Welcome to the winter edition of the SUNWA newsletter... Hope you are all staying warm and have all had your flu jabs. For those of us unable to attend the recent USANZ/ANZUNS 68th Annual Scientific Meeting in Adelaide, this edition is packed full of the highlights as reported by our SUNWA delegates - happy reading!

The committee has been madly planning for the AGM and study evening on August 6th and we are pleased to announce Dr Andrew Barker and Dr Robert Davies will present an overview of ‘Paediatric and Adult Uro – Genital issues’. Registration commences at 5pm at the Hotel Ibis in Perth and we look forward to seeing you all there.

The AGM agenda and nomination forms will be also be emailed prior to the event. There will be some vacancies coming up on the committee, as there are a few of us who have outstayed our welcome, and it is time for a bit of new blood to join our dynamic team!!!! It is a great opportunity to develop skills and to network with other health professionals. SUNWA NEEDS YOU!!!!

Once again it is time to renew your membership. Kendall and I had a few things to sort out at the bank to keep us up to date and electronic. I will be attending to the treasurers jobs for the next couple of months, as Kendall is on holidays (lucky thing), so do not get too concerned if the old girl is a bit slow with your receipts. You can still post your application but receipts will be sent via email. Please ensure we have your correct email address. Forms have been emailed out and are also available on the website. The annual fee has not increased as ANZUNS has deferred its fee increase and we will discuss this further at the AGM.

SUNWA has again been invited to join USANZ WA’s State Section meeting this year to be held in Bunkers Bay over the weekend of October 23-25th. Keynote speakers will be Dr Howard Lau and Dr James Wong, specialising in Robotic Surgery and Reconstructive Urology respectively. SUNWA members are welcome to attend the 2 day program commencing with an informal welcome BBQ on Friday night. Program details and registration information can be accessed via the link in “Upcoming events”.

Negotiations have begun with Abbvie for our annual grant and SUNWA will notify you when the applications are open. I have also been in contact with Western Biomedical in an attempt to restart the ‘Bard Best Paper’ award and will let you all know how negotiations progress. Hopefully we can get this underway and have it available to be awarded at our November education event.

Last year SUNWA split its annual award so that 5 members could attend the Vines USANZ conference. We still plan to provide this award this year so that members can benefit and attend an educational event of their choice. I would encourage all members to apply for these grants...you have to be in it to win it.

Many thanks to the committee for their efforts over the year, we could not keep the show on the road without our hard work.

Well I think I have prattled on long enough. See you all at the AGM on 6th August.

Andrea Douglas
SUNWA President
ANZUNS 2015 Update

The recent USANZ/ANZUNS Annual Scientific Meeting held in Adelaide was an excellent meeting, with special thanks to the ANZUNS Convenor Natalie Parker and Scientific Convenor Donna Clifford who developed an outstanding programme all in a voluntary capacity.

SUNWA members would have received Past President Julie Sykes final message as well as the 2015-2017 ANZUNS Strategic Plan with the redeveloped ANZUNS Mission Statement:

ANZUNS is the peak professional organisation for Urology Nursing in Australia and New Zealand.

ANZUNS promotes – Education, Expertise and Leadership

Educational opportunities including the Annual Scientific Meeting are regularly forwarded to membership through quarterly newsletters, Electronic mail outs, and the ANZUNS website.

Expertise is promoted and developed through guidelines that are revised in accordance with standards and can be accessed by members on your ANZUNS website. Special interest groups (SIG’S) include the Advanced Urology Practice Group and the Urology Oncology special interest group and are supported by ANZUNS through provision of a meeting facility and the opportunity to host a workshop at the ASM.

Leadership – includes responding to the needs of the organisation at a strategic level to ensure sustainability, and to maintain and promote affiliations with recognized International Urological Nursing Organizations.

This is a brief overview of the strategic plan; I encourage all members to take the time to read the full document for a full awareness of ANZUNS activity and how you can be an actively involved member.

The Annual General Meeting Minutes 2015 will be either received or close to delivery to members as you read this report. Julie Sykes has previously reported to members that the discussion point of increasing fees to enable ANZUNS to secure secretariat support was deferred due to the NZ group identifying this as a challenge for them. Incoming President Maryanne Sinon and the new committee will be addressing this discussion point and future correspondence will follow.

