As I write this the Urology Interest Group and the NZUNS Study Day team will be hard at work finalising their respective study days. A big ‘Thank You’ to all of those involved in the organisation and running of these. I hope most of you were able to avail yourselves of the opportunity and are using your NZUNS Certificate of Appreciation sent to you recently in recognition of your support of our organisation and are able to attend one of these days. A special “Congratulations” must go to the Christchurch team, headed this year by Barbara Gordon, who are celebrating their 20th Anniversary of the Urology Interest Group Study Day. It is a study day that is always well attended and they have worked hard over the years to not only ensure the ongoing education of urology nurses but that we have fun together and celebrate the great work that we do.

Do remember whenever you are thinking of attending a study day or conference that we have funding available through NZUNS, to support your attendance. Also if you want to hold a study day or educational session, we have funding to support that as well. As you are aware, we at NZUNS are very proactive in promoting urology nursing education. Have a think about whether you might like to present a paper at our 2015 NZUNS Conference. The conference prizes on offer really will give you amazing opportunities to attend an international conference or look further afield for educational opportunities.

Free Paper Nursing Presentation:
Best Paper sponsored by Obex Medical: $5,000.00
Best New Presenter sponsored by NZUNS: $1,500.00

New and exciting in 2015:
Best Poster Presentation sponsored by Abbvie: $1,000.00
Maggie Burn Post Graduate Scholarship: $2,500.00

2015 NZUNS Conference – Wellington
We are once again in the very capable hands again of Shelley De Boer as the NZUNS convenor.

Check out further information on study days, conferences, educational grants and awards in your newsletter and on our web page.

With our conference now combined biannually with USANZ – New Zealand Section our NZUNS AGM will now be held every second year at that meeting. This is permissible under our constitution. We are, however, required to submit our Annual Financial Report to all society members each year for approval and this can be done by way of a written ballot. So Pene, our treasurer, will have these out to you once they have been approved by the NZUNS committee.

We are at present applying to have NZUNS registered as a non-profit organisation and are continuing to work through the legal and financial requirements for this, as well as those issues discussed at our Paihia AGM 2014. To this end we have engaged the services of WRMK Lawyers (Whangarei) and KPMG Taxation Services (Tauranga).

Thank you to all those members who replied to our recent questionnaire (survey monkey) following the ANZUNS proposal for a fee increase. Trish has kindly collated the results of this and also represented us (NZUNS) at the ANZUNS mid-term meeting held on 23rd August. So please take the time to read her reports which are published in this newsletter. As a committee we were very concerned as to the impact that this fee increase might have on our own membership and from your comments and responses it appears rightly so. We fully understand the difficult financial times that we are all in and the lack of support that many of you face with your employers for ongoing education. We, as a society, are doing our utmost to support you in every way that we can. We may inevitably have an increase in fees in 2015 BUT we will endeavour to keep this to a minimum.

MOST IMPORTANTLY we ask for your ongoing support of our New Zealand Urological Nurses Society.

E Hara taku toa I te toa taki tahi
My success is not as a result of me alone
E ngari taku toa he toa taki tini
However, my success is as a result of many

Andrea Nixon
Chairperson 2014
Planning is in full swing for this year’s Blue September prostate cancer awareness campaign organised by the Prostate Cancer Foundation of New Zealand. And this year, we are expecting even more events, more media coverage, and hopefully more men taking heed of the “get checked” message.

Blue Ribbons
This year’s big innovation is the introduction of blue ribbons as the new charity symbol for prostate cancer in New Zealand. Like our pink ribbon counterpart, we expect this to be adopted widely as a sign of support for the Prostate Cancer Foundation and prostate cancer awareness.

Ribbons will be made available in exchange for a gold coin donation through our sponsors’ outlets, but we also would like community groups, medical centres and other retail outlets to also promote them.

They can be ordered along with the dispenser donation boxes from http://blueseptember.org.nz/

We hope the urology nurses will make them available in their hospitals, clinics and medical centres to help us raise both awareness and funds for the Foundation.

Ambassadors
Our great team of ambassadors voluntarily give their time, energy and influence to get the “get checked” message out into the community. They appear in media, at events and as spokespeople for our message.

This year’s new ambassadors include Lady Deborah Holmes, David Hartnell, Mark Hadlow and John Sellwood (TV3). They are supported by others such as Sir Peter Leitch, Frankie Stevens and Buck Shelford.

If you are planning a public event, check with us to see if there is an ambassador available to attend.

Events
Major sponsor Placemakers stores are planning a number of events at various outlets around New Zealand. Their Wellington branches are organising a “Scooter Challenge” – over 100 riders on 50cc scooters riding from Wellington to Foxton raising money for the Foundation.

Corys Electrical have purchased an old blue mini car and their senior executives are driving around all their branches – from Kaitaia to Invercargill to support Blue September.

In Auckland, SkyCity are hosting a Learn to Play Poker and Whiskey Tasting event and David Hartnell is hosting a celebrity Quiz Night.

At a grass roots level, we are getting contacts from all around the country from groups of people in clubs, workplaces, community groups and schools who are planning something in their own location for both awareness and raising funds.

We are constantly amazed at the dedication and creativity of so many people who support us in the Blue September Campaign.

Last year Blue September raised nearly $500,000. Our target this year is greater, and with the help of many, this will be achieved.

These funds go to advance our awareness programmes, support men and families who are living with prostate cancer, and to fund important research within New Zealand.

We hope the urology nurses will support us again this year.

