Introduction
Pelvic organ prolapse (POP) affects up to 50% of all women, resulting in a significant impact on quality of life. POP is the descent of the bladder, uterus or vaginal vault, and/or rectum into the vagina causing pressure, bulging and discomfort. Vaginal pessaries are devices that support the prolapsing vaginal walls, and can also provide urinary continence. Pessaries have been used for POP since the time of Hippocrates in 400 BC (Bash 2000). Pessaries can be used for years with no complications or problems, if properly fitted and cared for (Robert et al, 2013). Abdool et al in 2009 found that one year after treatment with either a pessary or surgery, women with POP reported similar improvement in urinary, bowel, sexual function, and quality of life parameters. The Society of Gynecologists of Canada (SOGC) suggests that pessaries be considered as a first-line treatment for all women with POP and/or urinary incontinence (UI) as an alternative to surgical correction (Robert et al, 2013).

Pessaries have a success rate of >80%, but women who wear pessaries long-term may experience complications such as vaginal erosions, vaginal discharge and some bleeding, particularly if they are post-menopausal, do not routinely remove the pessary or neglect to use vaginal medications (Hanson, Shultz et al, 2006). Forgotten or neglected pessaries are more likely to result in complications (Arias, Ridgeway & Barber, 2008).

Epithelial pressure injuries from the pessary have not been well studied and there are no standardized protocols designed to treat them (O’Dell & Atnip 2012). Nguyen & Jones (2005) reported an erosion rate of 24% (N=19 of 76) and noted that vaginal ulcerations were less likely to occur in patients who were able to perform self-care of the pessary. Sitavarin et al (2009) suggested that partial decline in blood flow from the pressure of a pessary can cause erosions, but in their study, only 2.5% of their POP patients developed such erosions which were treated with short cessation of pessary use and adequate lubrication. Vaginal erosions are generally treated with the short-term use of vaginal estrogen and/or short-term removal of the pessary (Viera A & Larkins-Pettigrew M. 2000, Nguyen & Jones, 2005; Rodriguez, Trowbridge & Fener, 2007), but there are no conclusive studies to support this practice. (Ko et al, 2010) found that 5 of the 9 women in their study (N=72) who discontinued pessary use, did so due to recurrent vaginal discharge or erosions. The only study looking at outcomes of therapy was a poster presented by Wong, Flood & Schulz in 2006 but never published (personal communication). They reported complete resolution of erosions with either removal of pessary or estrogen therapy. However, observation in our clinic has been that erosions have a tendency to return several months after successful treatment. This observation has never been verified. In 2015, 3736 follow-up patient visits were
Vaginal Erosion Related to Pessary Use – Update on Research — continued

seen by RNs at the Pelvic Floor Clinic (PFC), of which about one third were the same patient for multiple visits (1245 patients) every three to four months. With an estimated erosions rate of 6.6% (based on a 2003 clinic chart review; n=700) - the patients with vaginal erosions would approximately come to about 82 per year.

Treatment also is somewhat individualized, but generally consists of temporary removal of the pessary or increased short-term vaginal estrogen use. The risk factors that lead to these erosions have not been researched. The treatment strategy and effect has never been evaluated. This study proposes to study a cohort of women to identify these factors. In the future, this can lead to prevention strategies and better management approaches.

**Primary research question:**
To quantify the actual number of vaginal erosions and their severity in pessary patients seen in the Pelvic Floor Clinic over a 12 month period.

**Secondary research questions:**
To determine the potential risk factors leading to vaginal erosions by comparing the characteristics of patients with vaginal erosions to a control group of patients who do not have vaginal erosions.

To identify and track the management regimes for the treatment of vaginal erosions and monitor their efficacy over the course of 12 months.

