

Securement of the Indwelling Urinary Catheter: A Prevalence Study

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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, 2013

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Catheter securement is a fundamental aspect of catheter care and is an important strategy in preserving urethral integrity, patient comfort and reduction of catheter-associated complications.^{1,2} Experts in the area of Urology recommend appropriate stabilizing of urinary catheters following catheterization as part of evidence-based practice.^{1,3,4,5,6,7} Additionally, there is some evidence that securing urinary catheters can minimize the risk for catheter-related complications, including, catheter associated urinary tract infections (CAUTIs) and urethral trauma.⁸ However, the association between catheter securement and catheter-related complications has not been adequately investigated and there is overall insufficient knowledge of securement practices and the risk of harm associated with unsecured catheters. A literature search revealed only one United States (U.S.) prevalence study investigating the frequency of catheter securement, reporting a low prevalence.⁹ To date, there have been no published reports of catheter securement prevalence for hospitalized adults in Canadian tertiary care facilities.

To determine the consistency of catheter securement, a one-day prevalence study was conducted for adult patients age 18 years and older admitted to one tertiary care hospital in Edmonton, Alberta. Data was collected on 21 medical and surgical inpatient units. Inclusion criteria consisted of adult patients with indwelling urinary catheters who could provide written informed consent or had a family caregiver available for proxy consent. Data collectors recorded whether a participants catheter was secured and additionally, seven variables: (a) type of unit (medical versus surgical), (b) type of catheter, (c) type of securement, (d) location of securement, (e) unit where participant was catheterized, (f) availability of securement product on unit, and (g) type of consent (Self versus Proxy).

During a 6-hour period, 72 individuals were found to have indwelling urinary catheters and from this total, 44 agreed to be enrolled in the study. Only 8 participants had secured urinary catheters. The overall prevalence of securement was 18%, similar to the prevalence reported in Siegel's study.⁹ The rate of securement was 26% on surgical and 6% on medical units; no female participants had secured catheters. StatLock™ devices were the most prevalent method of correct securement as this was the only commercial product available on the nursing units. All surgical participants with a secured catheter had securing products supplied on their unit and in general, surgical units had a greater supply of securing products than medical units.

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The results of our study identified a deficiency in catheter securement practices and are consistent with estimates reported in the literature. We did not specifically address the differences between medical and surgical units with respect to securement practice – it could be affected by surgical nurses' exposure to products at conferences, application of securement devices in the operating room, more experience with catheterized patients. The differences are worthy of further investigation. Although the association between catheter securement and these variables were not statistically significant there are important clinical implications. Our findings identified issues of unsafe practice and highlight the potential for harm for patients with unsecured urinary catheters, which is useful to address current practice standards. This study also provides baseline data, which can be used to compare future prevalence studies or provide supportive data for further investigations on this topic. As we attempt to standardize catheter care and promote evidence-based practice, it is essential to pursue studies such as this that improve knowledge on catheter securement.

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By Yvonne Appah RN, MN
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Acknowledgements:

This research was supported by the Urology Nurses of Canada Research Award.

We would like to thank the following people who assisted with data collection: Linda Brockmann RN, Joyce New RN, Ama Sackey RN, Liz Smits RN and Anna Sokolowski RN.

CALL FOR NOMINATIONS - *It is that time of year again!*

Time to think about nominations for the UNC Executive positions that are up for election this year. If you know of someone who would do a great job or you are interested in a position yourself, please forward the name and contact information along with the position nominated for, to Susan Freed at sfreed@qch.on.ca. Each person nominated will be contacted to ensure they are interested in having their name stand. They will then be required to submit a short bio that will be available to all those attending and voting at the UEC in Saint John in September. The duties for each position can be found in the constitution on the UNC web site. Nomination will also be accepted at the UEC prior to the Annual General Meeting.

The positions that are up for election this year are as follows: Membership Coordinator, Secretary, Treasurer and Vice- President East as well as all the Provincial Representatives.

