BAUN
BRITISH ASSOCIATION of UROLOGICAL NURSES

SPRING ISSUE
MAY 2014

MEMBERS' NEWSLETTER • LATEST PROFESSIONAL ADVICE

Newsletter

Peter is living proof that it takes a certain dedication to excel in your chosen field. Our speciality has been, and always will be, the treatment of prostate cancer (high-risk localised, locally advanced, metastatic).[1,2] Through our efforts and with the clinical evidence of the world's most widely used LHRHa behind it,[3] Prostap DCS has become an effective,[4–6] well-tolerated,[4–6] simple-to-use[7] and cost-competitive[8] treatment every bit as extraordinary as the men it treats.

Prostap® DCS
leuprorelin acetate dual chamber syringe

Experience changes everything

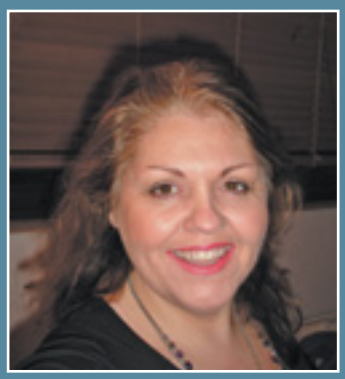
PROSTAP SR DCS/ PROSTAP 3 DCS leuprorelin acetate depot injection 3.75mg/11.25mg PRESCRIBING INFORMATION FOR PROSTATE CANCER. Refer to summaries of Product Characteristics (SmPCs) before prescribing. **Presentation:** **Prostap SR DCS:** leuprorelin acetate 3.75mg powder, equivalent to 3.75mg base, powder and solvent for prolonged-release suspension for injection in pre-filled syringe with safety device. **Prostap 3 DCS:** leuprorelin acetate 11.25mg powder, equivalent to 10.72mg base, powder and solvent for prolonged-release suspension for injection in pre-filled syringe with safety device. **Indications:** **Prostap SR DCS/Prostap 3 DCS:** adjuvant treatment to radical prostatectomy in patients with locally advanced prostate cancer at high risk of disease progression; adjuvant treatment to radiotherapy in patients with high-risk localised or locally advanced prostate cancer: locally advanced prostate cancer, as an alternative to surgical castration; metastatic prostate cancer. **Dosage & Administration:** **Prostap SR DCS:** 3.75mg administered every month as a single subcutaneous or intramuscular injection. **Prostap 3 DCS:** 11.25mg every 3 months as a single subcutaneous injection. Do not discontinue when remission or improvement occurs. Response should be monitored clinically and if sub-optimal, check serum testosterone is at castrate level. Elderly: as for adults. Children (under 18 years): not recommended. Injection site should be varied periodically. **Contraindications:** hypersensitivity to the active substance, any of the excipients or to synthetic GnRH or GnRH-derivatives. **Warnings & Precautions:** aggravation of diabetes may occur; more frequent blood glucose monitoring recommended in diabetic patients. Hepatic dysfunction and jaundice with elevated liver enzyme levels reported; close observation recommended. Spinal fractures, paralysis, hypotension, worsening of depression have been reported. Prophylactic antiandrogen use should be considered for patients at risk of ureteric obstruction; spinal cord compression. In the rare event of an abscess occurring at the injection site, testosterone level should be monitored as there may be inadequate absorption of leuprorelin from the depot formulation. **Interactions:** no studies performed. **Undesirable Effects:** adverse events which have been reported infrequently include peripheral oedema, pulmonary embolism, hypertension, palpitations, fatigue, muscle weakness, diarrhoea, nausea, vomiting, anorexia, fever/chills, headache (occasionally severe), hot flushes, arthralgia, myalgia, dizziness, insomnia, depression (occasionally severe), paraesthesia, visual disturbances, weight changes, hepatic dysfunction, jaundice and increases in liver function test values (usually transient). Reactions at the injection site e.g. induration, erythema, pain, abscesses, swelling, nodules, ulcers and necrosis have been reported rarely. Changes in blood lipids and alteration of glucose tolerance have been reported which may affect diabetic control. Thrombocytopenia and leucopenia have been reported rarely. Anaemia has been reported in patients receiving GnRH analogues. Hypersensitivity reactions including rash, pruritus, urticaria, and rarely, wheezing or interstitial pneumonitis have also been reported. Bone mass reduction may occur. Anaphylactic reactions are rare. Very rare cases of pituitary apoplexy have been reported following initial administration in patients with pituitary adenoma. If tumour flare occurs, symptoms and signs due to disease may exacerbate e.g. bone pain and urinary obstruction, which should subside on continuation of therapy. Impotence and decreased libido will be expected to occur. Orchiatrophy and gynaecomastia have been reported occasionally. Refer to the SmPC for details on full side effect profile. **Basic NHS Price:** **Prostap SR DCS** £75.24; **Prostap 3 DCS** £225.72. **Legal Classification:** POM. **Marketing Authorisation Numbers:** **Prostap SR DCS:** 16189/0012; **Prostap 3 DCS:** 16189/0013. Further information is available from Takeda UK Ltd, Mercury Park, Wycombe Lane, Wooburn Green, High Wycombe, Bucks, HP10 0HH. Tel 01628 537900. Fax 01628 526617. **PI Approval Code:** UK/PRS/1304/0039. **Date of Revision:** April 2013.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Takeda UK Ltd. Tel 01628 537900.

References: 1. Prostap SR DCS. Summary of Product Characteristics. **2.** Prostap 3 DCS. Summary of Product Characteristics. **3.** Takeda UK Ltd. Data on file. DF120302. **4.** Tunn UW & Wiedey K. *Prostate Cancer PD* 2009; **12**: 83–87. **5.** Kienle E & Lübben G. *Urol Int* 1996; **56**: 23–30. **6.** Jocham D. *Urol Int* 1998; **60**: 18–24. **7.** Takeda UK Ltd. Data on file DF110503. **8.** MIMS, April 2013.

UK/PRS/1305/0044 Date of preparation: May 2013

Editor's view



A belated Happy Easter to you all. I hope you all had your fill of Easter eggs and had a peaceful and enjoyable few days over the Bank holiday. I am writing this in early March and for once the sun is shining, the temperature is veering towards 20 degrees and it really feels like Spring is on the way. So I cannot predict what the weather over Easter will be but as I write I am hopeful that the sun will be shining.

The way people react when a bit of sun finally emerges after many weeks of hibernation never fails to amuse me. Last weekend was just such a day. For the first time it felt warm enough to safely swap my usual winter armour of hat, scarf and coat for a light jacket when I hit Camden High Street. I was not the only one although there were still people milling around in full winter gear looking a bit surprised and definitely overdressed in all the lovely sunshine. However, at no time did it occur to me that I should go the whole hog and just wear full summer gear or indeed that I needed to hot foot it urgently to the shops to buy a new barbeque. I cannot tell you how many people were wandering around in shorts and tee shirts, eating ice-creams and emptying the supermarket shelves of miniature BBQ sets! Now it was warm but not that warm! Then again we cannot predict when the next day of sunshine will hit or how long it would go on for and for all we know it could be the last beautiful day for weeks so I suppose we should make hay but really I think people were slightly over the top! I suppose after all the dark and wet and floods it is only natural to feel like celebrating the new season! What a shame that we NHS nurses cannot do the same when it comes to our pay. Despite the recommendation of the independent review body the Government has decided not to award a cost of living increase to the majority of NHS staff *(information correct at time of writing March 2014).*

Dr **Peter Carter**, Chief Executive & General Secretary of the RCN, said: ***"The Government is once again ignoring the independent pay review body, holding the Agenda for Change pay system to ransom, while expecting NHS staff to be grateful while their contractually agreed terms of employment are torn up."*** The official announcement on the Gov.uk website states:

"NHS staff and salaried doctors: all except the most senior managers will receive one percent additional pay. Those getting a progression pay increase (incremental pay increases for time served in a role typically worth over three percent) will only receive this. This is around 600,000 people (over 50 percent) of NHS staff. Anyone not getting progression pay will get a one percent payment instead. However, about 400 'Very Senior Managers' in the NHS do not receive progression pay and will not receive a one percent payment. The total policy will save over £200 million in 2014-15 and over £400 million in 2015-16, which will be reinvested into the health service and help protect jobs".
(https://www.gov.uk/government/news/public-sector-pay-awards-for-2014-15)

As the RCN puts it "Today's decision means that less than half of nursing staff at the top of their pay increment will get a 1% rise. Other nursing staff get what they are contractually entitled to, if they can demonstrate they have developed their skills in the previous year". This is manifestly unfair as incremental pay is not the same as having a cost of living increase.

So no ray of sunshine for us nurses to help lift our morale... naturally all the unions will be challenging the decision so make sure you tell your representative what you think. Somehow I do not think those clouds will be lifting anytime soon…

On a much brighter note though, it is wonderful that there are organisations out there that appreciate and value us and are happy, indeed eager to invest in us and our future. These far sighted people and organisations know that ultimately a happy, fulfilled, supported, encouraged, and developed workforce results in better and safer care for our patients.