I would like to close in thanking my colleagues on the ANZUNS and SUNWA committees. I encourage members to access the benefits of ANZUNS membership such as reduced registration fees to conferences with International Faculties, awareness of national and international educational opportunities, Professional Development Awards, Evidence based guidelines, special interest groups that provide excellent peer support and networking opportunities as well as being a member of your peak national nursing group which is recognised internationally.

Thank you to Jane Neve who now takes on the role of WA State Representative, ANZUNS.

Kyla Tilbury
2015 USANZ 68th Annual Scientific Meeting: A Personal Experience

Although it’s hard to reflect everything learned in four days of conference one can’t but help return home with a great sense of hope and excitement. Hope for the future. One of the speakers explained the Future of Urology 2025 under the headings of what will, what might and what should happen.

What will happen? Better and improved image guidance for treating patients for example MRI guided prostate biopsy and MRI-guided laser ablation. Different and improved method of diagnosis for example “Blue Light” cystoscopy. Liquid biopsies have been around with a lot of studies for tumour makers in blood and urine but one team presented their research using ejaculation fluid to assist in looking for these tumour markers. What might happen? Cancer treatments tailored to the individual patient. We may see a movement away from cytotoxic drugs and chemotherapy be replaced with genetic specific personalised treatments. The availability of vaccines against or suppression of prostate cancer for example the vaccine “Prostvac” currently is undergoing Phase 3 trials.

What should happen? Many of the speaker highlighted the view that the era of the “Surgeon is God” is over and that the focus of the future should be patient focused. Making treatment more tailored to the patient and counselling the patients more effectively. Treatments should involve not only improved early diagnosis and active surveillance but a combination style treatment that involves multiple styles of treatment forms in the early stages in the disease process and not “trial and error” process. A lot of focus was put on surgeons and the way they practise, collect and reflect their data and that in the future they may be obligated to publicly publish all this on the big wide web for patients to scrutinise and study.

Then there is the debate about open or robotic. It’s very hard at this stage to establish which one is clearly the better option than the other as there is still very little quality data. The robot has a set future as patients are attracted to minimal invasive surgery and requesting it. Complications may be less but the cost is significantly more and the solution to this according to the speakers is more competition. Robot technology is emerging from Italy and China but the effectiveness still has to be properly investigated. A new agreement has recently been struck between Google and Johnson & Johnson to develop a new robot system to address this issue and hopefully this competing will help improve the cost and availability. One of the speakers raised his concern regarding the sudden increase in the popularity of the robotics because interestingly new technology does not undergo the strict testing and approval that a new medication would needed to be approved. No large studies or test are conducted it just has to be proven that it won’t harm patients. Shouldn’t there be a demand that new technology be scrutinised on an academic level with strict trials as for medication before being used and marketed to patients. Then there is the issue of future training of the workforce? How do you train surgeons in open surgery when all patients want robotic surgery? Will that doctor be able to cope when robotics fail? There is a lot of unanswered questions for the future but certainly a lot to look forward to and as always a lot more research is needed.

Juan Marie Le Roux
Urology Nurse

‘The Issue of Sex’ – a reflective piece

I recently attended a study day entitled ‘The Psychosocial care of women with Gynaecological Cancer’ and while some of the information and advice was quite specific I also found a lot of the information could be applied to many patients who have undergone urological procedures and may have concerns or questions about how their treatment and or diagnosis may impact their sex life.

The day started with a gentle introduction which challenged some common misconceptions and myths that we hold about sex and sexual activity. This was done in an anonymous true/false quiz. The answers and rather the differences in opinion helped to show how our own beliefs and ideas can often be an unseen barrier to the nurse who is giving care or advice about sexual activity.

The bulk of the study day focused on how to address concerns that related to sexual health and issues surrounding sexuality with your patients. There are a number of communication tools that can be used but the one focused on was the PLISSET model.

**P – Permission:** Giving patients’ permission to raise sexual issues.

**Limited Information:** Giving patients’ limited information about sexual side effects of treatments, keeping within your scope of knowledge and what you feel comfortable and confident discussing with your patients.

**SS – Specific Suggestions:** Make specific suggestions based on an evaluation of the presenting issues and concerns raised by the patient.

**IT – Intensive Therapy:** If you feel that the issues raised require more intensive therapy, provide options for referral which may include; clinical psychologist, sex therapist or physiotherapist.

I found this framework particularly helpful as it was another ‘tool’ to help identify issues for discussion and when it’s necessary for intervention or further counselling.