Please have nominations in to Susan Freed by September 1, 2013 to allow for nominees to be contacted.

If you have any questions please feel free to contact any member of your UNC Executive.

The UNC Constitution and the Annual General Meeting

The Annual General Meeting (AGM) is scheduled to take place on September 27th, 2013 during the 26th Annual Urology Excellence Conference in Saint John, NB. During the meeting, there will be an election for the following positions: Vice-President East, Secretary, Treasurer, Membership Coordinator and all Provincial Representatives. For the convenience of the membership, especially our numerous new members, an excerpt of the current UNC Constitution covering the AGM and election process, has been included below. For a complete copy please refer to www.unc.org under the "All About UNC" tab.

Article 8: Annual General Business Meeting of the UNC Executive

- 8.1 The UNC shall hold a general business meeting every calendar year in conjunction with the "Urological Excellence Conference".
- 8.2 Notification of the UNC Annual General Meeting will be distributed within 60 days of the meeting.
- 8.3 The annual UNC report shall be reviewed at this meeting.
- 8.4 The date and location of the subsequent AGM shall be announced at the annual "Urological Excellence Conference".

Article 9: Rules of Procedure and Order of Business at Meetings

- 9.1 The rules of the procedure and order of business governing meetings of the association shall be as follows:
 - 9.1.1 In the absence of the President, the meeting shall be chaired by one of the Vice-Presidents. In the absence of both the President and Vice-Presidents, the attending Executive members shall elect a chairperson.
 - 9.1.2 Business shall be conducted in the following order:
 - 1 Call to order
 - 2 Approval of agenda
 - 3 Approval of the minutes
 - 4 Business arising from the minutes
 - 5 New Business (including nominations, elections and appointments if applicable)
 - 6 Reports of the Executive members (includes annual conference report)
 - 7 Date of next meeting
 - 8 Adjournment
- 9.2 All Executive members shall be entitled to move or second motions and to vote at each meeting.
- 9.3 All motions are to be recorded in the Annual Report.
- 9.4 Non UNC members who are delegates at the Urological Excellence Conference may attend and participate in the AGM but not vote.

- 9.5 UNC members may attend the AGM and are entitled to move, second motions and vote.
- 9.6 Executive member unable to attend a scheduled meeting shall notify the President and submit a written report.

Article 10: Elections

- 10.1 Terms of office will be for a two-year period from election at the AGM. Members of the Executive may stand for re-election of office. The positions of President, Vice-Presidents West and Central and Sponsorship Coordinator (as deemed necessary by executive) will be open for election on even years. On odd years the positions of Vice-President East, Secretary, Treasurer, and Membership Coordinator will be open for election.
- 10.2 Nominations for Executive positions shall be accepted by mail or e-mail to the Membership Coordinator in advance of the annual business meeting at the UEC. Nominations shall also be accepted from the floor at the annual business meeting. Nominated members who consent to stand for office will be added to the list of potential candidates. Elected officers will be determined by the majority vote of the assembly. Nominations for the position of President will only be accepted if the nominated member has recent experience on the executive board of the UNC. In the event that there is no experienced candidate, the position of President-Elect shall be created.
- 10.3 Should an Executive position become vacant between AGMs, this position will be filled by appointment of the existing Executive (refer to Article 5-5.3) until the next AGM where that position will be added to the elections list to complete the remainder of that term.
- 10.4 The Past President shall conduct the election procedure filling the most senior position first. When a vote is to take place the candidates will be given 2 minutes to address the meeting, if needed. Voting will be done by a secret ballot. Ballots are to be shredded after each vote. The unsuccessful candidate(s) will be eligible for nomination to subsequent positions.

ATTENTION!!!!

Your UNC Pipeline is looking for articles. If you are a Nurse working with Urology patients, you may be able to write about your experiences, observations or perhaps a case study.

