

The International Continence Society's 38th Annual Meeting

Originally known as the Continent Club, the International Continence Society (ICS) was founded in 1971. The first meeting was held in Exeter in 1971 with over 60 participants in attendance. The founding members decided that the society should meet annually with a different meeting chair and venue each year. Since then the ICS has grown, boasting a membership of over 3000 from 80 different countries. The membership is made up of many disciplines including physicians, surgeons, nurses, physicists, physiotherapists, bio-engineers and scientists. "The primary interest of the International Continence Society is to study storage and voiding function of the lower urinary tract, its' diagnosis and the management of lower urinary tract dysfunction, and to encourage research into pathophysiology, diagnostic techniques and treatment." (From the ICS website http://www.icsoffice.org/ASPNET_Membership/Membership/About.aspx)

This past year the ICS annual meeting was hosted in Cairo, Egypt from October 20 -24, 2008. This is the first time an African country has hosted the conference. There were over 2400 people in attendance. The first two days of the conference were devoted to workshops and courses that ranged in level from intermediate to advanced. Topics such as surgical management of stress urinary incontinence (SUI) in men, basic neurourology, OAB, chronic pelvic pain syndrome and Urodynamics were covered, to name but a few. During the scientific sessions of the meeting over 600 research posters were presented, with over 120 of these presented from the podium, allowing those in attendance to question the presenters regarding their research techniques and findings. All the posters were displayed throughout the three days with numerous time periods set aside for viewing. The over 600 posters were chosen from a record number of over 950 abstracts that had been submitted. The posters were set up and displayed in groups according to their research topic. These groups covered a wide range including: surgeries for SUI, lower urinary tract symptoms in men, pelvic floor, Urodynamics, ageing, and painful bladder syndrome.

This is a conference well worth attending. Many of the presenters are the authors of the articles and textbooks we refer to and read. It is a great way to see how a simple study can sometimes begin to lead us towards better treatment paradigms for our patients. Attending such a conference also encourages us as nurses to incorporate research into our practice as a way to prove best practice and validate what we do. Over the past several years the ICS has come to recognize the value and role nurses have in urology and we are gaining a stronger voice in this

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The Pipeline is a publication of Urology Nurses of Canada.

The Pipeline is published each winter and summer 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:

November 1, 2009

Contact the

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Preventing Needlestick Injuries at Work Safety-engineered devices offer protection

Every year thousands of Canadian health care worker suffer needlessly from accidental needlestick injuries. The Canadian Institute for Health Information reports that an estimated 66,000 health care workers are exposed to needlestick injuries each year, with nurses accounting for more than half of that total.¹ That's an astounding 180 needlesticks per day.

Real Risks. Real Costs.

The real danger of needlestick injury, as we know, isn't in the wound itself, but in the potential exposure to blood-borne pathogens. Some of these injuries can expose health care workers to serious and even fatal viruses such as hepatitis B, hepatitis C and HIV.¹

Financially speaking, the economic burden of needlestick injury is significant. The direct cost of general follow-up is estimated to be about \$500 per injury.² In cases of high risk exposure where the standard protocol is prophylactic therapy, that estimate can triple to \$1500.² And with infection, the cost of medical treatment, lost wages, and lost time can run well into the thousands of dollars.²

For many health care workers, however, the greatest burden is borne both psychologically and emotionally. Having to wait – sometimes for up to a year³ – to find out if they have contracted a virus from their injury can take a huge emotional toll on most workers. During this time, the stress caused by fear of imminent illness or death and the concern over potentially infecting family or friends can significantly impair quality of life. The financial costs seem almost irrelevant when compared to the emotional price paid for unnecessary needlestick injury.³

Nix the Sticks: Needlestick Injury Prevention Programs

Several studies have shown that needlestick injuries can be prevented through the implementation of a program that includes effective disposal systems, safe recapping procedures, practice guidelines, employee training, and surveillance initiatives.^{1,3}

A key component of this preventative program also includes the use of safety-engineered needles. The Centers for Disease Control and Prevention (CDC) in the U.S. estimates that 62 to 88% of sharps injuries can be prevented through the use of safer medical devices

organization. It should be noted that it is through the efforts of the ICS that many of the terms and definitions we use in urology today have become standardized through out the world. As nurses we need to continue growing as a voice in such a worldwide organization so that we will be there to help define the standardized urology terms, treatments and practices of the future.

I had the privilege to attend the conference in Cairo this year. I was delighted and honored to be among the more than 600 abstracts accepted for a poster presentation in Cairo. My poster was based on a retrospective chart review I carried out in 2007 titled “Retrospective Chart



Review of Patients Treated With SANS (Stoller Afferent Nerve Stimulation) and or TENS (Transcutaneous Electrical Nerve Stimulation) For the Treatment of Interstitial Cystitis / Painful Bladder Syndrome (IC/PBS).” Although it required a lot of my own time to carry out the study, it was well worth it when I shared my results with other urology nurses as a concurrent speaker at the UEC in Victoria. Moreover, the fact that I then had the opportunity to display it as a poster in Cairo was the “cherry on the cake”. Many thanks go to the UNC National Body for their support!