> *"Today's decision means that less than half of nursing staff at the top of their pay increment will get a 1% rise"*

continued →

BAUN of course continues to support urology nurses with its raft of study days, its commitment to the IJUN, working with other organisations to develop guidelines and of course the yearly conference to highlight only some of the work going on behind the scenes. Elsewhere in this issue **Jane Brocksom** gives her report on the launch of a new resource for nurses. Ladies and Gentlemen Apollo has landed and to quote one of its developers is now in orbit!

There is also information on new research on intermittent catheterisation you may want to be involved in and of course **Phillipa** brings you up to date with all things BAUN while **Tracey** launches this year's conference programme! I am already excited by the topics and the list of speakers and can't wait to see the full programme.

At this point it gives me great pleasure to hand over the rest of this editorial to **Louise De Winter**, Chief Executive of the Urology Foundation, for information on an exciting new initiative.

Meanwhile I hope the sun is shining wherever you are!

Rachel Leaver

New Funds for Urology Nurses

THE Urology Foundation (registered charity 1128683) was founded in 1995 with the aim of improving the diagnosis, treatment and management of urological disease through the development and support of medical education training programmes, and sponsorship of scientific research. The Foundation is committed to improving urological healthcare services in the UK and Ireland, by supporting research and innovation in the British Isles and Ireland.

The wide and varied nature of medical conditions covered by urology means that it is likely that everyone will at some point require treatment or will know someone who has. Due to our ageing population, urological conditions will continue to increase in prevalence. Already, GP referrals for urological problems have increased by 20% over the last 20 years. The Urology Foundation is the only charity in the UK and Ireland that covers all urological conditions and cancers. The charity was founded in 1995 by urologists to further the knowledge and skills of those in the profession, with the aim of benefitting patients by improving the diagnosis, treatment and management of urological disease.

The Urology Foundation is working hard to improve the treatment of millions of men and women who are affected by cancers of the prostate, kidney or bladder or have their lives blighted by male infertility, erectile dysfunction and incontinence. Each year we fund Research Scholarships into prostate, bladder and kidney cancers, benign diseases and reconstructive urology. And each year this makes a real difference to patients.

We know that without your drive and commitment the Foundation would not exist. There are no words to express how important urological nursing is to patients and this is only going to become even more pronounced in the coming years. As nursing continues to evolve, more specialist nurses will take over diagnostic and treatment tasks playing an ever more critical role in the patient experience.

Making sure we provide development opportunities for urological nurses like you to improve your knowledge of and skills in urology through education and training is key. We want you to provide professional, confident advice to consultants who are tasked with making critical decisions about patient care.

This year we have created two new funds that we are urging urology nurses to apply for.
Our smaller projects fund has up to £10,000 (per project) available to fund nurse-led patient projects that will look at what works best for patients in urology treatment, nursing and care. The outcomes of the study are expected to lead to evidence-based data to utilise new ways to assess, evaluate, and deliver care.

continued →

Hollister Tip and Sleeve Catheters
Simple · Clean · Independence

For the nurse who helps protect their patient even when they are not there.

VaPro
Touch Free Hydrophilic Intermittent Catheter

Hollister Tip and Sleeve Catheters are easy to teach and easy to learn, helping your patients stay independent.

Working in a busy clinic means you have limited time to teach self catheterisation to your patients. You need to have the confidence that the technique you teach is easy to remember and offers inherent protection when the patient is at home.

Hollister tip and sleeve catheters provide the right balance of simplicity and extra protection that the VaPro Hydrophilic Intermittent Catheter offers.

- **Protective tip** helps shield the catheter from contact with bacteria in the distal urethra. This reduces the risk of carrying bacteria further into the urinary tract.
- **Touch Free protective sleeve** ensures confident handling and helps reduce the risk of possible bacterial contamination during catheterisation. The sleeve enables the patient to grip the catheter anywhere along its length, making it easy to use, without compromising the protection offered.

Also available the **Advance** Touch Free Intermittent Catheter.

For patients who prefer The Gel Alternative.

To receive a sample, or to find out more about **VaPro,** please visit **cathetersample.co.uk** or call **0800 521 377.**

Hollister

We have also created a second travel grant fund to pay for nurses who specialise in urology to attend an educational or training course or conference which you feel would help you in your clinical practice.
We know that career pathways for urology nurses are not defined like they are for consultants and that you don't receive CME points for attending courses or conferences.

But we believe that research and specialist training for urology nurses is vital to take patient care and treatment into 2014 and beyond and ensure patient care in the UK and Ireland is among the best in the world.

We have big ambitions for the future. Moving forwards we want to advance, promote, encourage, develop and improve the study and knowledge of urology and treatment. One of our biggest challenges is awareness raising which is why we need the support of professionals like you to ensure we can continue to support them.

The Urology Foundation is delighted to be working with BAUN on this initiative and hope that you will take advantage of the opportunities.

To find out more about our new funds for urological nurses and how to apply go to our website **www.theurologyfoundation.org** or call our office on 0207 713 9538.
Follow us on Twitter **@TheUrolFdn**

Louise de Winter
Chief Executive, The Urology Foundation

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Just tell him Instillagel is the only triple action gel with an unparalleled track record spanning 25 years

The thought of catheterisation is a daunting one, but the procedure needn't be painful or traumatic. Instillagel anaesthetises the urethra whilst providing broad-spectrum antimicrobial coverage that helps protect him against UTIs, as well as giving essential lubrication. Tried and trusted for 25 years, Instillagel is the triple action urethral gel that you can both rely on.

For further information please contact the CliniMed® Careline on **0800 036 0100**

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Prescribing information: Composition: Each 100g of Instillagel contains: Lidocaine Hydrochloride 2.0g, Chlorhexidine Digluconate solution 0.25g, Methyl Hydroxybenzoate 0.06g, Propyl Hydroxybenzoate 0.025g. **Uses:** Catheterisation, cystoscopy. Exploratory and intra-operative investigations, exchange of fistula catheters, protection against iatrogenic damage to the rectum and colon. Gynaecological investigations. **Dosage and administration:** Unless otherwise prescribed by a doctor: Urethral catheterisation: instil 6-11ml of gel into the urethra. The anaesthetic effect begins after 3-5 minutes. **Contraindications, Warnings, Precautions and Interactions:** Instillagel® must not be used in patients with known hypersensitivity to the active ingredients (amide-type anaesthetics, chlorhexidine and alkyl hydroxybenzoates) or any of the excipients. It should not be used in patients who have damaged or bleeding mucous membranes. Use with caution in patients with impaired cardiac conditions, hepatic insufficiency and in epileptics. Difficulty in swallowing may occur with an increased risk of aspiration and biting trauma. Use with caution in patients receiving antiarrhythmic drugs. **Undesirable effects:** In spite of the proven wide safety range of Instillagel®, undesirable effects of lidocaine are possible where there is severe injury to the mucosa; for example, anaphylaxis, fall in blood pressure, bradycardia or convulsions. **Presentations:** Pre-filled disposable syringes; for single use only. 6ml and 11ml; packs of 10. **NHS Price:** 10 x 6ml £14.05, 10 x 11ml £15.76. **Legal category:** Pharmacy P. **Marketing Authorisation Number:** PL 03377/0002. **Marketing Authorisation Holder:** Farco-Pharma GmbH, Gereonsmühlengasse 1 - 11, D-50670 Cologne, Germany. **Further information is available from:** CliniMed Limited, Cavell House, Knaves Beech Way, Loudwater, High Wycombe, Bucks. HP10 9QY. Tel: 01628 850100. **Date:** February 2012.

Information about adverse event reporting can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Farco-Pharma on 0049221594061

President's report

WELL as we emerge from the rain and flooding I wonder what your hopes and aspirations are for the coming year. Perhaps it is to get over the floods. For some it will be many months before things can even start to return to a semblance of normal. Perhaps it is an academic pursuit, a work development or a personal challenge.

For me, following a successful skiing holiday, one of my aspirations is to improve my skiing. I am not an obvious skier. I am perhaps built for comfort not speed! And while my desire to risk life and limb on a black run is limited, I would like to become more competent and more confident. But those things don't come without some effort on my part and some support from those around me. Thinking about it, this is probably true for most challenges in life. We need to have a vision, something we aspire to and in order to achieve it we must be willing to work and at times work hard. However, let's not underestimate the value of those around us. Whether it be Jimmy my patient ski instructor, my family and friends or the people I work with. In each scenario we usually need a bit of help or advice along the way.

My hope for BAUN is that we grow as an organisation that serves its members. BAUN aspires to support its members whilst providing the professional steer at a national level. We must deliver on our commitment to provide high quality education and training. We continue to develop the idea of setting national standards for nurses in Urology.