For more info or to submit an article please email the Pipeline at

uncpipeline@hotmail.com

Halifax Chapter News

On May 2, 2013, the Halifax Chapter of the UNC held their 7th annual Dine & Learn for nurses at the Saraguay Club in Halifax. It was attended by over 65 nurses from several communities, and work areas. These included Dartmouth General Hospital, inpatient unit; Hants Community, OR, Day Surgery, and Ambulatory Care; Eastern Shore (Sheet Harbour) Continuing Care and inpatient unit; IWK clinic, UDS, and spina bifida clinic; South Shore Regional Hospital, chemo unit; Fisherman's Memorial Hospital, ER; Colchester Regional, clinic, OR; Oakwood Terrace, Dartmouth, long term care; Rehab Centre 5th floor-spinal cord injury, inpatient; Cobequid Health Centre, urology clinic; Urology Nurse educator, 5B inpatient urology, 10A OR and the staff of HI Urology Clinic, Capital Health.

Liette welcomed everyone and thanked our sponsors for once again recognizing the importance of nursing education. Olympus Canada, Alveda Pharma, BioSynt and Laborie Medical Technologies joined us for the evening and had tables set up for attendees to speak with them about their products. Our other sponsors were: Medtronic of Canada Ltd, Astellas, Watson Inc., Pfizer, Allergan, Bayer Inc. and First Quality Medical.

Our first speaker was Dr. Rodrigo Romao. He is new on staff at the IWK, doing general surgery and urology. His topic was "All About Mitrafanoff". This was a very interesting talk, and well-received. Many of the attendees had never heard of the procedure, and had lots of questions, which Dr. Romao answered in a clear and simplistic manner.

Our second speaker was Dr. Devin Pugsley, a urology resident, entering his 5th year. He spoke about hormone therapy for prostate cancer. We owe a special debt of appreciation to Devin for talking to us on very short notice. He did a wonderful job, and helped to clear up some common misconceptions about this common treatment.

After an excellent meal, the nurses from the planning committee offered "Pearls of Wisdom" from their practice. Joanne Edmundson spoke on cecostomy, a good compliment to Dr. Romao's talk. Liette Connor presented on treatments for radiation cystitis. Emmi Champion spoke on biofeedback. Vickie Williams addressed unnecessary suprapubic catheter dressings, and culturing patients with indwelling catheters. Sue Marsh spoke about handmade catheter ties, and SinI connectors.

At the close of the session four names were drawn from those present to receive paid membership to UNC. Those selected were: Karen Sexton RN, Hants Community; Hilda Chiasson, VGH; Jen Schulz LPN, Oakwood Terrace, Dartmouth, and Monica Farrag, RN, CDHA. We also had a door prize donated by David Mal, a blood pressure machine; this was won by Paula Johnson from DGH.

We are very pleased with the continued interest shown by nurses for this annual event, and the continuing financial support from our representatives. On review of the evaluations, the greatest praise was for the Pearls of Wisdom, one nurse to another, so we are hoping to expand on that for next year. There is a wealth of urology experience out there to be shared!

By Vickie Williams

Kingston Chapter News

We had a very successful Spring Educational Evening Event on April 15th with 70 nurses in attendance and 10 pharmaceutical sponsors. The event was held at the new Medical building at Queens University.

We organized 2 presenters, the first speaker was Dr. Shawna Johnston, urogynecologist at Kingston General Hospital/Queen's University who spoke on Menopause - "What you didn't know and were afraid to ask". She gave a great talk on hormone replacement therapy and an update on the safety data.

The second speaker was Dr. Mike Leveridge, urologist at Kingston General Hospital/Queen's University, who presented on "The Emerging Role of Social Media in Urology". Mike gave an interesting talk on how social media can be used in a professional setting; he also shared some of the useful websites for patient education. Mike is well known to the UNC; he presented on Bladder Cancer to our group at a CUA meeting a couple years ago, and has been a support to our local group as well.