Graeme Woodside
CEO, Prostate Cancer Foundation
www.prostate.org.nz

Work is continuing on this project at the Ministry of Health. Trish White is on the specialist sub-group and Lucy Keedle on the Primary Health Care Group. We meet in Wellington every couple of months and in between meetings we work on progressing the group’s objectives.

The focus recently has been on standardising referral guidelines for men with suspected prostate cancer with a pathway beginning in primary care and moving into secondary services. This part of the project has resulted in collaborative agreement coming from both the primary and secondary sub-groups.

We are also close to completing a clinical guideline for the management of men who meet the criteria for Active Surveillance of their diagnosed prostate cancer. As you know these men have low grade and low volume disease and the goal is to only provide radical treatment when absolutely necessary.

We are interested to learn more about nurse involvement in the care of patients with prostate cancer. So some of you may receive a questionnaire in the near future to describe how nurses are involved in the management of men with prostate cancer in your outpatient departments. So keep a look out for that and we will look forward to reading your responses.

If you would like to read more about this project you can find a good summary on this Ministry of Health website.
A RISING PSA
after a normal biopsy
MICHAEL VINCENT- UROLOGY TRAINEE TAURANGA

The issue of diagnosing prostate cancer and managing patients with an abnormal PSA is a never-ending dilemma. A common scenario that is often encountered is the re-referral of a patient who's PSA remains significantly elevated or rises after having a negative biopsy of the prostate. Unfortunately it is not just a simple matter of repeating the biopsy as many factors need to be considered to avoid unnecessary biopsy risk, patient anxiety and over diagnosis.

We need to consider Patient factors, Biopsy factors and PSA factors before deciding upon the correct course of action to take. As with many aspects of the management of prostate cancer there is often no "correct" answer and a multitude of different pathways could be followed through the minefield of greyness.

When we start considering the patient factors we are really looking at the potential benefit for the patient of diagnosing prostate cancer and if that knowledge will impact on the patients management. We know from many studies that as patients age their management. We know from many studies that as patients age their co-morbidities tend to increase and numerous studies have demonstrated little or no survival benefit for treating men with significant comorbidities. When we look at a repeat referral there is by definition going to be a time gap from the previous biopsy. This gap is often very variable and it is not uncommon to have quite elderly patients referred back to clinic as the PSA test may have become habit without consideration to its utility. There may also have been significant changes to a mans health over time that could be far more significant than a PSA rise. Another factor could easily be an increase in size of a prostate we know that as men age the prostatic volume tends to increase and with this we would expect the PSA to also increase. A change in lower urinary tract symptoms (LUTS) could represent an increase in the size of a prostate and increasing LUTS could lead to conditions that may artificially increase the PSA such as UTI, retention or bladder stones.

Biopsy factors are of equal importance as potential changes in the patient. If the previous biopsy was only a sextant biopsy rather than an extended (12+ core) there is a significant chance of detecting cancer on a subsequent biopsy (approx. 30%). The finding of ASAP (Atypical Small Acinar Proliferation) on a previous biopsy carries a >40% chance of detecting cancer on subsequent biopsy. The finding of high grade PIN (Prostatic Intraepithelial Neoplasia) is controversial and if unifocal carries limited additional risk, however multifocal high grade PIN carries an approximately 10% risk of finding cancer on a subsequent biopsy. A review of the old pathology could potentially change the previous diagnosis in 2.5% of cases. After a single set of saturation biopsies the risk of detecting cancer subsequently is approximately 20% and after 2 sets of adequate biopsies the chance of finding cancer subsequently is only 4%.

PSA factors will also play a significant part in decision making looking at the absolute PSA levels, PSA density (PSA/prostate volume) and PSA velocity or doubling time. All will need to be taken into account in the decision to re-biopsy. A doubling time of >5years is protective with respect to finding prostate cancer on subsequent biopsy. A PSA density >0.25 is significantly predictive of finding prostate cancer. There is debate regarding the cut off for PSA velocity but it is usually considered that a velocity of >0.75ng/ml/year is predictive of finding prostate cancer however for younger patients a velocity >0.5ng/ml/year may be more appropriate. Several detailed assessments of PSAV however have failed to show any correlation with prostate cancer risk.

Given the complexities in deciding whether to repeat a biopsy or not, a lot of effort has been put into methods to improve the specificity and sensitivity of the predictive tests. A good first line evaluation are tools such as the ERSRC risk calculator that takes into account age, PSA level, DRE (Digital Rectal Examination) result, family history and previous biopsy to calculate a patients risk of detecting prostate cancer on biopsy.

A simple measure to utilize is the free:total psa ratio with levels below 10% associated with an up to 60% risk of detecting cancer on repeat biopsy. There has recently been much interest in then use of multiparametric MRI in the work up of patients with elevated PSA levels. mpMRI has been shown to be excellent at detecting significant (intermediate/high risk prostate cancer) with good sensitivity and specificity. It also has the advantage of being poor at detecting low grade/low risk cancers thus reducing the detection of cancers that for the most part could be considered insignificant. MRI results can be used to help decide whether to biopsy or not and if biopsies are to be performed, where they could be targeted towards to improve detection rates. Only multiparametric MRI has been shown to provide diagnostic utility. Another area that has been investigated to improve screening accuracy is the urinary biomarker PCA3 and the combination urinary assay of PCA3 and TMPRSS2-ERG. This can improve sensitivity of screening to over 70% and specificity up to 90%. The use of 5 alpha reductase inhibitor medications have also been studied, and the lack of a 50% drop in PSA levels has been shown to be predictive of an increased prostate cancer risk.

All in all the decision making in this scenario is very complex and needs to be based upon a large variety of parameters and a one size fits all approach is not appropriate. In equivocal cases the use of multiparametric MRI and free:total PSA ratio is probably the test most likely to aid decision making.