The Study day also proved useful in highlighting sexual and emotional intimacy as key pillars within relationships and that if sexual intercourse is not currently an option there needs to be other ways to cultivate those feelings. I was also impressed with the vast array of resources available for patients and their partners and important for my role to direct them to access these resources and supportive services.

Sinead Glisensen
Urology Nurse
USANZ/ANZUNS ASM 2015 report: Part 1

Gregory Bock

First of all I would like to thank SUNWA and Abbvie for the opportunity to attend the 2015 Urology Society of Australia & New Zealand (USANZ) 68th /ANZUNS 20th Annual Scientific Meeting (ASM) held in Adelaide (11th-14th April). My report will endeavour to provide you with a snapshot of the conference as well as brief highlights (8 bits of interest) from just some of the presentations.

"USANZ is the peak professional body for urological surgeons in Australia and New Zealand. They are committed to clinical excellence, education, the promotion of research, and the dissemination of information on urological topics for the benefit of the community." This year’s ASM saw delegates and guest speakers not only attending from across Australia and New Zealand, but also further abroad from countries such as America, Asia, India, and Europe to name a few. The ANZUNS nursing program included workshops, keynote speakers and abstract presentations. It was a great experience (as it usually is). A few other SUNWA members were there also and it was good to get together and debrief at the close of each day.

The conference format consisted of pre-ASM nursing and medical specialist focused workshops and Special Interest Group (SIG) sessions. The USANZ and ANZUNS main ASM programs consisted of informative plenary sessions, and concurrent nursing and medical sessions which involved keynote speakers and abstract presentations. The content from these sessions were not only interesting and informative, they also raised discussions. During meal breaks attendees were able to visit industry displays to enquire and learn about the latest technologies, devices, pharmaceuticals and other products, thus facilitating better understandings.

The main ASM program kicked off on early Sunday morning with a wide range of topics to whet the appetite. Presentations were of high calibre and some of these I will attempt to briefly provide you with bits of interest. Such as ‘that old chestnut’ of a question: ‘to screen or not to screen’ for prostate cancer. In this presentation it was acknowledged that since the advent of PSA testing, evidence has shown a trend of over-diagnosing leading to a subsequent increase in over-treating and thus raising the question, ‘could we be doing more harm than good?’ Although it is crucial to identify significant prostate cancer that requires radical intervention in order to facilitate best cancer outcomes where the patient will benefit, there also exist risks of over-treating where little benefit (or perhaps harm) in some patients may result. The presentation recommended all patients should have adequate discussions with the specialist to enable informed decision making but also needs to weigh up achieving benefit from treatment; a consent to screen needs to be obtained before proceeding; and prostate biopsies should not be performed without a compelling reason.

Kidney stone management through dietary and medical therapies was presented on. Interestingly the presenter had observed that previously 1 in 10 people experienced kidney stone problems in their lifetime, and now this has since increased to 1 in 8; it was suggested this is most likely associated to the increasing obesity situation. The speaker highlighted the different management options associated with the various kidney stone types and thus recommendations can range from fluid intake that facilitates a urine output volume of 2litres/24hrs to the use of dietary citrate; as well as medication therapies such as thiazides and alkaline therapy. Both the American Urology Association and the European Association of Urology websites contain guidelines on the management of kidney stones which is freely available for viewing.

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A selection of forthcoming events

**Asia Pacific Prostate Cancer Congress,**
Cairns, Queensland. August 18-21, 2015  
[www.prostatecancerconference.org.au](http://www.prostatecancerconference.org.au)

**Pan Pacific Continence Society, 10th Meeting,**  
Sapporo, Japan. September 7-8, 2015

**Societe Internationale D’Urologie, 35th Congress,**  
Melbourne, Victoria. October 15-18, 2015  
[www.siu-urology.org](http://www.siu-urology.org)

**USANZ WA State Section Meeting,**  
Program details and registration information here

**British Association of Urology Nurses, Annual Conference and Exhibition,**  
Brighton, UK. November 16-17, 2015  
Pre conference workshops include flexible cystoscopies, trus and biopsies, erectile dysfunction and radiology for Nurses  
[http://www.baun.co.uk/baun-conference/](http://www.baun.co.uk/baun-conference/)

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SUNWA extends their thanks to Hollywood Private Hospital for their ongoing support and encouragement to urology nurses. We would welcome input to the newsletter from members and $50 is awarded for a published article.