We continue to hold monthly meetings on topics such as prostate cancer, incontinence in the elderly, and Kidney Cancer Canada (Joan Basiuk). In the future, a Canadian cancer society volunteer will be sharing his experience.

By Sylvia Robb
UNC Vice - President Central

Edmonton Chapter News

The Edmonton chapter hosted "Urology Daze" 2013 on April 5, 2013 focusing on the assessment and treatment of incontinence. Topics included urinary incontinence in children, women, men, and the frail elderly. Other topics included neurogenic bowel management, putting the fun in function for the pelvic floor, and nocturia.

Approximately 100 participants took part and the following sponsors supported our day: Astellas Pharma Canada Inc., Attends Healthcare Products, Bard Canada Inc., Classic Health Supplies Ltd., Coloplast Canada Corporation, Hollister and Watson Pharma Company.

We had raffle prizes donated by the Edmonton Oilers, Independent Jewelers, and Smith and Wright Opticians. The money raised from our raffle goes towards supporting research and we are happy to report that Yvonne Appah successfully defended her thesis on catheter securement devices. We received very good to excellent evaluations and the day was enjoyed by all.

By Liz Smits
UNC Vice - President West

Urology Nurses of Canada and Urology Excellence Conferences: Our History spanning 25 years!

The first Urology Excellence Conference was held in Toronto Sept. 22 – 23, 1988. This trend continued as Toronto also hosted in 1989, 1990 and 1991 before another group of dedicated urology nurses took on the task of chairing the conference in Kingston in 1992.

The local organizing committee in London, Ontario stepped forward in 1993, followed by Ottawa in 1994. In 1995 the first conference outside Ontario was held in Halifax, Nova Scotia. These annual conferences have always been well attended and represented by Industry. The meetings are a great way to network, share information and catch up with old friends. It is always good to see the latest product at the exhibit booths and meet our industry partners.

Toronto has hosted six conferences in all between 1988 and 2008. London hosted two conferences in 1993 and 2011, Kingston hosted in 1992 and 2000, Ottawa in 1994 and 2002, Halifax in 1995 and 2005, Montreal in 1996 and 2006, Edmonton in 1997 and 2009, Victoria in 1999 and 2007, St. John's NFLD in 2001 and 2010, Saint John, N.B in 2003, Calgary in 2004. Our most recent (and 25th celebration of Urology Excellence conferences) was held in Regina, Sask. in 2012.

Generally speaking, the conference moves from East to Central and to Western parts of Canada so locals can all get a fair chance of receiving education in urologic topics. There are chapters in: St. John's, NFLD., Halifax, NS, Saint John, NB, Kingston, ON, Ottawa, ON, Toronto, ON, Regina, Sask., Calgary, AB, Edmonton, AB, and Victoria, BC.

The original constitution for the Urology Nurses of Canada was written in May of 1995 and has subsequently been revised eight times between 1997 and 2009. This is undertaken by the executive committee of the UNC under the guidance of our president and chair. It is then voted on by the membership.

The UNC is proud to be 25 years strong and counting!

By Liz Smits RN,
UNC Vice - President West

Conference News Flash:

A **FREE UNC Membership for 2014** will be given to the **26th** and **100th** person to register for and attend this year's conference! If registration exceeds 150 then the **150th** person will also receive a free membership!

Please note - the on-line conference registration link does not allow concurrent sessions choices to be entered. Please print off the registration form and mail in with your payment. Sorry for any inconvenience this causes.

26th Annual Urological Excellence Conference

September 26-28, 2013
Saint John, NB

HILTON SAINT JOHN
Tel: (506) 693-8484
www.hilton.com/

Registration deadline is September 12th, 2013. To register or see the program online go to www.unc.org and click on the conference info tab. Come experience New Brunswick's down home hospitality, beauty and cuisine all while networking with great urology nurses from across Canada!

For further information please contact Gina Porter at gina.porter@horizonnb.ca



UNC Funding and Awards Program

Each year the Urology Nurses of Canada invite their membership to apply for the following awards:

The **Research Award**. This award is valued at \$750.00 and is presented at the annual UEC. It has been provided by the generous support of our national corporate sponsors. Please refer to the criteria for further information.