The easy option would be to just perform a biopsy in all patients referred back to the department. This however potentially exposes patients to increased biopsy risks, antibiotic prophylaxis risks as well as the risks of over diagnosis and overtreatment in people who may have limited benefit from obtaining a diagnosis. Bringing these people back to a clinic where a biopsy is not planned to discuss the options probably provides an opportunity to discuss issues and implications without a perceived pressure to perform or undergo a biopsy.
In memory of our dear friend and colleague who passed away suddenly in November 2013.

Maggie, was an important part of the MidCentral DHB urology team, she was known to many of us for her expertise and dedication to urology nursing and for her contribution as an NZUNS committee member.

This annual scholarship, commencing in 2015, has been made available to NZUNS members who are undertaking post-graduate education with a link to urological nursing.

With a value of $2,500.00, applications will be available on the ANZUNS (New Zealand section) website www.anzuns.org from September 22nd 2014.

EXCITING COMPETITION!

What do you think of our logo? At our last committee meeting, we decided that it looks old and tired and that we desperately need a new one.

We would like all our members to put their thinking caps on and come up with an inspirational, exciting or fun idea for our next logo. We need you to send your designs via email to lucy.keedle@gmail.com or via our website http://www.anzuns.org. Other options are to post to PO Box 431 Tauranga 3140, or fax to- 075799288. They will need to arrive by October 4th to be eligible for entry.

The winning idea will be unveiled at the North Island NZUNS Study day on October 11th. The winning entry will get free registration into next year’s NZUNS conference.

The judge’s decision will be final.

REMINDER!

Study Grants available

In our last newsletter we wrote about the opportunity for NZUNS to assist with funding up to $500.00 towards a study day in your local area (see June 2014 Urology Update) the application forms were included in that newsletter and are also available on our website.

We also have Educational Grants available again up to the value of $500.00 to help you to attend conferences, undertake an educational course or help fund a research project. We can only fund this to four applicants per year so get your forms in to us asap!

APPLICATION FORMS FOR THESE TWO GREAT OFFERS ARE AVAILABLE ON OUR WEBSITE www.anzuns.org New Zealand section

NZUNS Research Corner

Justine has been busy this month preparing for our study day in Rotorua where she will be presenting a paper outlining how to utilise evidenced based practice into your normal working day. The focus for her presentation is on urethral dilatation. So we look forward to that on Saturday 11th October and we hope to see many of you in Rotorua.

Research Review continues to send out their updates on the latest in Urological Research, plus there was also one recently detailing the highlights of the American Urological Association Conference earlier this year as experienced by our NZ Urologists. If you have missed a copy contact admin@researchreview.co.nz where you can start and stop receiving their updates at anytime.

The research scholarship is coming, we are still finalising the documentation but it will be available in 2015.

The remainder of our research section this time is for an article written by Justine detailing the recommended nutritional guidelines for patients with renal calculi. We hope you find it useful!

Trish White and Justine Andrew
**IMPROVING THE COORDINATION OF PROSTATE CANCER CARE**

**NEW ZEALAND’S NEW ADVANCED PRACTICE NURSING ROLES PURSUE QUALITY CARE FOR PROSTATE CANCER PATIENTS**

Sue Osborne, Urology Nurse Practitioner, Waitemata District Health Board, Department of Urology, Auckland

Throughout this process it was a challenge for all of the disciplines represented on the taskforce to balance setting the bar high for what the membership hoped to achieve for men and their families, whilst considering the realities of budgetary, workforce and geographical constraints. In advocating equity of access and improved / consistent quality standards, it was interesting to continually think both ‘nationally’ and ‘locally’ about how the guidelines might be implemented.

The prostate cancer taskforce recognised the potential advanced practice nurses have to enhance the care of men and their families at the time of prostate cancer diagnosis, before, during and after treatment and throughout the follow-up period. Despite this, it noted that prostate cancer nurse roles were few and far between in New Zealand, potentially reducing the opportunities for men to have information about their diagnosis enhanced or clarified in a timely manner. Men without access to specialised nurses were also felt to receive less support as they navigate both the health system and their treatment options.

Thus, the taskforce recommended the development of a national nurse-led telephone information service to offer men and their families quality education and support. A telephone service was seen as a ‘good place to start’ to improve access to quality information. It was also deemed to be achievable even in a fiscally constrained environment. One year on, this recommendation has yet to be realised, but significant progress has occurred that aligns with the telephone services goals. Interestingly, this has occurred in a format not foreseen by the taskforce membership.

A separate Ministry of Health initiative aligned to the Faster Cancer Treatment Programme has provided District Health Board Hospitals with additional funding to enable the establishment of advanced practice nursing roles to support all individuals and families on a cancer related journey. These specialist nurses will act as a single point of contact across different parts of the health service, to support and guide patients and keep them fully informed about their care.

My workplace has used this funding to establish cancer coordination nursing roles, linked either to ‘tumour streams’ (e.g. urological cancer, gastrointestinal cancer, lung cancer) or ethnicity (e.g. Maori, Asian, Pacific peoples). This means a patient will have either one or two cancer coordinators working with them to ensure their healthcare needs are met in the best way possible. The relevant nurses contact details are given to individuals as they receive a cancer diagnosis or sometimes as they begin investigations when they are referred with a symptom highly suspicious of cancer. The patient is then able to easily contact the nurses to receive support or information related to all aspects of their care.