I would encourage anyone who is interested in Urology to try to get to one of these conferences. The exciting news is that the 2010 conference is being held in Toronto at the end of August. This will make it much more affordable to attend. I am already planning ahead and working on my funding to attend the Toronto conference. I hope to see more nurses out adding their voices to this valuable scientific meeting. ☐

By Gina Porter

including safety-engineered sharps and needles.³ Many provinces have already mandated the use of safety-engineered needles in hospitals and health care workplaces through their Health and Safety Act.

Anatomy of the Safety-Engineered Needle

A recent National Institute for Occupational Safety and Health/CDC Alert recommends the following guidelines for safety device design and selection¹ :


- The safety feature should be an integral part of the device
- The safety feature should be engaged with a single-handed technique
- The clinician's hands should remain behind the exposed sharp
- The user can easily tell whether the safety feature is activated
- The safety feature cannot be deactivated and remains protective through disposal

Many needles and devices have recently been designed with these standards in mind. For example, AstraZeneca's Zoladex[®] SafeSystem[™] has a built-in protective needle sleeve that activates automatically to cover the used needle. An audible click signals that the cover has been activated. This safety feature cannot be deactivated and remains protective through disposal. In addition, the entire injection process has been designed to be relatively short and simple, leaving less time for accidents or injury to occur.⁵

Abbott's LuproLoc[™], used for Lupron[®] injections, has similar safety features. The LuproLoc[™] must be activated manually, but the needle shield fully and securely covers the needle once injection is complete.⁶

Other safety-engineered devices include BD's Vacutainer[®] and SafetyLok[™] for safer blood collection, and several needleless IV infusion systems are beginning to make their way into the market as well. These are only a few examples. Needle and device manufacturers have long seen the need for superior safety devices that protect against accidental injury, particularly in the health care realm. With safety-engineered medical sharps now being mandated in most provinces, we are going to see this market expand and innovate to a level of sophistication that will meet, if not exceed, our demands for safe needle devices. We encourage readers to review their policies and procedures to minimize the risks of this significant occupational health hazard.

References:



1. Moser MA. Engineering out needle stick injuries (safety devices). *The Safe Angle*. Summer 2004;5-7.
2. Occupational Health Safety Agency for Healthcare in BC. Safer needle devices: a cost-benefit analysis of introducing safer needle technologies into your facility. Sharing Knowledge [Newsletter]. October 2004.
3. Workers Health & Safety Centre. Needlestick injuries: sharper response. Resource Lines [Newsletter]. Fall 2007. Accessed at: http://www.whsc.on.ca/pubs/res_lines2.cfm?resID=70. Accessed on May 15, 2009.
4. PrZoladex[®] LA Product Monograph, AstraZeneca, May 2009.
5. PrLupron[®] Product Monograph, Abbott Laboratories, Limited, October 2008. 

By Frances Stewart and Brenda Bonde

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	VP East Emmi Champion 2000 -Present
Working in Urodynamics Clinic as Nurse Continence Advisor. Experiences in Recovery Room/ Same Day Surgery in Halifax. Lecturer on a variety of topics, writes in Our Voice for the Prostate cancer Support Group.	
Involved in UNC on Executive and Local Chapters. Winner of the Education award 2004, Award of Merit 2005	
Contact 902-473-2570	
Email emmi.champion@cdha.nshealth.ca	
The Vice-President collaborates with provincial representatives to promote the UNC Mission, objectives and Membership. Liaises with UNC executive on Regional events research and educational initiatives. Assist with the programming and planning of the Urological Excellence Conference when held within their region. Promotes research recognition.	

AWARDS, AWARDS, AWARDS

UNC AWARD OF MERIT

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 Urological Excellence Conference in Edmonton, Alberta.

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-oncology 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.

This year \$1000 will be granted for each of the Editorial, Research and Scholarship awards. These awards are made available through unrestricted educational grants given via our Corporate sponsorship Program.

The deadline for applications is August 31, 2009.

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:
Gina Porter, Membership Coordinator at
membership@nbnet.nb.ca or visit www.unc.org.**

UNC Info

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UNC Executive

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Regina Info: Judy Pare: judy@crun.ca

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 "Pipeline".

Regina Chapter Conference May 22,2009

We had a great day with great speakers. Our first speaker spoke on trauma in Children, then Turp vs Green light Laser. We had the dietician from Hemodialysis speak on kidney disease and the laughing clown. Everyone really loved her as she made everyone really laugh and help digest their lunch. Our last speaker was the co-ordinator for the transplant team she brought a patient with her who had a pancreas and kidney transplant and she told us her story. She went through so much (31 days in hospital) but now she is not a diabetic – she was the youngest diabetic known in Canada – she was 18 months old.



We had 5 sales reps set up tables and one table was for The Prostate Survivor Group, I try and help them out as much as possible.☐

We were highly complimented on the day.