The **Scholarship Award**. This award is valued at \$750.00 and is presented at the annual UEC. It has been provided by the generous support of our national corporate sponsors. Please refer to the criteria for further information.

Two **Nursing Education Initiative Awards**, valued up to \$500.00 each. This award is a reimbursement program providing financial assistance to Urology Nurses of Canada (UNC). These grants are available to support nurses engaging in continuing educational events for the enhancement of knowledge, professional skills and patient outcomes specific to the practice of urology. Funding of up to two awards is provided by the generous donations of national corporate sponsors and donations from UNC members.

[There is no deadline to apply for this award.](#)

Up to five **UEC Attendance Awards**, also valued at \$500.00 each. This award is a reimbursement program providing financial assistance to Urology Nurses of Canada (UNC) members to attend the annual Urological Excellence Conference. Funding for this award is provided by the generous donations of national corporate sponsors.

[The deadline to apply for this award was May 15, 2013. Those who have won the award will be notified by June 15, 2013.](#)

The **Award of Merit** - recognizes the individual who has made a significant contribution to the UNC. Please refer to the criteria for further information.

The **UNC Chapter Award** for new local chapters. The UNC will award \$200.00 to a chapter that wishes to assist in starting another chapter. The award may be used for renting a room, providing food, acquiring a speaker or advertising. A letter requesting the award must be accompanied by a plan on how the award will be used.

All applications must be type written and/or sent electronically to vpwest@unc.org. All award applications and criteria are available on the UNC web site at www.unc.org. Applicants will be contacted upon receipt of application.

The UNC is committed to developing, disseminating and implementing new knowledge in practice. We achieve excellence in clinical practice by encouraging and supporting our membership in their participation in research, knowledge acquisition and academic achievement.

CRITERIA for RESEARCH AWARD

- Applicant must be a current member of the UNC.
- The purpose of the research must be related to Urological nursing practice or the sub specialties of Urodynamics, biofeedback, endourology, sexual health, uro-oncology or incontinence.
- The research proposal and protocol must accompany the application.
- Research must be approved by ethics, in progress or complete.
- Expectation of the successful applicant(s) is: A short article for the Pipeline on the impact on your specific practice or present poster of choice for the next UEC conference.
- Applicant must not have been the recipient of any funding from the UNC in the previous year.

[Submission deadline September 1, 2013.](#)

CRITERIA for SCHOLARSHIP AWARD

- Applicant must be a current member of the UNC.
- The applicant must be enrolled in or have completed a course related to their practice.
- The applicant must submit a letter with the application, outlining the course, proof of registration or completion.
- Successful applicant will be required to submit proof of completion.
- Expectation of the successful applicant(s) is: A short article for the Pipeline on the impact on your specific practice or present poster of choice for the next UEC conference.
- Applicant must not have been the recipient of any funding from the UNC in the previous year.

[Submission deadline September 1, 2013.](#)

CRITERIA for UNC AWARD of MERIT

- Must be a UNC member in good standing.
 - Nominated by two UNC members.
 - Demonstrates excellence in Urological Nursing through practice, research or education.
- OR
- Demonstrates significant contributions to the UNC through promotion, mentoring or other enhancement of the UNC Mission at a local or national level.

[Submission deadline September 1, 2013.](#)

"Women's College Hospital Toronto, ON"

Women's College Hospital is a facility located in downtown Toronto. In 2010, our hospital became an Ambulatory Care Centre. All surgical procedures at this facility are performed through day surgery. Patients must meet certain criteria in order to be discharged within 23 hours. The hospital has only 3 overnight stay beds. With great anticipation we will be moving into our brand new facility in mid-May 2013.