The impact of the cancer care coordinators will be evaluated once the roles are fully established. A wide range of data is being collected to evaluate their outcomes and effectiveness. At present, these nurses are only available to men accessing their healthcare through New Zealand’s public healthcare system. It may be that a national telephone service with expert prostate cancer nurses is still required to support men and families receiving their care in the private sector.

In New Zealand the private sector is often an environment where advanced practice nurses are not readily available for education and support as the time spent undertaking these activities is not reimbursed by health insurance companies. I hope that this article will prompt readers to ponder how this differs or aligns with your healthcare environment. Sue.osborne@waitematadhb.govt.nz
Prostate cancer is a significant burden to men's health. It is now one of the most important problems facing New Zealand men. Prostate cancer is the most common non-cutaneous malignancy diagnosed in New Zealand and is the third most common cause of cancer death in men after lung cancer and bowel cancer. In 2008 approximately 900,000 men were diagnosed with prostate cancer worldwide, with the highest rates primarily in developed countries of Europe, North and South America, and Oceania. These data include 2939 New Zealand men diagnosed with prostate cancer. Prostate cancer most commonly occurs in men over 65 years of age and is rare in men under 50 years (61 cases and 2 deaths in 2008). In 2008 a total of 670 men died from the disease. Of these, 316 deaths (53%) were of men younger than 78.4 years, which is the life expectancy of New Zealand men.

In spite of its high incidence and prevalence, prostate cancer has a relatively slow rate of growth, meaning that it also takes longer than other malignancies to progress from early to advanced disease. Because of these conditions, clinicians have been working to find a reliable way of detecting it early so that potentially life-saving treatments can be implemented promptly. Such treatment has the dual aim of reducing prostate-related mortality and reducing the significant morbidity associated with advanced disease.

To date, prostate specific antigen (PSA) testing has provided a relatively simple means of population screening for prostate cancer. Unfortunately, however, PSA does not diagnose prostate cancer with certainty as its serum value can be elevated in both benign and malignant conditions of the prostate and not all men with prostate cancer will have high PSA levels. In addition, where prostate cancer is detected early, clinically indolent cancers may be overtreated, resulting in overtreatment, and men may experience side effects from untoward treatment that reduce their quality of life. There may also be unnecessary costs and burdens to our health care system. However, as active surveillance is increasingly being adopted as a first-line treatment for men with ‘very low’ and ‘low’ risk disease, the risks of overtreatment have been substantially reduced; some studies report up to 40 percent of newly diagnosed men enter this treatment pathway.

These conundrums have led to the current disagreement among clinicians and public health workers regarding which patients should be offered screening for prostate cancer. Furthermore, there is now a great deal of confusion among men, their families and whānau and their general practitioners as to the value of PSA testing and the benefit or otherwise of treating newly diagnosed prostate cancer.

Results on prostate screening from the European Randomised Screening for Prostate Cancer (ERSPC), the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial, and Göteborg Swedish trials are controversial. The ERSPC and Göteborg trials showed a reduction in prostate cancer mortality and the PLCO trial showed no benefit. The United States Preventative Health Service Task Force (USPSTF) states that evidence is insufficient to assess the risks and benefits of prostate cancer screening in men younger than 75 years. A common theme from all groups is that an informed decision with patients is strongly recommended and that screening does increase the number of men diagnosed with non-metastatic, early disease. These benefits must be weighed against the potential downsides of overdiagnosis and overtreatment of clinically insignificant cancers.

In light of the issues surrounding screening for prostate cancer and the benefits or otherwise of early diagnosis, the Health Committee conducted an inquiry into the early detection and management of prostate cancer in New Zealand. Its report Inquiry into Early Detection and Treatment of Prostate Cancer, which was presented to the House in July 2011, contained 17 recommendations.

The Health Committee considers that before any organised national screening programme could be established there would have to be clear evidence that any harm it might cause from overdiagnosis and overtreatment would be outweighed by a reduction in mortality and morbidity. Currently the evidence is inconclusive on this point. While a national prostate screening programme is not recommended at this time, the Health Committee does recommend establishing an equity-focused Quality Improvement Programme. This programme would ensure that men receive evidence-based information about prostate cancer testing and treatment, which they could use to make informed decisions, and that they have timely access to high-quality care along the entire treatment pathway.

The Ministry of Health has noted that there are inconsistencies in the quality and equity of services for the early detection and treatment of prostate cancer in New Zealand. In addition, not all men currently receive evidence-based information to help them make informed decisions.

It was therefore determined that the Ministry of Health would develop a framework for the Quality Improvement Programme within existing resources. It is expected that the Minister of Health will report back to Cabinet by March 2013 on the associated costs and benefits of implementing this plan.
The NZUNS committee sent a questionnaire to its membership to find out their opinion on the proposal from ANZUNS to raise membership fees. Currently NZUNS has 96 members, and 46 have replied giving this survey a 48% response rate.

Proposal
To cover the costs of employing a secretariat, ANZUNS are proposing nearly tripling the fees they charge each member who belongs to the society incrementally over a two year time frame.

NZUNS currently sends $20AUD per member each year to ANZUNS. In 2015, this is to be increased to $40 per member and finally in 2016 to $55 per member.

Based on our regular membership of 100 nurses the financial impact to NZUNS is $2,139.00, which will increase to $4281.00 in 2015 and finally $5,885.00 in 2016. The committee are reviewing whether this is value for money for our New Zealand membership and we would like your opinion.

Question 1
Do you support the proposal from ANZUNS for a fee increase as above for the next two years?

Question 2
Will you remain a member of NZUNS if your annual subscription fee was increased to $110.00 per year by 2016?

Question 3
In the last five years how many times have you attended an ANZUNS conference?