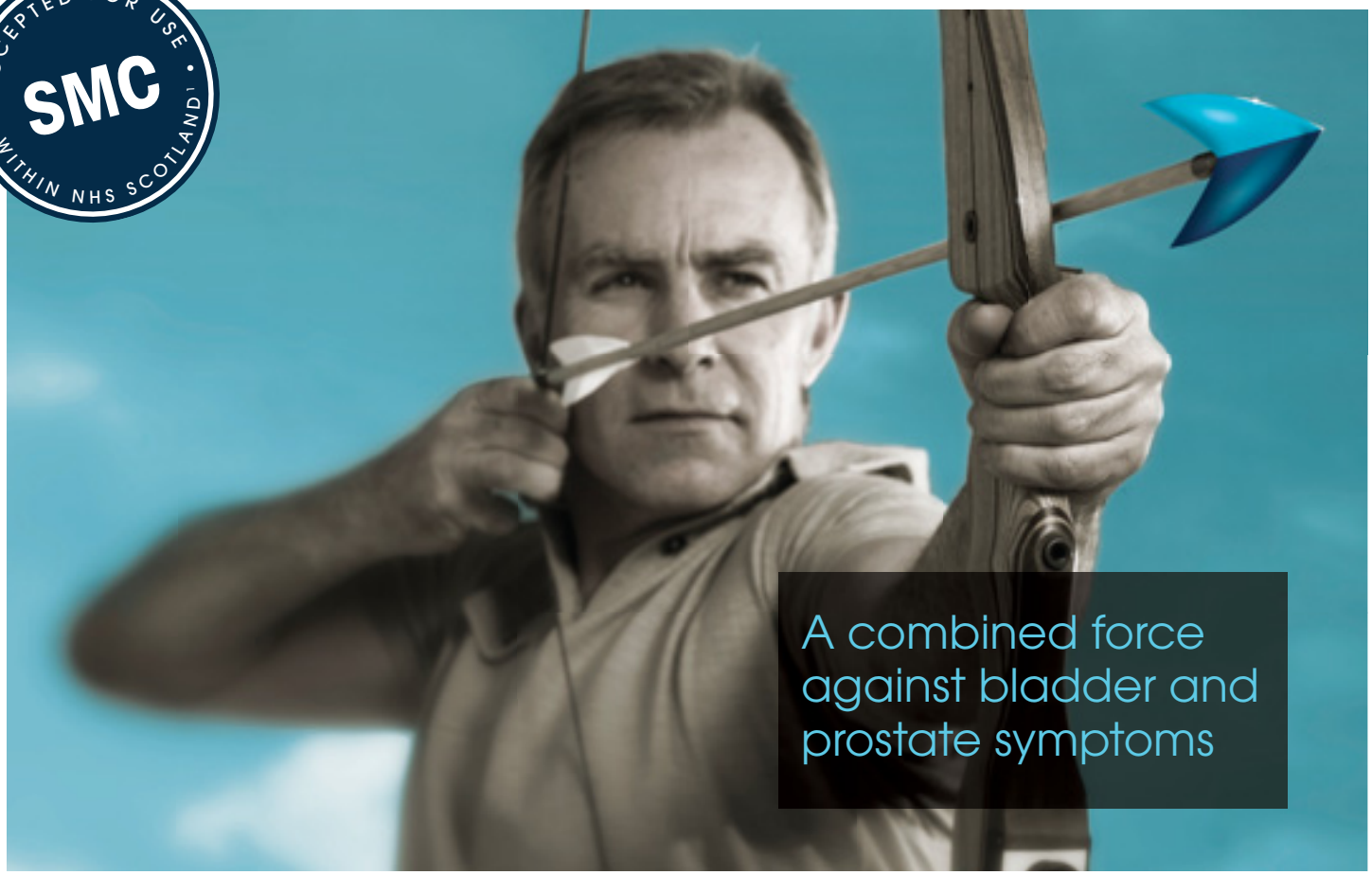
However, none of this can be done without our full council. You will soon be receiving voting forms for council and then for the next president. I have enjoyed the huge privilege of being the president but I could not have achieved anything without the support of an amazing council. All of whom work extremely hard in their own time to continue the work of BAUN. So please vote, it is your organisation and we want and need you to be active members.

We have been working with BAUS on the guidelines for undertaking Transrectal Ultrasound and biopsy. These give all UK nurses a template to undertake training to do this procedure, and to have the knowledge that the training is supported by both organisations is great. These guidelines are in addition to our Flexible Cycstoscopy guidelines and the Intravesical Therapies guidelines. And we don't plan to stop there as we are currently looking at guidelines for managing Erectile Dysfunction. I am pleased to say that BAUS remain committed to supporting BAUN as we do them, and we can look forward to an effective working relationship with them.

You will also have read our guest editorial from **Louise de Winter** of The Urology Foundation (TUF). I am delighted that TUF have decided to create a new fund which nurses can apply to for support. There is a fund for education whereby nurses can apply for assistance in attending conferences or study days. The application process is simple, so please visit the website and while you're there why not apply to come to BAUN conference this year? They also have a fund for nurses wanting to undertake research. We hope this money will enable nurses to push the boundaries and allow them the chance to demonstrate the value of nursing interventions.

So as I sign off I will return to watching the Sotchi winter Paralympics, in awe of the visually impaired skiers. But also inspired by them. It may take quite a bit more effort on my part and more lessons with the ever patient Jimmy but it does go to show what you can achieve if you put your mind to it.

Philippa Aslet



VESOMNI is accepted for use in NHS Scotland by the SMC [1]

solifenacin succinate plus tamsulosin hydrochloride 6mg/0.4mg modified release tablet (Vesomni™) is accepted for use within NHS Scotland.

Indication under review: *for the treatment of moderate to severe storage symptoms (urgency, increased micturition frequency) and voiding symptoms associated with benign prostatic hyperplasia in men who are not adequately responding to treatment with monotherapy.*

In patients for whom concomitant use of solifenacin succinate and tamsulosin hydrochloride is appropriate, Vesomni™ allows administration of a single tablet at a lower cost compared to the individual components administered separately.

For detailed advice from the SMC, please visit www.scottishmedicines.org.uk

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Vesomni™ (solifenacin 6mg/tamsulosin 0.4mg) Prescribing Information

Presentation: Vesomni™ 6mg/0.4mg modified release tablets containing a layer of 6mg solifenacin succinate and a layer of 0.4mg tamsulosin hydrochloride. **Indication:** Treatment of moderate to severe storage symptoms (urgency, increased micturition frequency) and voiding symptoms associated with benign prostatic hyperplasia (BPH) in men who are not adequately responding to treatment with monotherapy. **Dosage:** *Adult males (including older people):* Recommended dose: One tablet (6mg/0.4mg) once daily taken orally with or without food. *Children and adolescents:* No relevant indication for use in children and adolescents. **Contraindications:** Patients hypersensitive to the active substance or any of the excipients, or undergoing haemodialysis, or with severe hepatic impairment, or with severe renal or moderate hepatic impairment and also treated with a strong CYP3A4 inhibitor. Severe gastrointestinal conditions (including toxic megacolon), myasthenia gravis or narrow-angle glaucoma and patients at risk for these conditions. Patients with a history of orthostatic hypotension. **Warnings and Precautions:** Use with caution in patients with: severe renal impairment, risk of urinary retention, gastrointestinal obstructive disorders, risk of decreased gastrointestinal motility, hiatus hernia/gastroesophageal reflux and/or who are concurrently taking medicinal products (such as bisphosphonates) that can cause or exacerbate oesophagitis, autonomic neuropathy. Other conditions which can cause symptoms similar to BPH should be investigated and excluded. Other causes of frequent urination (heart failure or renal disease) should be assessed. Treat urinary tract infections with appropriate antibacterial therapy if present. QT prolongation and Torsade de Pointes have been observed in patients with risk factors such as pre-existing long QT syndrome and hypokalaemia, treated with solifenacin succinate. Angioedema with airway obstruction have been reported in some patients on solifenacin succinate and tamsulosin. Anaphylactic reaction has been reported in some patients treated with solifenacin succinate. Vesomni™ should be discontinued if angioedema occurs, or in patients who develop anaphylactic reactions and appropriate therapy and/or measures should be taken. A reduction in blood pressure can occur during treatment with tamsulosin, as a result of which, rarely, syncope can occur. Patients starting treatment with Vesomni™ should be cautioned to sit or lie down at the first signs of orthostatic hypotension (dizziness, weakness) until the symptoms have disappeared. Initiation of Vesomni™ is not recommended in patients for whom cataract or glaucoma surgery is scheduled. Intraoperative Floppy Iris Syndrome (IFIS) has been observed during cataract and glaucoma surgery and may increase the risk of eye complications during and after the operation in some patients on or previously treated with tamsulosin. During the pre-operative assessment, cataract surgeons and ophthalmic teams should consider whether patients scheduled for cataract or glaucoma surgery are being or have been treated with tamsulosin in order to ensure appropriate measures are in place to manage the IFIS during surgery. Use with caution in combination with moderate and strong CYP3A4 inhibitors and it should not be used with strong CYP3A4 inhibitors in patients who are of the CYP2D6 poor metaboliser phenotype or who are using strong CYP2D6 inhibitors. **Interactions:** Concomitant medication with any medicinal products with anticholinergic properties may result in more pronounced therapeutic effects and undesirable effects. Allow one week after stopping Vesomni™ before commencing any anticholinergic therapy. Concomitant administration of Vesomni™ with moderate and strong inhibitors of CYP3A4 may lead to increased exposure to both tamsulosin and solifenacin. Solifenacin can reduce the effect of stimulators of gastrointestinal tract motility. Co-administration with other alpha$_1$-adrenoceptor antagonists could lead to hypotensive effects. Diclofenac and warfarin may increase the elimination rate of tamsulosin. **Adverse Effects:** Dry mouth, constipation, dyspepsia, dizziness, blurred vision, fatigue, ejaculation disorders, pruritus and urinary retention for Vesomni.™ Nausea and abdominal pain were also commonly reported events for solifenacin. In post-marketing surveillance for solifenacin, Torsade de Pointes, electrocardiogram QT prolonged, atrial fibrillation, tachycardia have been observed. During post-marketing surveillance of tamsulosin, IFIS has occurred in some patients during cataract surgery. Atrial fibrillation, arrhythmia, tachycardia and dyspnoea have also been reported in association with tamsulosin use from post-marketing experience. *Prescribers should consult the Summary of Product Characteristics in relation to other side effects.* **Pack and prices:** Vesomni™ 6mg/0.4mg pack of 30 tablets £27.62 **Legal Category:** POM. **Product Licence Number:** Vesomni™ 6mg/0.4mg PL 00166/0404. **Date of Preparation:** December 2013. **Further information available from:** Astellas Pharma Ltd, 2000 Hillswood Drive, Chertsey, Surrey, KT16 0RS, UK. Vesomni™ is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics. **For Medical Information phone 0800 783 5018.**

