

## Reaching For Gold - Neobladder Surgery A Nursing Perspective

**Jean Brown, RN, BNSc, ET**

A neobladder is the creation of a continent urinary system, and has been done in various centres for at least fifteen years. Clinical outcomes suggest that it is a viable alternative for select patients, but success is dependent on collaboration between the surgeon, the patient and the nursing staff.

Different sections of bowel may be used to create the new reservoir, but a common technique is the 'Studer Pouch'. A 55cm length of small bowel is fashioned into a reservoir with an afferent limb into which the ureters are tunnelled. The dependent portion is then anastomosed to the urethra. Stents from the kidneys, a suprapubic catheter in the proximal portion of the reservoir, and a urethral catheter in the dependent portion are used to give the suture lines a chance to heal. This diversion eliminates the need for a cutaneous stoma and external pouching device. It can be revised into an ileal conduit at any time, using the afferent limb of the pouch to create a stoma.

This surgical option should only be considered after an extensive clinical pre-operative workup has been done. It is crucial that the patient be given detailed information on the surgery, be instructed on Kegel exercises, and understand the responsibility they have to undertake in working towards a full and continent recovery. Nursing plays a pivotal role in making sure that the teaching has been adequately done, and providing emotional support for patients as they struggle with a life-altering decision. These patients should always be seen and marked by an Enterostomal Therapist, as there is a chance that an ileal conduit will have to be done.

Post-operative nursing includes regular monitoring as for any post-operative patient. A special nursing focus in this period is patient teaching. By the third post-operative day, the patient should be encouraged to watch as the suprapubic and urethral catheters are flushed, and an explanation of why these steps are necessary to

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](http://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, 2006**

**Contact the**

patient is in hospital 7-10 days, and has to be fully independent with catheter care prior to discharge. At the first outpatient visit a cystogram is done. Normal saline is injected into the reservoir and the urethral catheter removed. The patient is then instructed how to void and given a voiding schedule.

There is no parasympathetic control during neobladder micturition. The reservoir has an initial capacity of 120cc and must be stretched to retain approximately 600cc of urine. The reservoir has a lower pressure than the bladder that was removed. Ultimately the patient must rely on their ability to fully relax the perineal muscles to allow complete emptying of the neobladder. Neobladder continence relies on the individual's ability to tighten the peritoneal muscles before movement and the lower pressure of the reservoir. The patient must never allow the neobladder to overfill and stretch beyond the optimum capacity of 600ccs, as a larger pouch size increases the risk of chronic urinary retention.

When the urethral catheter is removed, there is an increased risk of metabolic acidosis as a larger piece of bowel is exposed to urine. Signs and symptoms of metabolic acidosis are reviewed with the patient and family. Prevention of this condition through adequate fluid intake is stressed.

Three weeks after discharge the patient will have saline inserted into the neobladder, followed by a uroflow and bladder scan. If the post void residual is greater than 20%, the patient is taught clean intermittent catheterization. The suprapubic catheter is removed. Initially patients are seen at 3, 6, and 12 months, then every 6 months for 5 years and finally annually.

Clinical outcomes are positive. Though these patients have an increased number of post-operative complications, their mortality rates and cancer recurrence are not higher. Some have to learn clean intermittent catheterization and all require a more extensive follow-up than those having an ileal conduit. Quality of life outcomes show conflicting data. There are no studies with regard to nursing support and outcomes.

As nurses we can strive for gold by thorough pre-operative patient preparation, comprehensive post-

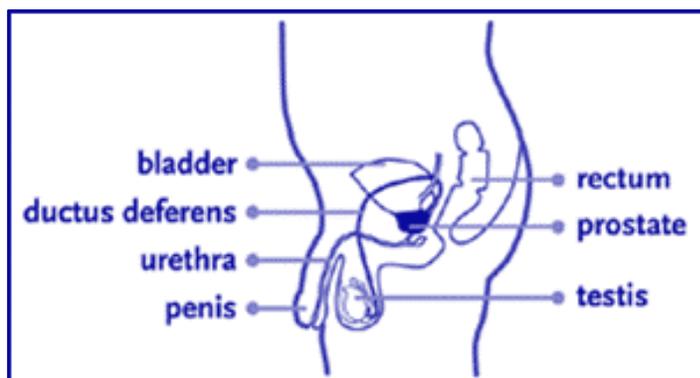
op care with intensive teaching, and support through the entire adaptation process. ■

## Prostate Cancer from Physician to Urologist

Good morning Mr. Thompson. Have a seat in the waiting room; the Urologist will be with you soon. How did Mr. Thompson go from an annual physical examination with his physician to an appointment with an Urologist?

During his physical examination the physician would perform a Digital Rectal Examination (DRE) on a man over 50yrs of age, 40 yrs if a family history of prostate cancer and may order a PSA test depending on the DRE or other risk factors.