**Update**
This study commenced in October of 2016, and recruitment of patients will continue until October of 2017. All women presenting for routine pessary care in the Pelvic Floor clinic are approached to participate in the study. Of those consenting to be enrolled in the study, those who are found to have a vaginal erosion after routine examination are included in the “erosion” group, and those without an erosion are in the “control” group. The care of these patients does not change after enrollment in the study. Those with erosions will be followed to 12 months after enrollment, and the condition of their erosion(s) will be monitored during that time. Those in the “control” group will have the same demographic and characteristic data gathered on their “intake” visit, but will not be followed beyond that, UNLESS they later develop an erosion within the study intake year. Then, they are moved to the “erosion” group and followed for a year. It is important to consider the characteristics of the control group for comparison purposes – why some women develop erosions and others do not.

As of March 17, 2017, the following numbers capture enrollment thus far:

**CONTROL GROUP**: n = 93 patients

**EROSION GROUP**: n = 92 patients

Those in the control group who have since developed an erosion is 10 - thus the control group now n = 102 patients.

The mean age of women enrolled is 77 years with very little difference between the erosion and control groups. The most common pessary types worn by women in the study are the gellhorn (n=42; 23%), the cube (n=35; 19%), the Shaatz (n=27; 15%) and the covered ring (n=25; 14%). The most common indication for fitting is for both prolapse and incontinence (n=171; 90%), with the remainder being only prolapse and stress urinary incontinence. Of all enrolled, only 19% (n=35) are able to remove the pessary on their own and the remainder (n=154; 81%) do not remove but return to the clinic for removal. Of patients enrolled thus far, 85% (n=160) use some form of vaginal estrogen on a regular basis.

**Impression Thus Far**
Thus far, the erosion rate documented in the study far exceeds the rates found in the literature cited earlier. It appears to be approximately 50%, which actually may benefit the study results, as we will gain an even better appreciation for patient characteristics of those with/without erosions. There are two reasons why the erosion rate is so high in this study population:

- The classification scale for erosions used for the study is very specific and even “redness” is captured and classified as a stage 1 erosion, whereas there is no other skin trauma such as bleeding. The literature does not provide any classification of degree of erosion, so those with just redness are very likely not included in their erosion populations.

- The patient population of women returning for follow-up in the Pelvic Floor Clinic is not representative of the general population of pessary users. Here, after successful pessary fitting, and after generally 2 follow-up visits, women are generally discharged to their family doctors for follow-up and practice self-care. Those that continue to return to the Pelvic Floor Clinic tend to be those who are more complex – either due to the type of pessary they wear (harder to remove), or another ongoing concern – be it a comorbidity or other issue.

The Pelvic Floor Clinic is very excited about and interested in this study and the results reflected thus far have offered some surprises, as mentioned. It will be interesting to see if the current trends and rates continue to be reflected in this study, as enrollment continues until next October. The final results will not be available until one year after enrollment is completed, which is October of 2018.

I wish to thank the Urology Nurses of Canada for their...
Vaginal Erosion Related to Pessary Use — Update on Research — continued

contribution via the Research Grant, assisting in this research project — it is greatly appreciated.