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard Adverse events should also be reported to Astellas Pharma Ltd. Please contact 0800 783 5018

Reference:
1. www.scottishmedicines.org.uk.

Date of preparation: March 2014
Job Code: VSO14061UK

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NEW
Vesomni™
solifenacin 6mg/tamsulosin 0.4mg
When one is enough

Important new research into **Intermittent Catheterisation**...

The Mult/Cath Study

EVALUATING the safety and acceptability of reusing catheters for intermittent catheterisation (passing a tube into the bladder to drain urine) is one of the top 10 continence research priorities *(Buckley, 2010)*.

Globally both single-use catheters (thrown away after use) and multi-use ones (cleaned between uses) are used, but uniquely the UK supplies most patients with single-use catheters. A Cochrane review *(Moore 2007)* and a more recent systematic review *(Bermingham, 2013)* both concluded that there is little difference in symptomatic UTI between hydrophilic, gel-reservoir and uncoated catheters. NICE guidance on infection control (2012) states that re-use of uncoated catheters cannot be recommended as, without published evidence-based cleaning and storage methods, catheter re-use cannot be done safely. However, Bermingham et al suggest that, in the absence of clinically significant differences between catheters, re-use of clean catheters is the most cost effective method for the NHS; furthermore, anecdotal evidence suggests that catheters are being washed and re-used by a proportion of catheter users who find the option to re-use their catheters preferable in certain circumstances e.g. when travelling to minimise the number of items to be carried or when a sterile catheter is unavailable. Re-using catheters at least some of the time (mixed method) has the potential to provide more convenient and preferred options for some users. Before promoting multi-use catheters we need to test whether re-using catheters is as safe and acceptable to users as single-use only.

The aim of this research programme is to compare mixed catheter use (a combination of single and multi-catheter use) with single catheter use only. We plan to do this using the most rigorous method of a multi-site randomised controlled trial (RCT). However, before we can ask people to re-use catheters, preliminary work is required to:

- **Develop, and test methods of reusing, storing and lubricating catheters to find the most effective (microbiologically sound) and user-friendly ones.**
- **Develop ways of measuring catheter acceptability and preferences for multi-use/single use catheters, and verify published symptoms of infection.**
- **Find out how and why catheters are selected and prescribed to plan for future changes in practice.**
- **Carry out a clinical trial to find out whether the 'mixed package' is as good as using only single-use catheters in terms of urine infection, acceptability, preference and costs.**

At the end of the programme we plan to have:

I. **One or more evidence-based, user-friendly methods for using re-usable catheters**
II. **A short questionnaire to measure acceptability of catheter technique, an understanding of user preferences and better information about the symptoms that patient think indicate a urine infection**
III. **A plan to implement change of practice (if merited)**
IV. **Robust evidence as to whether the mixed package is as good as the use of single-use catheters only, in terms of urine infections, acceptability, preference and cost-effectiveness.**

This 5 year study, which is funded by a Programme Grant for Applied Research from the National Institute for Health Research (NIHR) and is led by Professor Mandy Fader from the University of Southampton, has just commenced. We will be posting more information as the study progresses.

How can you help?

We are looking for people who re-use their catheters for intermittent catheterisation, who are willing to be interviewed and who live in the southern counties (London, Surrey, Kent, Sussex, Dorset, Hampshire, Wiltshire) or the Glasgow area; please feel free to pass our contact details to anyone who you think might be interested in finding out more about this research.

Contact: **m.macaulay@ucl.ac.uk**
Tel: **020 3549 5417**

Bermingham S, Hodgkinson S, Wright S, Hayter E, Spinks J, Pellowe C 2013. Intermittent self-catheterisation with hydrophilic, gel-reservoir, and non-coated catheters: a systematic review and cost-effectiveness analysis. BMJ 2013; 345:e8639 pg1-16.

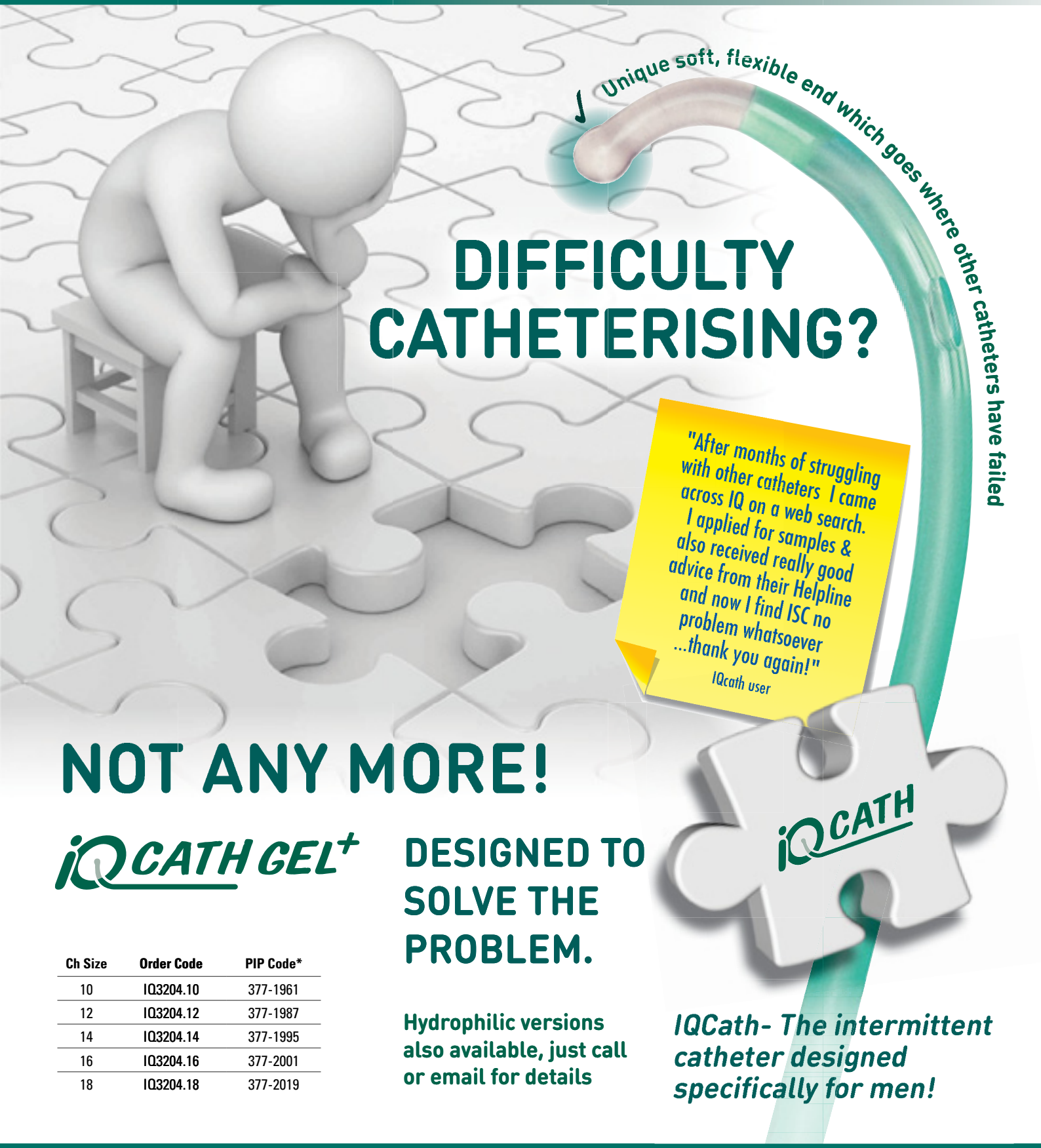
Buckley B, Grant A, Tincello D, Wagg A, Firkins L. 2010. Prioritizing Research: Patients, Carers, and Clinicians Working Together to Identify and Prioritize Important Clinical Uncertainties in Urinary Incontinence. Neurourology and Urodynamics 29:708-714

Moore, K.N., Fader, M. & Getliffe, K., 2007.Long-term bladder management by intermittent catheterisation in adults and children. Cochrane database of systematic reviews (Online), p.CD006008.

