Sick Children

Saturday, June 23, 2001.
Info: Kimberly Colapinto, Tele: 416-813-6145
 Fax: 416-813-7869
 Address 6B, Urology Clinic
 Hospital for Sick Children
 Toronto, Ontario M5G 1X8