By Grace Neustaedter RN MN NCA

References

UNC CONFERENCE PROGRAM - Saturday, June 24th, 2017

07:00 - 07:45 Registration, Breakfast and Meet The Exhibitors
07:45 - 08:00 Opening Ceremony and Welcome
   Gina Porter RN, NCA, President UNC
   Fran Stewart RN, NCA, Conference Chair
08:00 - 08:30 “Conservative Care of Urinary Incontinence”
   Frankie Bates, RN, NCA
08:30 - 09:00 Sponsored by Biosyent
   “Improved Detection of Bladder Cancer Using Blue Light”
   Dr. Jack Barkin, MD, FRCS (C)
09:00 - 09:30 “IC /BPS: Easy Steps in Managing Complicated Patients – A Nursing Perspective”
   Kerry Lynn Kelly, RN, NCA
09:30 - 10:00 “Botox and the Pelvic Floor”
   Dr. Colleen McDermott, MD, FRCS (C)
10:00 - 10:30 Nutrition Break with Exhibitors
   PCA 411 at CUA Desk
   Karen Hersey, RN
10:30 - 11:00 “Sacral Nerve Modulation”
   Liette Connor, RN
11:00 - 11:30 “Peeing Too Much or Not Enough: New Technologies”
   Dr. Dean Elterman, MD, FRCS (C)
11:30 - 12:00 “The Unappreciated Impact of Androgen Deprivation Therapy on Quality of Life”
   Dr. Andrew Matthew, PhD
12:00 - 12:45 Lunch with Exhibitors
12:45 - 13:00 National Awards in Exhibit Hall
13:00 - 13:30 “Just a Typical Guy with PCa – A Walk Through of Management”
   Grace Bradish, RN (EC), MScN, CON(C)
13:30 - 14:00 “Managing the Sexual Consequences of Cancer and its Treatments”
   Jan Giroux, RN(EC), MScN, CCN(C), CON(C)
14:00 - 14:30 “Compassionate Care and Nursing in the LGBTQ Community”
   Todd J. Bradley, RPN
14:30 - 15:00 Nutrition Break with Exhibitors
15:00 - 16:00 Sponsored by Astellas
   “Why Don’t People Listen? How Motivational Communication Can Improve Cancer Management and Adherence”
   Dr. Kim Lavoie, PhD
16:00 - 17:00 UNC Annual General Meeting
17:00 - 17:30 Closing Ceremonies
18:00 - 18:45 CUA Welcome Reception
   Metropolitan Ballroom Foyer

UNC Conference Registration fee includes:
- UEC Conference Saturday, June 24
- CUA Scientific Program June 25 to June 27
- CUA Fun Night Sunday, June 25
A urinary catheter is a small tube that is inserted into the urethra to drain urine from the bladder based on the advice of a qualified clinician. Many clients I care for in the community need to self-catheterize for reasons such as urinary retention, underactive bladder or bladder outlet obstruction.

Part of my remit as a Clinical Nurse Specialist, Nurse Continence Advisor is to teach female clients how to perform self-catheterization. In my day-to-day practice, I have noticed that if clients feel competent in performing self-catheterization, they are more open to accepting this responsibility.

Before I teach a client how to self-catheterize, I adhere to our local policies and guidelines. I also follow Overgaard’s (2009) five-step framework and teaching strategies. See below:

- **Step one: Find out what works**
  In this initial stage, I enquire how best my client learns. I then teach the client according to her unique learning style. The client maybe a visual learner or she may learn best by performing the task. I also offer follow-up education and reviews.

- **Step two: Let the patient play**
  I find it beneficial to have a model of the human anatomy (pelvis area) for my client to view and learn all the different parts. The client learns about the catheter as well as where and how to insert it into her urethra.

- **Step three: Encourage pre-planning**
  At this stage, I help the client accept some of the responsibilities for her care. I allow her the opportunity to share with me where the following will be kept: the catheter, water-soluble lubricant, wash cloth, clean hand towel, a measuring cup (used for measuring urine) and the mirror. This gives me a good idea of how well the client is willing to take ownership of her care. The client is also given written information in the form of a booklet, should she forget what is necessary for the procedure.

- **Step four: Be an encourager**
  I’ve noticed when I offer encouragement to a client, she is more motivated and the education that is provided is usually retained. I provide education about the importance of hand washing, self-cleaning, not letting the bladder get too full (to prevent the risk of infection), lubricating the catheter tip, gloves and positioning. I also observe the client practising and I provide affirmation as well.

- **Step five: Don’t save the day**
  Many people learn by trial and error. If my client makes a mistake, I will give her a few seconds to decide what to do next. I may then ask the question: how did you feel that went for you? It is important for me to allow the client to make mistakes and learn to problem-solve until she feels comfortable with self-catheterization. I may then ask her, how do you think things could be improved? I then allow the client to voice her opinions or concerns before I make any suggestions. At the end of my teaching session, I enquire about the client’s comfort level with performing self-catheterization, and I provide verbal as well as written information regarding who to call if she has problems, is feeling unwell and what to report to clinicians.