Nice 2012 Prevention and Control of Healthcare-Associated Infection in Primary and Community Care. NICE Clinical Guideline 129 guidance.nice.org.uk/cg129

MANFRED SAUER CARE

MANFRED SAUER UK



DIFFICULTY CATHETERISING?

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Bruce Turner reports

Testosterone therapy – Link to MI risk

MEDSCAPE Nurses *(Feb 2014)* reports that Men, especially older men, thinking about testosterone therapy might want to be aware of the potential cardiovascular risks, according to the authors of a new study. New data published online January 29, 2014 in PLoS One showed that men treated with testosterone are significantly more likely to have an MI in the first 90 days after starting the medication.

In the three months after the start of testosterone therapy, the risk of MI overall was increased by 36%. For those aged 65 years and older, the risk of MI was more than twofold higher in the 90 days after filling the prescription.

Further information:
http://tinyurl.com/ogt52c4

Sleep may protect against prostate cancer

Medscape reports – Researches from the US and Iceland have found that higher levels of melatonin (a hormone which has been associated with longer sleep) in men's morning urine were associated with a decreased risk of prostate cancer – especially advanced disease.

In their study, researchers from Harvard and the University of Iceland in Reykjavik retrospectively conducted a nested case–cohort analysis of 928 Icelandic men enrolled from 2002 to 2009 in a larger public health study.

Of the 928 study participants, 111 men were diagnosed with prostate cancer (24 with advanced disease). The diagnosis of prostate cancer was ascertained by linking the cohort to the nationwide Icelandic Cancer Registry.

When the men were initially recruited, the Icelandic researchers collected urine samples from their first morning void and asked participants to complete a questionnaire about sleep patterns.

Subsequent lab work examined, among other things, urine levels of the main byproduct of melatonin, 6-sulfatoxymelatonin.

The median level of 6-sulfatoxymelatonin in the study participants was 17.14 ng/mL of urine. Men who reported in the questionnaire that they took medications for sleep, had problems falling asleep, or had problems staying asleep had significantly lower levels of 6-sulfatoxymelatonin than men without sleep problems.

The researchers then looked at the relation between 6-sulfatoxymelatonin level and prostate cancer.

Men with 6-sulfatoxymelatonin levels higher than the median had a statistically significant borderline decreased risk for prostate cancer overall (hazard ratio [HR], 0.69; 95% confidence interval [CI], 0.44 - 1.08).

More notably, men with levels higher than the median had a significant 75% reduced risk for advanced disease, compared with men with levels lower than the median (HR, 0.25; 95% CI, 0.08 - 0.80).

In short, the men with above-average melatonin levels had a reduced risk for prostate cancer.

Further information:
http://tinyurl.com/nu5rhbb

continued →

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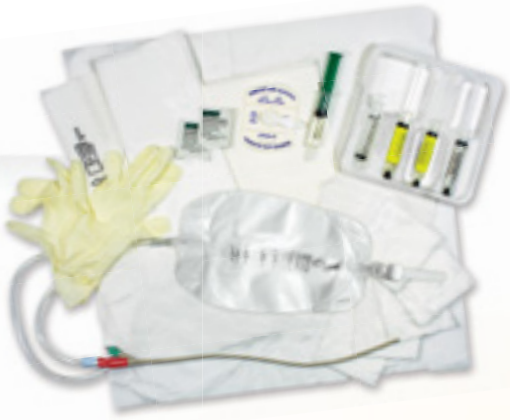

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References:
1. Epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Pratt RJ. et al. Journal of Hospital Infection. (2007) 655, S1-S64. **2.** Madeo M, Roodhouse AJ, (2009) Reducing the risks associated with urinary catheters. Nursing Standard. 23, 47-55. **3.** Bard data on file. **4.** A. Billington, Minimising the complications associated with migrating catheters. British Journal of Community Nursing Vol 13 No. 11 November 2008.

www.bardmedical.co.uk

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Upcoming Study Days

Already in 2014, BAUN has ran a number of successful study days. February saw the Renal Cancer study day and the Benign Prostate Disease study day in Glasgow. Then on the 12th of March, the Bladder Cancer study day and Management of Benign Bladder Conditions study day were held in Manchester. And there are still a number of upcoming study days for you to attend in 2014. Registration is now open for all study days and registration for Annual Conference and the Pre-Conference workshops will open shortly.

ERECTILE DYSFUNCTION STUDY DAY

Date: **Friday 16 May 2014** • Location: **St. James' Park, Newcastle** • Cost: **Free**

This study day is sponsored by Prostate Cancer UK.

Programme highlights include:

- Erectile Dysfunction- What causes it
- Erectile Dysfunction and the diabetic/ hypertensive patient
- Erectile Dysfunction and the Prostate Cancer patient
- What about testosterone?
- How to assess the patient with ED and treat effectively

For more information and to register visit: www.eventsforce.net/bauned2014

BLADDER CANCER STUDY DAY

Date: **Thursday 5 June 2014** • Location: **Novotel, Southampton** • Cost: **Free**

Programme highlights include:

- Introduction to bladder cancer
- Diagnostic Pathways
- Surgical Treatments for Muscle invasive disease
- Intravesical Therapies
- Radiotherapy & Chemotherapy treatments for muscle invasive disease
- Stoma Management

For more information and to register visit: www.eventforce.net/bladderbenignsouthampton2014

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Precautions and Warnings: Use with caution in patients with autonomic neuropathy. Symptoms may be aggravated in: severe congestive heart failure (NYHA IV); prostatic hypertrophy; hiatus hernia with reflux oesophagitis; cardiac arrhythmia; tachycardia. Propiverine induces mydriasis hence the risk to induce acute angle-closure glaucoma in predisposed patients may be increased. Pollakiuria and nocturia due to renal disease, congestive heart failure or organic bladder diseases (e.g. urinary tract infection; malignancy) should be ruled out prior to treatment. Contains lactose.

Interactions: Tricyclic antidepressants, tranquillisers, anticholinergics, amantadine, neuroleptics, beta-adrenoceptor agonists, cholinergic drugs, isoniazid, prokinetics e.g. metoclopramide.

Pregnancy and Lactation: Should not be used during pregnancy or lactation.

Undesirable effects: *Very common:* dry mouth. *Common:* accommodation disturbances, abnormal vision, constipation. *Uncommon:* fatigue, nausea, vomiting, dizziness, tremor, urinary retention, flushing, decreased blood pressure with drowsiness. All undesirable effects are transient and recede following dose reduction or termination. During long-term therapy hepatic enzymes should be monitored; reversible changes of liver enzymes might occur in rare cases. Monitoring of intraocular pressure is recommended in patients at risk of developing glaucoma. Attention should be paid to residual urine volume in cases of urinary tract infection.

Please refer Summary of Product Characteristics for detailed information.

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Date of preparation: August 2012
Date of revision: December 2013

Adverse events should be reported to the local regulatory authority. Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard.** Adverse events should also be reported to **Amdipharm Mercury Medical Information** at **08700 70 30 33** or via e-mail to **medicalinformation@amcolimited.com**

References:

1. Masumori N., Miyamoto S., et al.2011. The Efficacy and Safety of Propiverine Hydrochloride in Patients with Overactive Bladder Symptoms Who Poorly Responded to Previous Anticholinergic Agents. *Hindawi Publishing Corporation Advances in Urolog.* Volume 2011.pp.1-5.
2. Wada Y.,Yoshida M. et al 1995. Comparision of effects of various anticholinergic drugs on human isolated urinary bladder. *Arch.Int.pharmacodyn.*330.pp.76-89.

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Date of preparation: December 2013.

MANAGEMENT OF BENIGN BLADDER CONDITIONS

Date: **Thursday 5 June 2014** • Location: **Novotel, Southampton** • Cost: **Free**

Programme highlights include:

- Diagnosing bladder conditions (What is normal and what is not)
- Managing Stress incontinence
- Neuropathic Bladder
- Painful bladder syndrome
- Management of OAB
- Infections and inflammatory conditions

For more information and to register visit: www.eventforce.net/bladderbenignsouthampton2014

ERECTILE DYSFUNCTION STUDY DAY

Date: **Thursday 4 July 2014** • Location: **Bethel Convention Centre, Birmingham** • Cost: **Free**

This study day is sponsored by Prostate Cancer UK.