Our hospital's urology department has a large focus towards andrology procedures. Then majority of urological surgeries performed here are for male fertility and erectile dysfunction issues. They include but are not limited to: vasovasostomy, vasoepididymostomy, micro testicular biopsies, curvature correction for Peyronie's Disease and penile implant insertions. Prior to our facility becoming an ambulatory centre, patients receiving surgery for curvature correction or an implant were kept in hospital overnight. Due to the limited number of beds available, a pathway of care for these patients was needed in order to have them go home the same day.

A working group consisting of surgeons, anaesthetists, and nurses from the operating room, post-anaesthesia care unit, surgical day care, critical day unit (23 hour stay unit) and home care was fronted to create this pathway. It is essential that these patients and their families receive excellent pre and post-operative education, in order for their successful discharge. With this new pathway of care, these procedures are done as the first case of the day. This allows the patients sufficient time to recuperate prior to discharge.

Since implementing this change, 97 percent of patients have been discharged home on the same day.

Julia Copp RN CPN(C)

Sylvia Robb

I joined the UNC when I was the Urology Charge Nurse in the Operating Room thirteen years ago. I am presently a full-time Research Coordinator in Urology at Queen's University. I was a provincial rep for 3 years before becoming the VP Central Canada, presently in my second term.

I have also been the secretary for our local group in Kingston, and in the past 4 years have held the position of President. We have increased the profile of our local group and work closely with the urologists and the pharmaceutical companies.

My nursing career has brought me experience in a variety of settings including surgical ward nursing, renal unit, recovery room, intensive care, operating room and clinical research.

Our family actively takes part in charity runs for Cancer and Diabetes. I also enjoy keeping active by cycling with my husband and taking part in running events with my adult children. I am presently training for a Half Marathon for Team Diabetes.

Sylvia Robb
UNC Vice - President Central

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 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, web access to the 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@unc.org or visit www.unc.org.

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".

With the contribution of Ms. Sandi Disher and Ms. Emmi Champion, Registered Nurses.

Although BOTOX® has been incorporated for some years already in urology clinics across the country, it is only in December of 2011 that Health Canada has officially approved its use for the treatment of neurogenic bladder in patients with spinal cord injury or multiple sclerosis. Emmi and Sandi were both first exposed to the treatment through a research protocol that was being conducted at their respective center in 2006-2007. Given the experience they have had with the treatment through the years with their respective clientele, they would like to share their perspectives on this treatment and how it can potentially impact a patient's life.

At UHN Toronto Rehab Lyndhurst, the treatment is first proposed to a patient by the urologist who in the view of Sandi, is in the best position to propose the different treatment options including BOTOX®, to review the contraindications to the treatment, potential adverse events, etc. Immediately following that consultation, Sandi then follows up with the patient to provide more information on the actual procedure, the pre-procedure preparation; including the premedication with antibiotics, and the post-procedure follow up required.

Setting realistic expectations with the patient is something Emmi and Sandi find of great importance, to ensure the patient understands the goals of the procedure and the associated risks. Emmi also adds: 'They need to be told that this treatment is temporary and will need to be repeated, and how often.'

Questions typically asked by patients before receiving the treatment are very often related to safety. 'Patients want to know if something serious will happen to them and I tell them not really because it is a local treatment' says Sandi. Other questions patients typically ask based on Emmi's experience is how the BOTOX® is injected, if it will hurt, when it will start to work and for how long, and lastly, if the treatment is covered by their health plan.

'Patients like to have written material that they can review at home with family, their family physician and other health care providers' says Emmi. To help answer the questions of patients, Sandi and Emmi use various sources of information depending on the specific needs: the BOTOX® patient brochure developed by the company is a good base to discuss the most frequently observed adverse events such as hematuria, UTIs and information on intermittent catheterization (IC). As patients often come to clinic having already researched the internet for information on BOTOX®, it is important to explain to them that not all sites on the web are evidenced based nor do they always provide reliable information. In such cases, Emmi will redirect patients to websites such as the CUA website, CNCA website, ICS website or the Canadian Continence Foundation (www.continence-fdn.ca), which are all

great resources with credible information.