By Carolyn Richardson
RN, BSc, MA, Clinical Nurse Specialist, NCA

References
Nurses registered for the UNC 2017 Toronto Meeting on June 24th 2017, will receive FREE scientific program registration for the 72nd CUA Annual Meeting, June 24-27.

To Register and view the program go to www.unc.org
I was truly honoured to receive the UNC Nursing Education Initiative award in 2016. I was in my second year of the Master’s NP program at the University of Toronto while still working full time as a urology research nurse. Given the tremendous growth within the urology population, I fully envisioned myself practicing in this area once I graduated. As it turned out, I was offered an opportunity to join the Multi-Organ Transplant Team at University Health Network which I could not pass up. But for you nurses still engaged in urology nursing, consider this; the patient population is growing and will continue to grow and there are fewer doctors entering the field of urology (Hanno, 2010). It is apparent to me, and perhaps to you, that there is a need for additional health care professionals in this area.

In order for Nurse Practitioners (NPs) to continually integrate themselves into the Canadian Healthcare system, they must recognize the clinical areas that have gaps and would benefit from the advanced practice role. Urology is an area where many procedures are performed in an outpatient clinic. In specialized ambulatory settings, Nurse Practitioners have equivalent or better patient outcomes than comparators and have shown to be cost-effective (Martin-Misener et al, 2015).

Throughout the years, urology nurses have taken on additional roles and in some cases perform procedures outside their present scope of practice (Crowe, 2014). The need for education and training is essential should we continue down this path. Credentialing ourselves as advanced practice nurses and Nurse Practitioners is a starting point, but as we continue through this journey we need to further define our roles and skill sets within our practice.

The American Urology Association has been proactive to adopt advanced practice providers into their practice and published a consensus statement encompassing their education, training and utilization in urology practice (Gonzalez, 2015). As well, Quallich, Bumpus, and Lajiness (2015) have published an explicit list of competencies for the NP, from newly graduated to expert, for those who practice with adult urological patients.

It is difficult to find Canadian data regarding the number of NPs employed in urology or obtain a Canadian urologist’s viewpoint of advanced practice providers, but it is encouraging to see Americans spearheading this initiative. I think we should take this opportunity and learn from our US counterparts. I strongly encourage Advanced Practice Nurses and Nurse Practitioners to look for gaps in care and openings to collaborate with our medical colleagues to best utilize our resources and provide the best care possible to our Urology patients.

Thank you, Urology Nurse of Canada, for honoring me and supporting my educational journey. I urge your membership to consider pursuing advanced education to better support our urology patients and the urology community at large.

By Laura Legere

References

The Montreal Chapter had a Lunch & Learn meeting on December 15th, 2016 and Dominic Lacasse from Ferring Pharmaceuticals sponsored the event.

We hope this will help generate interest and result in similar future educational events.
In 2014, I had the opportunity to start two amazing life journeys. One with the Urology Nurses of Canada and the local Kingston Chapter and the second, starting an RPN to BScN bridging degree program. Learning more about urology at the same time as learning more about my profession has really aligned with my professional values, goals and has formulated a path in nursing that every day I am excited for.

In September 2016 I was honored to receive a Nursing Educational Initiative award from the Urology Nurses of Canada. This opportunity has provided me the resources to continue my studies and prepare myself for more specialized nursing.

Being a member of UNC has provided me with the critical thinking tools at the bedside to provide best practice guidelines in urological nursing care. Furthering my nursing education has allowed me to have a better understanding of the physiology and scientific methods to the ‘tasks’ we perform as nurses. Urology is present in every patient that I care for, and I feel I am a better nurse because of the Urology Nurses of Canada. I have the opportunity to work with leaders in Urological care and make the biggest difference, every day, at the bedside.