<table>
<thead>
<tr>
<th>How many times?</th>
<th>Number (n=46)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>26</td>
<td>56%</td>
</tr>
<tr>
<td>Once</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>Twice</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Three or more</td>
<td>6</td>
<td>13%</td>
</tr>
</tbody>
</table>

Question 4
Have you ever applied for an ANZUNS professional development award?

Question 5
Please list any benefits from maintaining our affiliation with ANZUNS.
- Shared guidelines
- Not isolated and remain in touch with urology practices in Australia
- The access to information by mail, email and the website about changes in urology, best practice guidelines etc
- Wider resources Wider networking
- Access to a wider, more diverse range of knowledge and experience. More power in a larger group to bring about change.
- Useful collaboration on standards, eg catheterisation, bladder instillations. Conferences in association with ANZUS/ANZUNS certainly worth attending for variety of international speakers as well as networking.
- Reduced conference rates
- By maintaining our association with Aus we can ensure that a larger body of professionals means better networking possibilities and ensuring a credible professional body.
- Larger base/ information pool
- Very few - keeping in contact with our Australian colleagues would still happen if we were able to attend ASM's and through internet access etc. See below as to how I think we could spend our money getting more members to ASM's.
- Shares the workload in regard to updating standards etc - I do not know if that is a big part of the Organisations workload?! 
- Networking with other urology nurses. Study days.
- Networking at these conferences is invaluable especially when combined with the medical staff
- Important collaboration and utilization of resources
- The preference is to stay affiliated but the cost might be prohibitive. It has been hard recruiting and keeping members in both countries. This could tip the balance again. Remaining with ANZUNS may offer extra support for the President and committee members
- It is really good attending the ANZUNS conference and hearing the overseas speakers but it is becoming very expensive as a nurse attendee and many nurses cannot get funding of have time to fund raise. We are expected to attend conferences to keep up with changes in urological techniques and practice.
- It is part of my role expectation to be a member. The sole benefit for me personally is access and attendance at national conference. International conference is often cost prohibitive. I think it is very beneficial though to be able to share knowledge and best practice with our Australian colleagues. It builds that collegial relationship, however just a large hike in fees is not acceptable.
- Networking and larger resources? Good conferences but do we need that? Would NZUNS survive without them?
- Being able to attend the conferences in Australia of which I have been to quite a few in the past but not recently as there is no funding where I work and it is too expensive to attend on my own considering the registration fees. The conferences have been great and we have won our presentation/poster section on several occasions but would this mean that we could not attend the conferences in the future if we don't pay the increase?
- Only benefit really is networking as find it difficult to attend any study or conferences in Australia.
- Networking opportunities is the main reason I can see, but this should still
be able to be maintained to a point even if we do split.
• Standardisation of policies and procedures
• Keep up to date with latest information. Keep up to date with new products and treatments
• Not sure I can think of any that are significant apart from networking
• Affiliation with an overseas professional body Combined resources such as ANZUNS Catheter Guidelines. Access to the likes of WA Cytotoxic guidelines and patient information. Combined nurses section of the Urology Scientific meeting
• None really
• Website
• Networking Sharing of knowledge ie clinical guidelines

**Question 6**

Please list your reasons why you should consider leaving ANZUNS.

• If we could have affiliation professionally, consider leaving ANZUNS. Please list your reasons why we should leave.

**Question 7**

Would you prefer NZUNS to terminate its affiliation with ANZUNS?

**Summary**

The results of this survey show the NZUNS membership has clearly stated this fee increase is too steep.

Seventy percent have said they would leave NZUNS as a result which is clearly unsustainable to our NZUNS.

NZUNS committee will take these results back to the ANZUNS meeting to be held in Sydney on 23rd August to discuss further.

If the decision was made to exit ANZUNS it would have to be made by our membership with a vote at AGM in 2015.
I started my nursing training over 50 years ago in 1961, at the then New Plymouth Hospital. Originally we worked 6 days a week until our conditions improved a couple of years after I started. We also had to live in the Nurses Home.

I worked in the Men’s Surgical Ward a lot, during my training. In those days patients stayed in hospital a lot longer as the District Nursing service was not very well developed as it now is. Eg a patient usually stayed in hospital after an appendicectomy, until the sutures were removed. All prostatectomies were carried out as Supra-pubic Prostatectomies, until the last year of my training, when surgeons started to carry out TUR Prostate.

After time out of nursing to have a family, we moved to Auckland where I started at Auckland Hospital and was placed in the Urology Ward. I considered moving to another area, but decided we had plenty of dramas to keep me interested eg TURP days when we had a lot of bleeding, elevated temperatures and low blood pressures as well as being very busy in theatre. The TURP days improved when patients were given intravenous antibiotics on induction. When I first came to Auckland, most patients requiring surgery for kidney stones had open surgery. What a difference when the technology became available to enable patients to have percutaneous removal of stones. Minimal wounds, shorter stays, more patients having their kidney stones removed. However Urosepsis from large stones was still a problem. This still keeps staff on their toes as these patients can rapidly become very ill and require admission to the Intensive Care Unit.

We trialled Day of Admission surgery on our ward, which made the ward a lot busier as patients were admitted post-operatively instead of the day before. The Urology service had to set up Pre-admission clinics. It made the service a lot more efficient and productive, as there was more time to work patients up for theatre when necessary, less theatre cancellations and the throughput of patients in the ward improved.