Programme highlights include:

- Erectile Dysfunction- What causes it
- Erectile Dysfunction and the diabetic/ hypertensive patient
- Erectile Dysfunction and the Prostate Cancer patient
- What about testosterone?
- How to assess the patient with ED and treat effectively

For more information and to register visit: www.eventsforce.net/bauned2014

ERECTILE DYSFUNCTION STUDY DAY

Date: **Tuesday 9 Sept. 2014** • Location: **Homerton University Hospital, London** • Cost: **Free**

This study day is sponsored by Prostate Cancer UK.

Programme highlights include:

- Erectile Dysfunction- What causes it
- Erectile Dysfunction and the diabetic/ hypertensive patient
- Erectile Dysfunction and the Prostate Cancer patient
- What about testosterone?
- How to assess the patient with ED and treat effectively

For more information and to register visit: www.eventsforce.net/bauned2014

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1. Drug Tariff. June 2013

BAUN
BRITISH ASSOCIATION of UROLOGICAL NURSES

HIGHLIGHTS INCLUDE:

- Pre Conference Urodynamics Workshop
- Pre Conference Flexible Cystoscopy Workshop
- Pre Conference TRUS and Prostate Biopsy Workshop
- Pre Conference Radiology for Nurses Workshop
- Pre Conference Sexual Dysfunction Workshop

DAY 1

- Certification: The American Approach
- Role of chemo/radiation in muscle invasive disease
- Active Surveillance: a debate on current protocols
- Eileen O'Hagan lecture – testicular pain

DAY 2

Specialist Programmes for:

- Oncology for urology professional
- Benign urology

ANNUAL CONFERENCE & exhibition

THE CONFERENCE FOR ALL UROLOGY PROFESSIONALS

SECC, Glasgow, 24th and 25th November 2014

For the full information and to register visit:
www.eventsforce.net/baunconf2014
or email **events@baun.co.uk** or call **01506 292042**

Early bird registration closes: Thursday 25th September 2014
Abstract submission closes: Thursday 25th September 2014

Tracey Rowe Uro-Oncology Clinical Nurse Specialist

BAUN ANNUAL CONFERENCE

BAUN BRITISH ASSOCIATION of UROLOGICAL NURSES

Workshops – 23 November at Crowne Plaza SECC

BAUN conference this year continues to grow as we have added 2 new workshops: Radiology for Nurses and Sexual Dysfunction. These will be running alongside the three skills workshops: Flexible Cystoscopy, Urodynamics and TRUS and Prostate Biopsy.

These workshops are an ideal opportunity to network if you are just starting out in these areas or if you are thinking about starting clinics. They offer delegates the chance to network with other colleagues about starting clinics. These workshops are an ideal opportunity to network with other colleagues about protocols, and the groups are kept at approximately 20 delegates each to encourage a hands on practical session wherever possible. The organisers of these events ensure that they source experts in their fields. We hope that you can enjoy one of these sessions on the Sunday prior to conference and then stay around to attend one of the company sponsored dinner symposiums in the evening.

MONDAY CONFERENCE HIGHLIGHTS

The focus of the first morning will be the Specialist Nurse. Dr **Alison Leary** is an independent healthcare consultant and researcher based in London. She has worked on several projects for the NHS and worldwide and BAUN is proud to welcome Alison to discuss project Apollo. This will focus on the value of the nurse specialists but also, more importantly, Apollo will discuss how we can show our worth. Visit **www.apollonursingresource.com** or **@ApolloNursing** for more information about Project Apollo.

We are extremely excited to be welcoming **Suzanne Quallich** from the University of Michigan. She will be presenting on Nursing Certification and Specialist Nursing and how it works in the US.

There will once again be the opportunity for delegates to submit Free Papers. These are always popular and are a great way to see how other colleagues are being innovative. The winner of the free papers will receive a free place to next year's conference and will be announced at the Gala dinner which this year is being held in the Ballroom of the Glasgow Crowne Plaza with a live soul band.

TUESDAY CONFERENCE HIGHLIGHTS

On the second day of Conference, BAUN will divide into two sub-sections – **Oncology** and **Benign disease**

BAUN will this year host the Global Alliance of Urology (GAUN) and will welcome **Jeffrey Albaugh** a nurse specialist from Chicago USA. Jeff will present on ***Sex and intimacy when living with cancer*** for the Oncology section of the programme. Jeff has presented at a previous BAUN conference and he is absolutely awesome. We are so excited to welcome him back. As well as Jeff, another highlight on the Oncology section on day 2 will be Dr **Rob Jones** from the University of Glasgow who will discuss the biology of cancer and the PLUTO trail on Urothelial cancer.

Highlights of this year's Benign section of the programme will include; Urological stones: from classification and imaging through to treatment, How patients receive treatment and a nurse's role in this sub speciality. Other topics will include Urogenital prolapses, Interstitial cystitis and Urinary infections in female patients.

All round we have an exciting conference **#BAUNCONF2014** to look forward to. Put the date in your diaries NOW!

Conference programme on pages 20 & 21 →

Sunday 23rd November, Crowne Plaza, Glasgow

	Flexible Cystoscopy Workshop	Urodynnamics Workshop	TRUS Biopsy Workshop	Sexual Dysfunction Workshop	Radiology for Nurses Workshop
12.00	Registration and Lunch				
12.30	Welcome and Introduction				
12.45	Anatomy and physiology of the lower urinary tract				
13.15	Introduction	Introduction	TRUS Biopsy workshops timings to be confirmed. Programme sessions will be: - prostate ultrasound - indicators for prostate biops - preparation of the nurse - management of complications - patient and equipment preparation	Anatomy and physiology of the penis and an erection	Urological Ultrasound
13.30	Flexible Cystoscopy Equipment	Rationale and principles of Urodynamics			X-ray and CT
13.50	Demonstration of a Flexible Cystoscopy with commentary				
14.00		Urinary free flow rates/filling and voiding cystmoetry		Treatment overview of ED	
14.30	Practical skills workshop	Trouble shooting and identifying artefacts		Vacuum devices	MRI in urology and uro-oncology
15.00	**Coffee Break**				
15.15	Indications for Flexible Cystoscopy	Interpretation of result		Intracorporal Injection Therapy	Nuclear medicine scans
15.45	Complications and their management	Setting up a nurse led clinic (cost, proforma etc)		Inrauretheral Application of Alprostadil	Radiation safety and IRMER requirement for referrers
16.00				Penile Implants	
16.15	Training Log & Q&A	Practical session			
17.00		Q & A			
17.30	**Workshops Close**				

Monday 24th November 2014

08.00	**Registration**
Lomond Suite, SECC	
08.45	Welcome Address *Philippa Aslet, BAUN President, Senior Urology Sister, Basingstoke and North Hampshire Hospitals*
09.00	Discussion *Philippa Aslet and Simon Lords (prostate cancer patient and fund raiser)*
Session 1 09.30	The CNS role and Project Apollo *Alison Leary, Independent Analyst*
Session 2 10.05	Certification the American approach *Susanne Quallich, Andrology Nurse Practitioner, University of Michigan Health System*
10.40	**Exhibition viewing, poster viewing and refreshment break (Hall 5)**
Session 3 11.15	Role of chemo/radiation in muscle invasive bladder cancer *Paula Wells, Consultant Clinical Oncologist, St Bartholomew's Hospital*
Session 4 11.50	Active Surveillance a debate on current protocols *Janette Kinsella, Prostate Cancer Advanced Nurse Practitioner, Guys and St Thomas NHS Foundation Trust*
Session 5 12.30	Free Papers
13.00	**Exhibition viewing, poster viewing and lunch (Hall 5)**
13.45	Symposium company 1 – Prostate Cancer UK
Session 6 14.15	Eileen O' Hagan Lecture – testicular pain *Susanne Quallich, Andrology Nurse Practitioner, University of Michigan Health System*
14.45	EAUN Session
15.15	BAUN Annual General Meeting (AGM)

Monday 24th November 2014 (continued)

15.45	**Exhibition viewing, poster viewing and refreshment break (Hall 5)**
Session 7 16.15	Company Symposium 2 – CR BARD
17.15	**Close of Conference**
18.45	**Drinks Reception (Crowne Plaza)**
19.30	**Gala Dinner (Crowne Plaza)**