I have been blessed to be the Kingston Chapter President for the past two years and a member of the national executive team. Being involved in these two positions has been an outstanding experience for me. I look forward to continuing my roles and working with the UNC nurses and ensuring a center of excellence is always maintained.

By Todd Bradley, RPN
Kingston Chapter President & National Membership Coordinator

The UNC Calgary chapter has been in operation for just over a year and we have a member base of 18. We are fortunate to have a diverse group of members in the UNC Calgary chapter that allows us to receive educational opportunities and presentations from many different areas. The connections and relationships that our members have from working in specialty areas such as the operating room, outpatient urology, the community, the Tom Baker Cancer Center, and the Prostate Cancer Center has proven to be invaluable in seeking new topics for discussion at our meetings. Stay tuned for our upcoming educational events!

My name is Beverley Bourdin and I am a Registered Nurse at the Northern Alberta Urology Centre (NAUC) located in the Kaye Edmonton Clinic. The Kaye Clinic is across the street from the University of Alberta Hospital. NAUC received its first patients in September 2016 following the amalgamation of urology ambulatory services (cystoscopies, minor procedures, urodynamics, prostate health centre, lithotripsy, urology clinics) from Edmonton area hospitals.

I am surveying the over 20 lithotripsy units in Canada to determine if there is interest in forming a website to share information regarding care delivery of lithotripsy patients. Participants invited may include Registered Nurses, Licensed Practical Nurses, Registered Respiratory Therapists and Medical Radiology Technicians.

Topics may include pre-procedural preparation (example: withholding anticoagulants, NSAIDS, ECGs), pre- and post-procedural teaching, procedural sedation (administered by whom, documentation, medication and dosages used), use of C-Pap machines, end-tidal CO2 monitoring, and recovery care/discharge.

Lithotripsy is a specialized area of out-patient care. If you are interested in creating a web-based forum to discuss and share patient care please contact me.

Thank you,
Bev Bourdin
780-407-5834, beb.bourdin@albertahealthservices.ca

The Edmonton Chapter will be hosting Urology Daze on May 26, 2017. Sessions will include: Blood clotting in Urology: anticoagulants, their indications and reversal, Transitional care in Paediatric urology, Medical assistance in Dying - one year later, A Journey through Invasive Bladder Cancer: A Life Diverted and Sexual Health Alternative Facts: Lasers, Stem Cells, Aphrodisiacs and more.

Through the hard work of our members, our chapter continues to be active and see growth in our membership.
Hello fellow UNC members!

Our Victoria chapter is pleased to announce we are hosting a urology night on Thursday, April 27 at 19:15 hrs. Dr. Nathan Hoag will be speaking on overactive bladder.

Attendees will be given a urology questionnaire to personally test their urology knowledge.

Our goal is to educate our members and perhaps to draw new members as well. The UNC official journal, *Urologic Nursing Journal* as well as the UNC Pipeline newsletter will be on display.

Join us to learn something new and for a chance to win our draw for a bottle of wine!!

Our local chapter is pleased to sponsor this event and we are all looking forward to this educational opportunity.

We are also very excited that we have received funding from the Urology group to send five nurses to the UNC/CUA meeting in Toronto. One from each urology surgical floor (2) and each Victoria OR site (2) as well as a nurse from the UNC Victoria group.

By Margaret Bartlett, Victoria chapter UNC

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**Kingston Chapter News**

The *Kingston UNC Chapter* continues to have regular meetings.

The 29th UEC Conference Planning Committee met several times to wrap-up the event and re-charge to prepare for our chapter meetings.

We have recruited the two new Charge Nurses for inpatient surgery units to the Kingston Chapter.