Then came the advent of treatment for Prostate Cancer by Radical Prostatectomy for suitable patients. Latterly has been the advent of Laparoscopic surgery for Radical Prostatectomies and nephrectomies etc. Auckland City Hospital Urology Unit covers all of Auckland for acute admissions and Auckland and Counties Manukau DHBs for elective surgery. The most common complaint dealt with is kidney stones, but we see also doing more Radical prostatectomies and nephrectomies and other procedures etc, including having the kidney donors in our ward. (The recipients are nursed in the Transplant Ward.)

As a Staff Nurse I assisted with Urodynamic studies and Pre-admission clinics as well as running the BCG and Prostate Nurse Led Clinics. I also completed many courses and obtained my BHSc in Nursing. If only we had “Google” when I was researching for my degree!

The advent of computers in the workplace occurred before I became a Charge Nurse 10 years ago. It enabled staff to obtain laboratory results on-line saving staff time on the phone. More and more systems went on line over time. A big step was when patients’ clinical notes were scanned online, once the patients were discharged. Emails replaced the many memos that came to the ward. I don’t know which was worse as the numbers of emails coming into my inbox every day kept increasing, resulting in more time at the computer every day.

Management of throughput of patients is a big part of every day, as the average is a third of patients changing every day in our 24 bed ward. Each morning I went on-line to check the elective list and to see where all urology patients were in the hospital, including if there were any potential patients in the Emergency department or in the Assessment and Planning Unit. I usually did this several times a day as beds are usually tightly managed in the hospital.

I have worked with great nurses on the ward over the years and we certainly had many laughs to lighten our load. I encouraged ongoing learning and education to keep up to date as nurses are the ones closest to the patients and very often the first to notice changes in condition. They also often have to educate the junior doctors on some of the peculiarities of Urology patients. The staff are culturally diverse, as are the patients on the ward which makes it more interesting and challenging to learn about other cultures and their needs, especially when some of the patients do not speak English. Our ward staff worked with Pacific Health Staff to develop “Pacific Best Practice” guidelines for our DHB.

I have worked with many great health professionals over the years (33 years at Auckland Hospital) and have a chest full of memories. The 6 nurses who were in my nursing class and completed their training, are still in contact with each other. Also I have attended several enjoyable reunions in New Plymouth where old memories are renewed.

Nursing is a very satisfying and fulfilling career. It is at a stage when more diverse opportunities are presenting themselves for those looking for a challenge. I say to you- “Go for it!”

I wish Justine well in her new position of Charge Nurse of the Urology Ward, after being Urology Nurse Specialist. It will be challenging and rewarding.

---

THE JOURNEY TO BECOMING A CHARGE NURSE

JUSTINE ANDREW

It has been an exciting 14-year journey to become the charge nurse of ward 73. I envisioned an excellent charge nurse needs to have good clinical skills, an understanding of the technology, management, and leadership theories, teamwork, and quality improvement, to name a few. These experiences have given me a foundation in management, but it wasn’t until I stepped into the role of charge nurse, did I realise the complexity of the role. I am grateful and appreciative of the nurses on ward 73 for their support and their understanding as I acquire the necessary experience to lead our team.

There are many amazing individuals I would like to thank for their enduring support, guidance and investment in my development. The medical staff, for sharing their wisdom and generously giving me their time and energy to supervise and mentor me. The charge nurses both current and in times gone by, most recently – Doreen James who for more than a decade led our team. Doreen’s enduring commitment and care to the nurses and patients during her time as our charge nurse was admirable. Doreen will be dearly missed, and I am grateful for her support and friendship.
DIETARY MANAGEMENT OF KIDNEY STONES

Introduction
The incident of kidney stones is 13% in men and 7% in females over a lifetime. After a symptomatic stone event, up to 1 in 2 people will have a recurrence without specific treatment within 5 years. In patients with incidental findings of kidney stones, up to 1 in 3 people will become symptomatic over 3-4 years. Based on this data, there is a need for an effective strategy for both primary and secondary prevention of kidney stones.

80% of all kidney stones are calcium stones (calcium oxalate and calcium phosphate), while the rest includes uric acid stone and struvite stones. As stone formers often have abnormal urine biochemistry, modification of urine biochemistry by dietary means is an attractive, safe, inexpensive strategy in stone prevention.

Fluid
Two randomised controlled trials have investigated the effect of increased fluid intake in stone prevention in patients with 1 past calcium stone. The intervention is to increase fluid intake to maintain urine volume at 2 to 2.5 litres. Both trials have reported a beneficial effect, with one of them reaching statistical significance. Increasing fluid intake is a strategy that is simple, cheap, safe and well tolerated by most patients.

Soft-drink
In one large randomised controlled trial, a reduction in soft drink intake in men whom had 1 previous calcium stone and soft drink consumption of more than 160 ml per day showed a statistically significant beneficial effect in preventing recurrent stone formation.

Calcium
Oversaturation of urine with calcium is an important risk factor for the formation of calcium stones. Observational studies have consistently shown that low calcium intake is associated with higher risks of kidney stones. This is thought to be due to a secondary increase in urinary oxalate from hyper absorption of free oxalate during low calcium intake.

Increased dietary calcium intake with a reduction in animal protein has been shown to reduce urinary calcium and oxalate levels, and a reduced risk of stone recurrence in 5 years in a randomised controlled study. However, calcium supplementation has been linked to an increased risk of stone disease. This is thought to be that ingestion of calcium supplement without food has little or no effect on the absorption and excretion of oxalate.

Oxalate
Urinary oxalate comes from both dietary sources and endogenous metabolism. Urinary oxalate excretion increases as dietary oxalate intake increases. In epidemiological studies, oxalate intake assessed by food frequency questionnaires did not differ between stone-formers and non-stone-formers. So far, there is no randomised controlled study on the effect of oxalate intake restriction in kidney stones.