Another important aspect to review with the patient is their willingness and ability to initiate IC if they are not already doing so. IC teaching will be initiated, or reviewed as necessary as it may become for some patients, their only means of emptying their bladder. Based on her experience, Emmi has realized the importance of discussing catheterization early enough with the patient to make sure they know about it, and they agree and are capable of doing it if required. Additional factors are discussed such as the patients level of sensation and degree of leg spasms they experience with their condition as that will need to be taken into consideration for the anesthesia of the bladder and during the procedure itself. Some urologists will prefer to do the procedure under general anesthesia.

The first time the treatment was conducted, Sandi recalls: 'it was a little bit of a struggle for us to get all the material ready, including the flexible needles. With time we've quickly become accustomed to the technique and the organization required to perform it smoothly. The injection technique in itself is straightforward. The procedure is typically well tolerated by patients who are surprised to see how quick the procedure is. We provide patients with our phone number so they can call us if they feel anything is different in their bladder health after they leave the clinic.'

Emmi estimates based on her years of experience with the product that about 70-90% of patients treated at the QEII Center see significant improvement in their symptoms. 'It is an effective treatment for many patients and less invasive than an ileocystoplasty which in the past would have been offered if they failed medications, other treatment options and conservative management. Now, they can try BOTOX® first! It is a treatment being offered routinely as a possible treatment option to these patients with neurogenic detrusor overactivity who qualify. We have at our center approximately 120 patients per year receiving this treatment and patients that have success with the treatment continue to use it. They find it works great but after a while the frequency and leakage returns and they know they need another treatment.'

For Sandi, because of the more severely affected population seen at her institution, she mentions that the effectiveness of intravesical BOTOX® can vary considerably, but for those whom the treatment is successful for; the treatment can make a great improvement in their quality of life. That has become one of the key themes regarding this treatment for those who respond to it: people are really happy, especially those who cannot tolerate oral anticholinergics, and their quality of life greatly improves. They don't feel the need to catheterize as frequently because the sense of urgency has diminished, they are now dry between catheterization and also, they don't suffer from the adverse events typical of anticholinergics such as dry mouth or constipation. Conversely, for some patients the effect of the treatment can be minimal or very short lived. These patients, after consultation with the urologist, may then be offered a repeat treatment with an increased dosage.

Nowadays, a lot of the patients new to BOTOX® have heard of it through other patients and are more readily asking for it compared to a few years ago. At Lyndhurst, Sandi is seeing an increase in the number of patients requesting the treatment following the recent decision of the province (Ontario drug benefit) to reimburse the treatment. She anticipates this will increase the demand at her clinic for cystoscopy time as the treatment becomes more easily accessible and will force them to modify the management of the clinic time and adapt to the increase in demand.

Overall, from Sandi and Emmi's experience, BOTOX® can be a good treatment option for patients with neurogenic detrusor overactivity who experience a lot of side effects with oral anticholinergics as compliance to the treatment is not of concern and this decreases the risk for upper urinary tract complications as their bladder is better controlled. While the treatment may not work for every patient, there is a good proportion of patients responding to it and it is definitely worth trying to see if it will work for a given patient.

Sonia Brault, Ph.D., Allergan Medical Affairs has served as a medical script in the development of this article.

Ms. Disher RN BScN CRN(C) , works at University Health Network Toronto Rehab Lyndhurst which specializes in the treatment of patients with spinal cord impairment. The type of clientele seen at Lyndhurst includes patients with SCI, MS, spina bifida, transverse myelitis, or spinal tumor. Sandi has focused her practice on rehabilitation working at Lyndhurst since 1989 and more specifically at the urology clinic since 2000.