More pictures on our web site - www.rcun.ca

The Victoria Chapter

The Victoria UNC Chapter held an evening talk, January 13, 2009. The speaker was our newest Urologist Dr Jeff McCracken. Jeff recently completed a fellowship in Laproscopic and Robotic surgery in Seattle, Washington. He spoke on the Laparoscopic surgeries he is performing in Victoria, and the future of Robotic surgery hopefully coming soon. The evening was well attended with nurses from Community, Surgical floors, OR, PAR, Pre Admission, and Daycare. Sponsorship was provided by Stryker. Plans are in the works for more educational events.☐

World Continence Week 2009

As UNC members, most of us are aware that November is officially Incontinence Awareness Month (IAM) across Canada. In addition to this the International Continence Society (ICS) has designated June 22nd – 28th 2009 as the first World Continence Week.

This week is not meant to replace the respective countries local/ national awareness campaigns but more to increase awareness globally. We hope that it will create more media coverage and assist less fortunate countries with continence promotion and coordination of activities. The ICS and Continence promotion committee (CPC) will be helping to provide advice and coordination of this event. Resources in the form of advertising materials and links to the ICS website will also be available.

It is hoped that UNC will help promote the event as well as plan awareness raising activities. Examples of such activities are public forums, education sessions for health care professional or simply a booth in the hospital lobby to increase awareness of Urinary Incontinence. TCCF will have a link to on its website .We welcome UNC nurses to join our awareness campaign!☐

www.icsoffice.org

By Frankie Bates

Attention!

“Fertility Networking Opportunity!!”



The Vancouver Sperm Retrieval Clinic wants to hear from clinics doing **electroejaculation** or **vibrostimulation** procedures for sperm retrieval.

We hope to create awareness of our service and improve accessibility for clients who require access to reproductive care due to ejaculation dysfunction.

Our goal is to develop a contact list and to network to assist in developing best practices. If you or anyone you know works in this area, please contact us.

Shea Hocaloski RN, BtechN, shea.hocaloski@vch.ca

Marie Carlson RN, BSN, CRN(C), marie.carlson@vch.ca

604-875-8246

****Attention****

Dr. Stacy Elliott, Director of our clinic, will be attending the CUA conference.

She encourages you to contact her at the conference.

Her e-mail is stacy.elliott@vch.ca**

Stay tuned.....more information regarding our clinic will be coming your way in future editions of ‘The Pipeline’

3rd Annual Sex in Your City - Vancouver BC

February 20th, 2009

UNC member Shea Hocaloski and her co-workers in Vancouver held a unique and informative day long workshop addressing Sexual Health. Nurses and therapists learned valuable ways of looking at Sexual Health as part of helping our Clients.

After introductions and a talk by Dr Stacey Elliott on Chronic Illness and Sexual Rehab, attendees broke up into groups to brainstorm several case studies and looked at dealing with the issue of Sexuality in different Health Care situations; it brought out a lot of thoughtful scenarios. Real learning and networking experiences.

Shea introduced a diverse panel of persons with disabilities to discuss their personal stories and experiences. A very informative and candid discussion, which helped us see the needs of persons in our care, and the importance of Health Care Professionals to recognise “disabled people” as sexual persons, with needs and fears.

After lunch we learned of ongoing development of the

BC Guidelines for supporting sexual health in Care Facilities, and the work that is going on to recognise how sexuality may affect residents and care staff in our Facilities.

A panel of Health Care Professionals, physiotherapist, psychotherapist, a wound/ostomy/continence nurse, and an occupational therapist all spoke on how they have incorporated sexuality as part of their therapy/practice. They gave some case stories and their personal experiences.

We also learned about the Sexual Rehabilitation Services at GF Strong, and the important role the nurses and allied therapists play in care, research and education.

A bit of a fun “skit “ ended the day showing us how nurses and therapists might deal with patients who appear to need help dealing with a sexual health concerns. As with many attendees, I look forward to the next “Sex in Your City”. .☐

Shea Hocaloski can be reached at 604-734-1313 local 2147 for questions.

Coming Events

Canadian Urological Association

64th Annual Meeting

June 28-July 1, 2009

Westin Harbour Castle

Toronto, ON

www.cua.org

Urology Nurses of Canada at the CUA Meeting

Monday June 29, 2009

1600-1800 hrs

Westin Harbour Castle

Toronto, ON

Details tba

www.unc.org

22nd Annual Urologic Excellence Conference “Evidence and Caring: Spanning the Ages in Urological Nursing”

September 24-26, 2009

The Westin

Edmonton AB

www.unc.org

Canadian Prostate Cancer Network

Fairmont Hotel

St John's, Newfoundland/Labrador

September 9-11, 2009

www.cpcn.org

39th Annual ICS 2009

the MosconeCenter

San Francisco, CA, USA

September 29-October 3, 2009

www.kenes.com/ics

Society of Urologic Nurses and Associates:

SUNA Annual Conference

October 2-5, 2009

Hyatt Regency,

Chicago Ill.

www.sunu.org

AUA Northeastern Section

61st Annual Meeting

October 7-11, 2009

Fairmont Queen Elizabeth

Montreal Quebec

www.nsaua.org

SUI-30th Congress of the Society Internationale d'Urologie

November 1-5, 2009

Shanghai, China

www.siucongress.org

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