The 7th Annual Margaret Huddleston Memorial Conference which normally takes place in spring has been deferred to the fall 2017 to be better situated to support the combined UNC/CUA event in June. Membership is actively advertising the June Event. Planning is underway for the Fall Event.

Recent chapter speakers: (a) Men’s Health Solutions around Low-intensity acoustic sound wave treatment for vasculogenic erectile dysfunction using the ED1000. (b) BARD Medical Product Rep on the new SURESTEP Foley Catheter insertion tray that is currently being trialed in the KGH Emergency Department. The Bladder Cancer Canada Volunteer is presenting in April on Post R/C Surgery Recovery- learning opportunity for BCC and will also be bringing Awareness Materials and current Patient Guidebooks.

By Jan Giroux RN(EC), MScN, CCN(C), CON(C) VP Central

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**Saint John Chapter News**

**Educational event for Saint John UNC Chapter**

The Saint John Chapter generally meets quarterly with the main focus of these meetings being the planning of the Dine and Learn.

Planning is well under way for our 4th Annual Dine and Learn. This event is usually held in May or June but has been moved to September 26th this year. It will be from 5-8pm, at Thandi’s Restaurant, 33 Canterbury St., Saint John, NB.

The topics we have lined up so far are Neo bladders, Clean Intermittent Catheterization and the third topic will potentially be vaginal health and estrogen therapy. We are looking forward to a wonderful turn out of interested nurses.

In the past this event has been extremely popular and very well attended. In fact we have had to cut off registration due to high registration volumes.

As the Provincial Rep for NB, I have endeavoured to keep in contact with the Urology Nurses within this province. I encourage and welcome any nurses in the province to contact me at nancy.carson@horizonnb.ca for further information on our Chapter or the UNC.

By Nancy Carson RN, NCA Secretary, Saint John UNC Chapter UNC Provincial Representative for NB
Kidney Cancer Canada: Programs & Services for Patients & Caregivers

PEER SUPPORT
Trained volunteers are available to offer you various types of support, including assistance navigating through the healthcare system. We also host an online discussion forum where you can network with other patients and caregivers and support each other.

INFORMATION
In addition to personal one-on-one support, Kidney Cancer Canada offers you a wealth of essential information on its website, including: What to do when first diagnosed; questions to ask your doctor; how to access treatments and clinical trials. Kidney Cancer Canada also sends a representative to major national and international cancer conferences to stay abreast of the latest developments in kidney cancer treatments and research which are then reported to our community through multiple communications channels.

EDUCATION
Kidney Cancer Canada hosts regional patient and caregiver education events across the country to give them an opportunity to connect with each other and learn about the latest developments in kidney cancer treatment. In addition, we host an annual national education forum attended by some of the nation’s leading kidney cancer specialists. Their presentations are webcast, videoed and posted on YouTube for those who are unable to attend.

ADVOCACY
Kidney Cancer Canada believes that every kidney cancer patient deserves access to quality treatments. We not only advocate with government policy makers at the national and provincial levels, but we also teach patients how to advocate for their own needs and how to make their voices heard in the healthcare system.

RESEARCH
Kidney Cancer Canada helped establish and raises funds for the Kidney Cancer Research Network of Canada which is a Canada-wide collaboration of doctors and researchers answering key questions around the causes and best ways to treat kidney cancer.

ADVISING GOVERNMENT
Kidney Cancer Canada is respected as a patient voice by health care policy makers and serves in an advisory capacity to various government bodies.

OUR FUNDING
Kidney Cancer Canada is not a government-funded organization. Our programs and services are funded by corporate sponsors and individual donors, many of whom are patients and caregivers. We have an online donation form easily accessible on our website. If you would like to make a donation, please visit www.KidneyCancerCanada.ca.

Information from Kidney Cancer Canada Patient Handout

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NEW Resource on Early Stage Kidney Cancer for Families
Kidney Cancer Canada, in partnership with the Canadian Cancer Society, is offering a free comprehensive booklet for patients and their families on early stage kidney cancer.