Let us have a quick look at the location of the prostate gland. (slide 1). The prostate gland is located just below the bladder and encircles the urethra. It can vary in size from that of a walnut to that of a small apple. The prostate gland is normally rubbery and smooth. Because the gland is located next to the rectum, the physician is able to feel its size and



consistency when he performs a digital rectal exam with his gloved finger. If the prostate feels hard or enlarged or reveals a hard lump then the gland has undergone a change. This is not necessarily cancer, however the findings would suggest further investigation by an Urologist.

Prostate specific antigen (PSA) is a substance that is produced only by prostate tissue cells. A high level suggests but does not always mean that cancer is present. In other words a high PSA can be present in both cancerous and non-cancerous conditions. For example, 20% of men with BPH will have an elevated PSA and as many as 70% of men with a PSA between

---

## 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 Montreal Quebec.

Urology Nurses of Canada needs your application

### UNC Clothing

Did you know that there is a great line of clothing available with the UNC logo ? Lab coats, fleece vests, scrubs and more.

Contact Jill Jeffery

[jjeffery@telus.net](mailto:jjeffery@telus.net) for a brochure

**Welcome to the new look Pipeline**

4.0 and 10.0 do not have prostate cancer. On the other hand 20% of men with prostate cancer have a PSA in the normal range, below 4.0. If last years PSA is normal at 1.0 and this years PSA is still in normal range at 1.8 a rise of .75 in one year in PSA should indicate a need for further investigation by an Urologist.

Now let us look at the other risk factors that require monitoring for prostate cancer.

1. Age. 80% of prostate cancer is diagnosed in men over 65 years of age. Only 1% is diagnosed in men under 50 years of age. The lifetime risk of developing prostate cancer is approximately 15%.
2. Genetic factor. Studies have shown that men who have a close relative such as a father or brother affected by prostate cancer have a two to three times greater chance of developing prostate cancer themselves.
3. Geographical and Environmental factors. There is a 120-fold difference between the group of men with the highest incidence of prostate cancer (African-American men) and the lowest incidence (men from Shanghai, China). Among white males, Scandinavian men have the highest death rate from prostate cancer. The reasons for these differences are not known.
4. Diet. There is a suggestion that a diet high in saturated fat has been linked to higher risk of developing prostate cancer. Foods such as raw broccoli, tomatoes cooked in olive oil and a high fiber diet may be helpful in reducing the risk.

The findings of a change in the prostate at digital rectal exam (DRE) or a rise in PSA or concerns that the man may have over his family history of prostate cancer will be the reason he hears “Good Morning. Have a seat in the waiting room. The Urologist will be with you soon.”

Times are a changing and so is the UNC. The format of the “Pipeline” has changed to save on publishing costs.

Still looking for articles and photos from our members to educate and inform us all. And after several years of editing the Pipeline, Sue Hammond has handed the job over to me. I am looking forward to serving as your new Editor.

The UNC Web-site is also undergoing changes, and the new site should be up and running soon. Watch for the start up soon.

*Brenda Bonde*

---

## AWARDS, AWARDS, AWARDS

---

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, 2006.▣

---

## 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 [memship@nbnet.nb.ca](mailto:memship@nbnet.nb.ca) or visit [www.unc.org](http://www.unc.org).**

## Help Wanted!

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

Authors of "Pipeline" Articles

# UNC Info

## UNC Representative 2005-2006

### UNC Executive

#### UNC Executive

<b>President:</b>	<b>Susan Freed</b>
Past President:	Sue Hammond
Vice-President West:	Colleen Toothill
Vice-President East:	Emmi Champion
Vice-President Central:	Fran Stewart
Membership:	Gina Porter
Sponsorship:	Sandra Rowan
Treasurer:	Lisa Lynch
Secretary:	Brenda Bonde

#### UNC Provincial Representatives

<b>New Brunswick Info:</b>	Jill Jeffrey
Alberta:	Laurel McDonough
Saskatchewan:	Judy Pare
Manitoba	Betty Kirk
Ontario:	Nancy Bauer
Ontario:	Sylvia Robb
Quebec:	Carol-Anne Lee
New Brunswick:	Nancy Carson
Nova Scotia:	Liette Connor
Newfoundland and Labrador	Sue Walsh

Description of each position are available in the UNC Constitution. Information on UNC news, programs and reports can be located at [www.unc.org](http://www.unc.org)

#### Local Chapter news info: [www.unc.org](http://www.unc.org)

**Victoria Info:** Sandra Rowan Tel: (250) 381-3747

**Edmonton Info:** Liz Smitz Tel: (780) 407-6154

**Calgary Info:** Colleen Toothill (403) 943-3748

**Kingston Info:** Sylvia Robb Tel: (613) 549-6666 ex. 4778

**Ottawa Info:** Susan Freed Tel: (613) 721-4700 ex. 3900

**Montreal Info:** Carol-Ann Lee Tel: (514) 934-1934 ex. 35213

**Halifax Info:** Emmi Champion Tel: (902) 473-2570

**New Brunswick Info:** Gina Porter Tel: (506) 632-5720

**New Foundland Info:** Sue Hammond Tel: (709) 368-0101

#### 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.

## AUA/SUNA Meeting

The Northeastern Section meeting in Ottawa, September 7-9, 2006 will feature a concurrent nursing program to be held Friday (full day) and Saturday (half day) at the meeting. We are very excited about having this attractive component for nurses added to the meeting that will be attended by approximately 200 urologists and 50 exhibitors. The nursing program will be limited to 100 attendees on a first-come first-served basis.