Animal protein
High animal protein intake can cause hyperuricosuria, hypocitraturia, and hypercalciuria, all risk factors for calcium stone formation. Epidemiological data show an association between high animal protein consumption and kidney stone formation. Dietary protein restriction in the short term significantly reduced urinary excretion of calcium, uric acid, and oxalate. However, in randomised controlled trials, a low protein diet has not been shown to reduce stone formation, but the adherence to the diet is poor in these trials.

Sodium
High sodium intake leads to a decrease in proximal sodium and calcium reabsorption. This can result in higher urine calcium content. Every 100-mEq increase in daily sodium intake leads to a 25 to 40 mg increase in urinary calcium excretion. Though there are no trials addressing sodium restriction as a sole therapy in stone prevention, it is likely that sodium restriction has a beneficial effect in stone prevention.

Potassium and citrate
Urine citrate increases the solubility of stone-forming calcium salts and inhibits calcium oxalate crystal growth. High potassium intake has been linked to decreased stone formation in observational studies. Potassium citrate supplementation is a feasible strategy in stone prevention, but gastrointestinal side effects do limit its use. Citrus fruits are a good source of dietary citrate and can be an alternative therapy to potassium citrate supplementation.

Clinical recommendations
As a nurse in an acute urological department, stone composition data is often not available of patients with renal colic. Increasing fluid intake to maintain urinary output of 2-2.5 liters (i.e. at least 2.5 liters of fluid intake daily), decrease sodium intake, limit soft drink intake to less than 160ml per day (half a can of soft drink), and increased citrus fruit consumption are safe strategies that can be implemented in most patients with renal colic and to prevent recurrence in stone formation. Congestive heart failure and diabetes are common relative contraindications to increased fluid intake and increased citrus fruit intake respectively.

If the stone composition is known to be uric acid stone or cystine stones, it is biologically plausible that restriction in animal protein intake is of benefit. There is no specific dietary management for struvite stones due to their infectious origin.
THE COUNT DOWN IS ON!
SECURE YOUR PLACE NOW BY REGISTERING
ONLINE AT WWW.ANZUNS.ORG

2014

INAUGURAL

NZUNS NORTH ISLAND STUDY DAY

SATURDAY 11 OCTOBER 2014
WAI ORA LAKESIDE SPA RESORT, ROTORUΑ

COMPLIMENTARY ATTENDANCE TO 2013 / 2014 NZUNS MEMBERS

Key benefits in attending the NZUNS North Island Study Day:

- Join us for the inaugural New Zealand Urology Nurses Society – North Island Study Day
- Informative and educational scientific programme
- Stay current on updates impacting the industry, your practice and your patients health
- Support our industry trade display space
- Meet new colleagues and catch up with old friends

Accommodation Options:

- Wai Ora Lakeside Spa Resort, 77 Robinson Avenue, Holdens Bay Tel: 07-343-5100 (quoting ref NZUNS)
- Cedarwood Lakeside, 17 Holden Avenue, Rotorua Tel: 07 345-7773
- All Seasons Holiday Park, 50-58 Lee Road, Hannahs Bay Tel: 07 345-6240

New Zealand Urological Nurses Society Inc
Andrea Nixon | NZUNS Chair
Telephone: +64 9 437 4091
Email: ais.nixon@xtra.co.nz

Study Day Registration Administrators
ForumPoint2 | PO Box 1008 | Hamilton
Telephone: +64 7 838 1098
Email: info@fp2.co.nz

WWW.ANZUNS.ORG
NZUNS STUDY DAY – Rotorua 2014
11 October 2014, Wai Ora Lakeside Spa Resort

PRELIMINARY PROGRAMME

Disclaimer: The organisers reserve the right to alter or delete items from the NZUNS North Island Study Day programme.