Tuesday 25th November 2014

	Oncology Programme Alsh Suite	**Benign Urology Programme Boisdale Suite**
08.00	**Registration**	
09.00	Company Symposium 3	Company Symposium 4
09.45	Session 8a Sex and intimacy when living with cancer *Jeff Albaugh, Director of Sexual Health, John & Carol Walter Center for Urological Health, NorthShore University Health System*	Session 8b Classification of Stones *Stone size, stone location, X-ray characteristics, Aetiology of stone formation, Stone composition (mineralogy), Risk groups for stone formation*
10.15	Session 9a Brachytherapy, latest developments and outcomes so far including long term data from the states *David Dodds, Radiotherapy Lead Beatson and Consultant GU Oncologist*	Session 9b Diagnostic imaging required to help investigate renal stones, requesting radiological investigations the IR(ME)R regulations, effects of radiation and responsibilities of referrer
10.45	**Exhibition viewing and refreshment break (Hall 5)**	
11.15	Session 10a Penile cancer and its treatments *Ian Eardley, Consultant Urologist, Leeds Teaching Hospital Trust*	Session 10b Nurse led stone clinic (review blood and urine measurements) required to help establish causes and composition of renal tract stones
11.45	Session 11a The management of the symptoms of advanced cancer and palliative care latest drugs and treatment *Anna Wilkinson, Consultant Palliative Medicine, Basingstoke*	Session 11b Current treatments for stones eg: Lithotripsy, Percutaneous Nephrolithotomy and alternative procedures: including laser and cystolithopaxy *Tony Blacker, Urology Consultant, UHCW*
12.15		Expert Panel – Questions from the audience
12.30	**Exhibition viewing *and* lunch (Hall 5)**	
13.45	Session 12a Holistic needs assessment *Natalie Doyle, Nurse Consultant, The Royal Marsden NHS Foundation Trust*	Session 12b Understanding the causes, stages and treatments options for women with pelvic organ prolapse *Wael Agur, Lead Urogynaecologist, NHS Ayrshire & Arran*
14.15		Session 13b
14.30	Session 13a The biology of cancer *Rob Jones, Consultant Medical Oncologist, Beatson West of Scotland Cancer Centre*	Causes and treatments for Interstital Cystitis and recurrent infections in females *P Granitsiotis, Consultant Urological Surgeon for Female Urology, Southern General and Victoria ACH Hospitals Greater Glasgow and Clyde NHS Trust*
14.45		Session 14b *Developing the role of the HCA* *Penny McCracken and Andy Goffe, Urology Nurse Specialists, Dorset County Hospital*
15.15	Session 14a A trial looking at pazopanib for transitional cell urothelial tract cancer (PLUTO) *Rob Jones, Consultant Medical Oncologist, Beatson West of Scotland Cancer Centre*	
15.30		Expert Panel – Questions from the audience
15.40	**Final Address and Close of Conference**	

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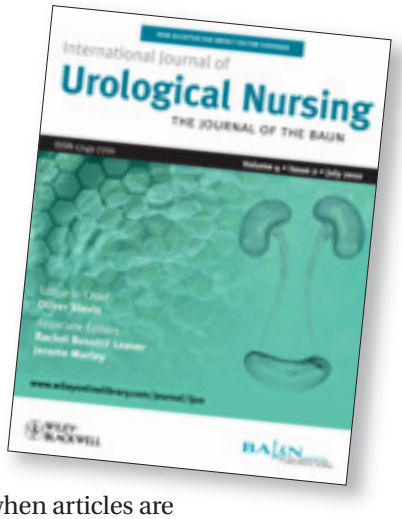

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Nursing Times Awards 2014

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Jenni Middleton, Editor of the *Nursing Times*, says

"These prestigious awards seek to showcase the superb innovations that are shaping and improving nurse-led care in the NHS and independent healthcare providers.

So if you're doing something different, if you have evidence of how your innovation is having a positive impact on patients, then register and enter – to tell us – and other nurses – about the fantastic work you are doing.

It's so easy (**and free**) to enter – all it takes is some time. And we think that is time well spent, because the ***Nursing Times Awards*** are not only an **excellent way to benchmark your work** and **highlight your success**, but can also **really boost the morale of your team** as you reflect on your achievements. Don't just take my word for it, have a look at **www.ntawards.co.uk** to see what former winners and finalists have said about the experience of being part of the ***Nursing Times Awards***.

Nurses (and the multidisciplinary teams they work with) are putting patients and service users at the centre of the care they provide. They are **redesigning their services**, **redeploying their resources** and **ensuring that patient outcomes**, **safety** and **experience are paramount**.

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard Adverse events should also be reported to Astellas Pharma Ltd. Please contact 0800 783 5018.

Date of preparation: September 2013
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Jane Brocksom

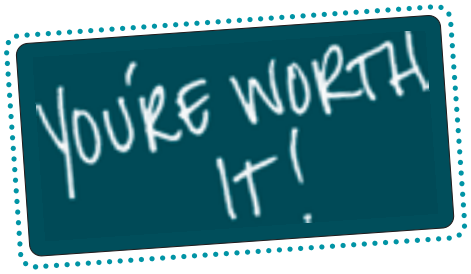
NEWS FLASH

After many weird and wonderful friend requests I've gone from Ho to Hooray....@HoorayJane (Well, I didn't know what 'Ho' meant – if you don't, I suggest you look it up!)

LIFE is a wonderful mix of experiences – authentic, motivational and amazing. I write while sitting on a train back from London – yep it's February, coldish, darkish and most definitely miserable… It's been a long, wet and windy winter… and must admit I am feeling tired after a 6.30 start at work in order to leave early to catch the 15.00 to London.

The fact that the meeting I travelled to lasted all of two hours and I had to make the journey all the way back tonight does not make me feel any warmer either. What could be so important I hear you ask? Why am I doing this? Well 40% of why is on behalf of BAUN but at least 60% is for myself. I love my role on council, but I personally wanted to take this journey, hence the slightly higher percentage for personal reasons although I will be tweeting as **@BAUNnurses** not as **@HoorayJane** throughout.

So what's the reason for my round trip? It's a launch of an exciting new resource for nurses called **Apollo**. (**#ApolloAscent, @ApolloNursing ,www.apollonursingresource.com**). It aims to help specialist nurses communicate their work to others for the benefit of patients. It also helps nurses to show the value of their work by giving them the language and resources (such as templates) to use when for example talking to managers about their work, or having to show how they spend their time or auditing their work. This website which I implore you to look at comes on the back of successful work by **Alison Leary** (**@alisonleary1**) and uses mathematical equations to help us put a value on our clinical work. Not that you have to do any maths I hasten to add – it is all done for you! Alison has also worked on ***Pandora*** and ***Cassandra*** (factoid.....named after a Florence Nightingale essay!) two tools which preceded Apollo. Alison alongside **Terri Porret** (**@gbtpo**), **Martin Beynon** (**@martincoloplast**) from Coloplast limited and **Jerome Marley** (from the University of Ulster) have invested time and effort to develop this resource for our benefit.



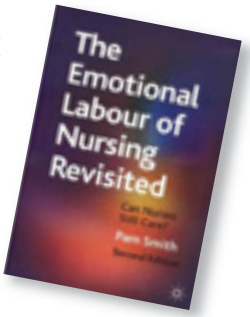
If you ask Terri, Alison, Martin or Jerome why, they would answer ***"because nurses are worth it"***. The launch at the RCN headquarters in Cavendish Square was an understated but well attended event. General Secretary **Peter Carter**, a huge advocate and vocal CNS supporter opened the meeting. Terri Porrett, now leading the resource, chaired the rest of the meeting which included presentations from Alison and Jerome. Terri is a passionate nurse who wants us all to share her passion; she is generous and inspiring with an abundance of energy… Again I suggest you Goggle Terri too…

I suspect the room was populated more by senior nursing leaders than frontline CNS staff, not in itself an issue but I think it is important that we remember this is a resource for CNS's not a tool to be imposed on us in a top down approach. If we want to show and prove our worth then this is a resource we must use and develop ourselves. As with anything new it will take us a while to understand and incorporate it into our routines. It's not hard to understand or use but as with most websites we only get out what we put in. It will not input data for us and miraculously churn out monthly/annual reports, job summaries or weekly job plans! We are going to need to look it up, read the different sections and think – what can it do for me? Please take a look, have a play and send your feedback to the team. You will see that Terri and Alison are prodigious Tweeters too – both well worth a follow. Was it worth the early morning start and two train journeys in one day? Most definitely – even if I felt shattered at work the next day! Lots of coffee was needed to get through the day.

How do you keep motivated?

Now I am a huge believer that we can all suffer from empathy fatigue – the struggle to motivate and give more of ourselves, due to burnout within or because of life itself or as a lack of organisational support. Unfortunately I can speak from experience. From time to time the 'day job' has just not been there for me… the 'emotional labour' of nursing has taken its toll. For me that means stepping back, reflecting and taking a lateral view. I am a passionate nurse and never once thought of giving it up but I have had to undertake alternative roles at times to seek motivation. I do believe motivation comes from within and not from those around or the work organisation.
My current ploy is reading, not the latest 'chick lit' – although I can recommend Princess Louise by Lucinda Hawksley! No, I mean nursing books – for me that may be historical, sociological or contemporary issues within the healthcare arena.

I have just been reading ***'Personalisation and Dementia'*** through one page profiles by **Helen Sanderson**, and ***'Nursing in Context: Policy, Politics, Profession'*** by **Michael Traynor**. The latest book is ***'The Emotion Labour of Nursing: Can nurses still care'*** by **Pam Smith**.
I struggled with the title and foreword – nearly shutting the book and lobbing it as I hate being labelled an 'angel!' But I persevered and found much to take from the whole book; if you see a copy I implore anyone to read the introduction and conclusion at the very least… It can inspire, aid reflection and you may just feel a degree more motivated.