Below are details of the overall meeting.

### Online Registration.

Registration is now live and has been email blasted to Northeastern Section membership. Here is the link:

<http://www.auanet.org/northeastern/2006annualmeeting.cfm>.

The Preliminary Program is nearly complete and will be added to the website shortly.

### Preliminary Program.

The entire program booklet (with registration forms, etc.) will be printed in the coming weeks and will include the nursing program component (as complete as possible and subject to change).

### What's In It for the Nurses?

Nurses can register for the meeting and pay the same rate as urology residents (\$175 advance rate). This registration fee will allow nurses to attend the day and a half nursing program and/or the two and a half day urology Section meeting that includes Live Surgery Telecast, Robotics Video Session, State-of-the-Art lectures and various podium and poster sessions. The fee also includes attendance at

the Section's Fun Night (Friday night) and President's Banquet (Saturday night). Again, there is no restriction limiting the nurses from attending the "main meeting" sessions.

### Exhibits.

The meeting will also accommodate 50 exhibitors. We are excited to create a bit more pomp and circumstance around the official opening of the exhibits area, and with more food and beverage in the exhibit hall we are keeping

## Victoria Chapter Holds Workshop

The Victoria Chapter held a Workshop

**"Navigating Prostate Cancer"** in April.

It was a day long event, with several excellent Nurses and Doctors speaking.

The attendance was great. The Workshop took us from the GP's suspicion of Prostate Cancer, to the Urologist's visit, as well as the Options such as Brachytherapy, Radiation and Radical Prostate Surgery. It also took us to The Prostate Centre, where patients can get support and information. And it covered the nurses' role in postoperative recovery.

All in all the response was great, a day well spent.

# Coming Events

## **Canadian Urological Association 61st Annual Meeting**

**June 25 – June 28, 2006**

**World Trade & Convention Centre,  
Halifax, NS**

E-mail: [cua2006@cua.org](mailto:cua2006@cua.org)

Website: [www.cua.org](http://www.cua.org)

## **Urology Nurses of Canada at the CUA meeting**

**Monday, June 26, 2006**

**16.00 – 18.00 hrs**

**Casino Nova Scotia Hotel**

**Halifax, NS**

Call: 902-473-2570

E-mail: [emmi.champion@cdha.nshealth.ca](mailto:emmi.champion@cdha.nshealth.ca)

Website: [www.unc.org](http://www.unc.org)

## **19<sup>th</sup> Urological Excellence Conference “Up Where We Belong”**

**October 26 - 28, 2006**

**Marriott Chateau Champlain,**

**Montreal, QC**

Call: 514-934-1934 ext: 35657

E-mail: [raquel.deleon@muhc.mcgill.ca](mailto:raquel.deleon@muhc.mcgill.ca)

Website: [www.unc.org](http://www.unc.org)

## **Association Quebecoise des Infirmieres et Infirmiers En Urologie**

**14e Journee Scientifique**

**November 3, 2006**

**Quebec, QC**

E-mail: [AQIU@videotron.ca](mailto:AQIU@videotron.ca)

## **Canadian Prostate Cancer Network 3<sup>rd</sup> Annual Meeting**

**July 30 – August 1, 2006**

**Calgary, AB**

Website: [www.cpcn.org](http://www.cpcn.org)

## **Society of Urologic Nurses & Associates**

**2006 Annual Conference**

**October 27 – 30, 2006**

**Hyatt Regency Crown Center,  
Kansas City, MO, USA**

Call: 888-827-7862

E-mail: [suna@ajj.com](mailto:suna@ajj.com)

Website: [www.suna.org](http://www.suna.org)

## **28<sup>th</sup> Congress of the Societe Internationale d’Urologie**

**November 12 – 16, 2006**

**Cape Town International**

**Convention Centre**

**Cape Town, South Africa**

Website: [www.siu2006.com](http://www.siu2006.com)

---

## **2006 Corporate Sponsor**

---

### **Urology Nurses of Canada Corporate Sponsor for 2006**

Each year Urology Nurses of Canada [UNC] acknowledges and thanks our national Corporate sponsor for their continued support.

This years sponsor:



**Titanium Level**  
AstraZenca