The booklet provides an overview of kidney cancer, explains the basic procedures for patients, defines cancer terms such as ‘grade’ and ‘stage’, lists treatments for early stage kidney cancer, sets out follow-up care and how to live well with the effects of kidney cancer.

A survey conducted by the University Health Network shows the top sources of information and support for patients are divisions and Kidney Cancer Canada.

Order copies of the Early Stage Kidney Cancer booklets for your patients and their families free of charge.

Online at KidneyCancerCanada.ca or call 1-866-598-7166
UNC Executive

President: Gina Porter
Past President: Frances Stewart
Vice-President West: Carolyn Richardson
Vice-President Central: Jan Giroux
Vice-President East: Frankie Bates
Membership: Todd Bradley
Sponsorship: Frances Stewart
Treasurer: Nancy Carson
Secretary: Sylvia Robb

UNC Provincial Representatives

West:
- British Columbia: Courtney Ware
- Alberta: Linda Brockmann
- Alberta: Geman Chen
- Saskatchewan:

Central:
- Manitoba:
  - Ontario: Susan Freed
  - Ontario: Wendy Anstey
  - Quebec: Raquel De Leon

East:
- New Brunswick: Nancy Carson
- Nova Scotia: Emmi Champion
- Newfoundland and Labrador: Sue Hammond
- Prince Edward Island: Tara Rose Stewart

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 The “Pipeline”.

Local Chapter news info: www.unc.org

Victoria: Margaret Bartlett - margarettabartlett@gmail.com
Edmonton: Betty Ann Thibodeau - bettyann.thibodeau@albertahealthservices.ca
Calgary: Carolyn Richardson - richardson.carolyn7@gmail.com
Toronto: Frances Stewart - bladderqueen@hotmail.com
Kingston: Sylvia Robb - sylviamrobb@gmail.com
Ottawa: Susan Freed - freeds@teksavy.com
Montreal: Raquel DeLeon - raquel.deleon@muhc.mcgill.ca
New Brunswick: Gina Porter - gina.porter@horizonnb.ca
Halifax: Emmi Champion - Emmi.Champion@nshealth.ca
Newfoundland: Sue Hammond - hammond_so@yahoo.ca
Coming Events

Inaugural UNC / CUA Joint Conference
June 24th - 27th, 2017
The Westin Harbour Castle Toronto
Toronto, ON

30th Annual UEC - Saturday June 24th

72nd Annual CUA June 24th PM to June 27th
Registration fee for UEC portion covers the Scientific Program of the CUA.
www.unc.org
www.cua.org

2017 Conference | Prostate Cancer Canada Network
September 15th - 16th, 2017
Ottawa Conference and Event Centre,
Ottawa, ON
http://pccnottawa.ca/news/2017-conference

ICS 2017 FLORENCE
47TH ANNUAL MEETING
September 12th - 15th, 2017
Florence, Italy
www.ics.org/2017

2017 Annual CANO/ACIO
October 27th - 30th, 2017
Hilton Lac-Leamy,
Gatineau-Ottawa, ON
www.cano-acio.ca

Society of Urologic Nurses and Associates:
SUNA UroLogic Conference
October 13th - 16th, 2017
Hilton Chicago,
Chicago, IL, USA
www.suna.org
find SUNA on facebook-
www.facebook.com/UrologicNursing

WHAT DO ALL THESE ABBREVIATIONS MEAN???

AUA - American Urologic Association
AQIU - Association Québécoise des Infirmières et Infirmiers en Urologie.
CANO/ACIO - Canadian Association of Nurses in Oncology
CUA - Canadian Urologic Association
ICS - International Continence Society
NCA - Nurse Continence Advisor
PCCN - Prostate Cancer Canada Network
SUNA - Society of Urology Nurses of America
UEC - Urological Excellence Conference
UNC - Urology Nurses of Canada

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