Saturday, October 11, 2014 NZUNS

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 08:45</td>
<td>Registration</td>
</tr>
<tr>
<td>08:45 – 08:55</td>
<td>NZUNS Chairperson Welcome&lt;br&gt;Andrea Nixon</td>
</tr>
<tr>
<td>08:55 - 09:15</td>
<td>Diagnosis &amp; treatment of benign prostate conditions&lt;br&gt;Mr Jim Duthie</td>
</tr>
<tr>
<td>09:15 – 09:35</td>
<td>Pelvic pain&lt;br&gt;Mr Liam Wilson</td>
</tr>
<tr>
<td>09:35 - 09:50</td>
<td>Diagnosis of prostate cancer&lt;br&gt;Dr Mike Vincent</td>
</tr>
<tr>
<td>09:50 - 10:10</td>
<td>Surgical treatment of prostate cancer, including the different surgical options. (Decision on surgery or curative cancer)&lt;br&gt;Mr Tony Nixon</td>
</tr>
<tr>
<td>10:10 – 10:25</td>
<td>Humidification during laparoscopy&lt;br&gt;Suzanne Newman</td>
</tr>
<tr>
<td>10:25 – 10:45</td>
<td>Radical prostatectomy – The nurse perspective&lt;br&gt;Leica Brown</td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>Morning tea with the Sponsors and Exhibitors</td>
</tr>
<tr>
<td>11:15 – 11:25</td>
<td>To be established&lt;br&gt;Lisa Lyons</td>
</tr>
<tr>
<td>11:25 – 11:40</td>
<td>Robotic surgery&lt;br&gt;Jo Dunstan &amp; Claire Hill</td>
</tr>
<tr>
<td>11:40 – 12:10</td>
<td>The prostate patient journey, the research perspective. (Research in progress with the aims to help shape progress &amp; patient journey)&lt;br&gt;Charis Brown</td>
</tr>
<tr>
<td>12:10 – 12:40</td>
<td>Post treatment surveillance &amp; support.&lt;br&gt;Sue Osborne</td>
</tr>
<tr>
<td>12:40 – 13:00</td>
<td>Diagnosis &amp; surgical treatment of bladder and renal cancer.&lt;br&gt;Mr Tony Nixon</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch with the Sponsors and Exhibitors</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Bladder cancer – new Radiotherapy techniques&lt;br&gt;Dr Leanne Tyrie</td>
</tr>
<tr>
<td>14:30 – 14:50</td>
<td>Bladder &amp; renal cancer: the patient journey&lt;br&gt;Tiffany Schwass</td>
</tr>
<tr>
<td>14:50 – 15:10</td>
<td>The Physiotherapist role with incontinence&lt;br&gt;Ann McKellar</td>
</tr>
<tr>
<td>15:10 – 15:30</td>
<td>The role of the Urology Nurse Practitioner&lt;br&gt;Trish White</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Afternoon tea with the Sponsors and Exhibitors</td>
</tr>
<tr>
<td>16:00 - 16:20</td>
<td>Urology research using an example&lt;br&gt;Justine Andrew</td>
</tr>
<tr>
<td>16:20 – 16:35</td>
<td>Ministry of Health Prostate Cancer Awareness &amp; Quality Improvement Programme&lt;br&gt;Trish White &amp; Lucy Keedle</td>
</tr>
<tr>
<td>16:35 – 16:50</td>
<td>Urology Poem&lt;br&gt;Alison Meerman</td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td>Study day conclusion&lt;br&gt;Andrea Nixon</td>
</tr>
<tr>
<td>17:00 - 18:00</td>
<td>Canapes &amp; drinks</td>
</tr>
</tbody>
</table>

Thank you to our sponsors of the NZUNS North Island Study Day
NZUNS North Island Study Day
Registration Form

11 October 2014, Wai Ora Lakeside Spa Resort, Rotorua

Personal Details

<table>
<thead>
<tr>
<th>Title (e.g. Mr/Mrs/Miss/Ms etc)</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name for Name badge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postal Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City / Town</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone (work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
</tr>
</tbody>
</table>

| Fax |
| ( ) |

<table>
<thead>
<tr>
<th>Telephone (mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Email |
|       |
|       |

Special Requirements

Please note any specific requirements:

- Dairy Free
- Gluten Free
- Vegetarian
- Vegan
- Lactose
- Other requirements (e.g. dietary, disability etc)

<table>
<thead>
<tr>
<th>Other requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

On-site Emergency Information

Where are you staying during the event?
(for example, name of hotel, with a family member, at home)

<table>
<thead>
<tr>
<th>Name of person to contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Insurance

It is recommended that delegates be appropriately covered for travel insurance.

Registration Fees (NZD$ and includes 15% GST) Please ✔ the appropriate box

New Zealand Urological Nurses Society is not GST registered, therefore prices on this registration form include GST.

NZUNS NORTH ISLAND STUDY DAY REGISTRATION

- Attendance at sessions on Saturday 11 October 2014
- Morning, afternoon tea and lunch on Saturday 11 October 2014
- 1 x ticket to the NZUNS North Island Study Day Wrap-up function – Saturday 11 October, Wai Ora (Canapes and drink voucher provided, cash bar available)

<table>
<thead>
<tr>
<th>Fee NZD$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please Tick Appropriate Box ✔

NZUNS Member – Complimentary Eligibility

(To be eligible for complimentary entry you must be in possession of your voucher for free attendance or were a current member as at 12th May 2014).

| □ Complimentary (please check your eligibility) |
| $65.00 |

Please provide your NZUNS membership number below:

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Non Member

| □ $95.00 per person |
|                     |

Will you attend the NZUNS Study Day Wrap-up Function on Saturday 11 October 2014?

<table>
<thead>
<tr>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Delegate Name

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
THE COUNT DOWN IS ON!
SECURE YOUR PLACE NOW BY REGISTERING
ONLINE AT WWW.ANZUNS.ORG

2014

INAUGURAL

NZUNS NORTH ISLAND STUDY DAY

SATURDAY 11 OCTOBER 2014
WAI ORA LAKESIDE SPA RESORT, Rotorua

COMPLIMENTARY ATTENDANCE TO 2013 / 2014 NZUNS MEMBERS

Key benefits in attending the NZUNS North Island Study Day:

- Join us for the inaugural New Zealand Urology Nurses Society – North Island Study Day
- Informative and educational scientific programme
- Stay current on updates impacting the industry, your practice and your patients health
- Support our industry trade display space
- Meet new colleagues and catch up with old friends

Accommodation Options:

- Wai Ora Lakeside Spa Resort, 77 Robinson Avenue, Holdens Bay Tel: 07-343-5100 (quoting ref NZUNS)
- Cedarwood Lakeside, 17 Holden Avenue, Rotorua Tel: 07 345-7773
- All Seasons Holiday Park, 50-58 Lee Road, Hannahs Bay Tel: 07 345-6240

New Zealand Urological Nurses Society Inc
Andrea Nixon | NZUNS Chair
Telephone: +64 9 437 4091
Email: ais.nixon@xtra.co.nz

Study Day Registration Administrators
ForumPoint2 | PO Box 1008 | Hamilton
Telephone: +64 7 838 1098
Email: info@fp2.co.nz

WWW.ANZUNS.ORG
Thanks to AstraZeneca, our newsletter distributor.