Mrs. Emmi Champion RN NCA, works at the Urology Department of the QEII Health Sciences Center in Halifax, a teaching hospital associated with Dalhousie University. The urology team is responsible for providing urological care to all patients within the Capital District Health Authority and also sees patients with complex urological issues from across the Atlantic Provinces. The population includes patients with spina bifida, SCI, MS, OAB and incontinence. Over her 29 years of nursing, Emmi has been practicing in urology for the last 17 years, as a clinic nurse, research nurse and urodynamic nurse. She is a Nurse Continence Advisor since 2004. Her field of expertise is in treating urinary incontinence, biofeedback and urodynamic testing.

For details on the procedure and the treatment efficacy and safety, you can read the article published in the Pipeline, June 2011 issue at the following link or on the unc.org web site: (<http://www.unc.org/publications/42/Pipeline%20MasterJuneFinal.pdf>) or consult the BOTOX® product monograph at http://www.allergan.ca/assets/pdf/ca_botox_pm.pdf

Emmi and Sandi's pearls of wisdom:

- ◆ Before proposing BOTOX® as a treatment option, check to see if the health plan of the patient covers the treatment.
- ◆ Take the time to review with the patient the whole planning process and give them all the information they need. Make sure you review the potential side effects and how to manage them if they occur.
- ◆ If the BOTOX® is not provided by your institution, make sure the patients pick up the product not too far in advance, the day before is fine.
- ◆ Medication should be refrigerated
- ◆ The day of treatment, make sure you have enough staff in place to help with the needle, the potential leg spasms and to monitor blood pressure appropriately for patients susceptible to autonomic dysreflexia.
- ◆ Preferably schedule the patients first in your clinic: in case they have questions, there are some complications or additional monitoring needed, you'll have time in the rest of your clinic to adjust.
- ◆ Before giving BOTOX®, strictly follow protocol with antibiotics – patients can't receive the treatment if they have an infection. In that case, you need to reschedule the treatment.
- ◆ Look for any medication that could interact with BOTOX® such as aminoglycosides (gentamicin, tobramycin, clindamycin and lincomycin) which should not be used in conjunction with BOTOX® treatment. Also, make sure to ask if they have received BOTOX® for any other reason in the past 3 months.

NEWS FLASH

The UNC web site is going through some changes! These are all happening behind the scenes but once the changes are complete the site will have an updated look and be even more user friendly! The new and improved site should be up and running within the next few months...so keep tuned in and check the site regularly!

UNC Info

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Coming Events

68th Annual CUA

June 22nd to 25th, 2013

Sheraton on the Falls Hotel,

Niagara Falls, ON

www.cua.org

Nurses meeting at CUA

June 24th 1600 - 1800

43rd Annual ICS 2013

August 25th to 30th, 2013

Barcelona, Spain

www.ics.org

26th Annual Urologic Excellence Conference Cruising the Tides of Change

September 26th to 28th, 2013

Saint John Hilton Hotel

Saint John, NB

www.unc.org

Society of Urologic Nurses and Associates: SUNA's 44th Annual Conference

October 11th to 14th, 2013

Hyatt Regency Chicago

Chicago, IL.

www.suna.org

find SUNA on facebook-[www.facebook.com/
UrologicNursing](http://www.facebook.com/UrologicNursing)

2013 Annual CANO/ACIO

October 20th to 23rd, 2013

Sheraton Vancouver Wall Centre

Vancouver, BC

www.cano-acio.ca

WHAT DO ALL THESE ABBREVIATIONS MEAN????

UNC - Urology Nurses of Canada

CUA - Canadian Urologic Association

UEC - Urologic Excellence Conference

PCCN - Prostate Cancer Canada Network

NCA - Nurse Continence Advisor

AQIUU - Association Québécoise des Infirmières et
Infirmiers en Urologie.

SUNA - Society of Urology Nurses of America

AUA - American Urologic Association

CANO/ACIO - Canadian Association of Nurses in
Oncology

ICS - International Continence Society

If your chapter or organization has an upcoming event that you would like to advertise in the Pipeline, submit the information with contact email to uncpipeline@hotmail.com



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