Your opinion matters!

Has anyone read any of these books? What did you think? Has anyone a nursing book review they wish to share? Email me and I'll ensure it goes into the newsletter. I think a book section in the newsletter would be of value, do you? Do you want to be the first to send us a review?
(By the way, my next book is ***'Social Networks and Popular Understanding of Science and Health: Sharing disparities'*** by **Brian G. Southwell**)

Finding inspiration

I use Twitter for inspiration – but then you already know that! I think I may have told you once or twice. I suspect you're all getting bored with me ranting on about Twitter but I can only speak about the benefits I've received… not only professionally but personally. Take a peak at a blog by **Jane Cummings** – go to NHS England, click on the news tab and look for '**engaging with 10.000**' posted on 20/02/14. 10.000 followers is a huge amount ensuring she reaches an audience far and wide. I celebrated when **@HoorayJane** reached a milestone of 600!!!

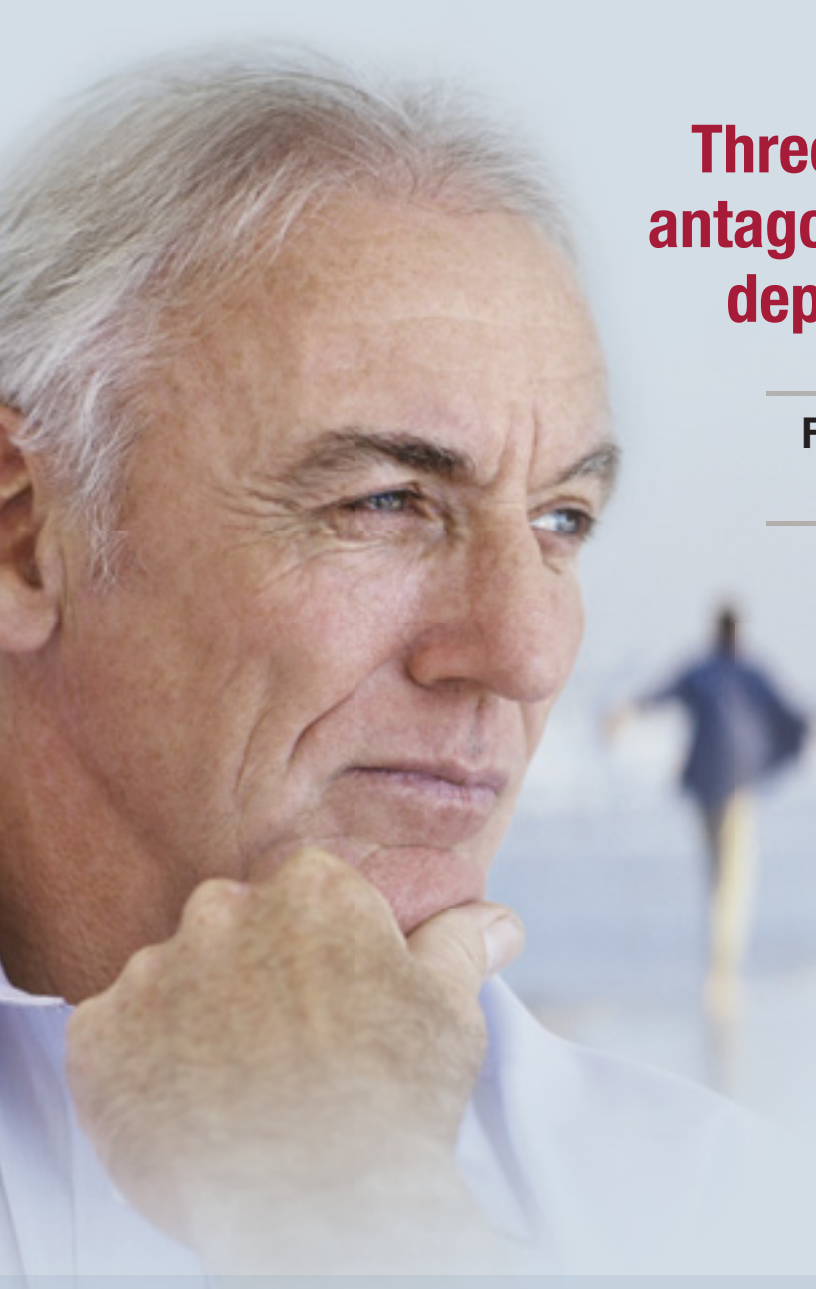
I also use the BAUN website – have you been on it recently? Have you not only visited and looked at homepage but also logged in? Have you spent a few minutes having a look around? Please do!
We advertise all our study days, the programmes and links for booking on to a study day or conference etc. share documents, links to urological resources plus there is a 'rogues' gallery of all YOUR council members..... Check us out!

So if you've not been on the website why not? What is it doing or not doing for you? Please tell us so we can make it better and more relevant to you.

In every single article I write for the newsletter I ask for your views – why is this? Because I want them and **YOU'RE WORTH IT!!**

If you are suffering from a lack of motivation then start with an email to me, share your thoughts about this column, check out Apollo Nursing Resource or even write a book review.

Let's get communicating!



Three good reasons to use an antagonist in advanced hormone dependent prostate cancer

Firmagon® - Overall better disease control compared to LHRH agonists[1]

- Significantly faster reduction in prostate specific antigen (PSA) compared to leuprorelin[2]
- Improved PSA progression free survival (PFS) compared to agonists[3]

  In those patients at higher risk of PSA failure (PSA>20ng/ml) degarelix delayed progression or death by 7 months compared with leuprorelin[4]
- Better serum alkaline phosphatase (S-ALP) control and potentially longer control of skeletal metastases[5]

IN ADDITION:

- Novel mode of action and the only GnRH antagonist licensed for advanced hormone-dependent prostate cancer in the UK[6]
- Lower probability of CV events than agonists in patients with a history of cardiovascular disease at baseline[7]
- Decreased joint, musculoskeletal and urinary tract events[8]

FIRMAGON®
degarelix

Because time is precious

References: 1. Miller K. Disease control-related outcomes from an analysis of six comparative randomised clinical trials of degarelix versus luteinising hormone-releasing hormone (LHRH) agonists. Poster presented at EAU March 2013. **2.** Klotz L, Boccon-Gibod L, Shore ND, Andreou C, Persson B, *et al.* The efficacy and safety of degarelix: a 12-month, comparative, randomized, open-label, parallel-group phase III study in patients with prostate cancer. Br J Urol Int 2008; 1531-1538. **3.** Tombal B, Miller K, Boccon-Gibot L, Schröder F, Shore N, *et al.* Additional analysis of the secondary end point of biochemical recurrence rate in a phase 3 trial (CS21) comparing degarelix 80mg versus leuprolide in prostate cancer patients segmented by baseline characteristics. Eur Urol 2010; 57(5): 836-842 **4.** Van Poppel H. *et al.* Int J Urol 10.1111/k.1442-2042.2012. **5.** Schröder FH, Tombal B, Miller K, Boccon-Gibod L, Shore ND, *et al.* Changes in alkaline phosphatase levels in patients with prostate cancer receiving degarelix or leuprolide: results from a 12-month, comparative, phase III study. Br J Urol Int 2009;106:182-187. **6.** Firmagon® 80-120mg injection summary of product characteristics. Ferring Pharmaceuticals Ltd. November 2013 (last accessed on emc website March 2014). **7.** Albertsen P, Klotz L, Tombal B, *et al.* Cardiovascular morbidity associated with gonadotropin releasing hormone agonists and an antagonist. Eur Urol 2014; 65(3):565-73. **8.** Klotz L, Miller K, Crawford Ec, *et al.* Disease control outcomes from analysis of pooled individual patient data from five comparative randomised clinical trials of degarelix versus luteinising hormone-releasing hormone agonists. Eur Urol 2014; In press.

Prescribing Information: Firmagon®(degarelix) 120mg and 80mg powder and solvent for solution for injection. **Please consult the full Summary of Product Characteristics before prescribing. Name of Product:** Firmagon 120mg and 80mg powder and solvent for solution for injection. **Composition:** Each vial contains 120mg or 80mg degarelix (as acetate). **Indication:** Firmagon is a gonadotrophin releasing hormone (GnRH) antagonist indicated for treatment of adult male patients with advanced hormone-dependent prostate cancer. **Dosage and administration:** For subcutaneous use only. Starting dose – 240mg administered as two subcutaneous injections of 120mg each. Maintenance dose – 80mg administered monthly as one subcutaneous injection. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special Warnings and Precautions:** Long-term androgen deprivation therapy may prolong the QT interval. The benefit/risk ratio must be thoroughly appraised in patients with a history of a corrected QT interval over 450 msec, in patients with a history of or risk factors for torsades de pointes and in patients receiving concomitant medicinal products that might prolong the QT interval as Firmagon has not been studied in these patients. A thorough QT study showed that there was no intrinsic effect of Firmagon on QT/QTc interval. Monitoring of liver function in patients with known or suspected hepatic disorder is advised during treatment. Firmagon has not been studied in patients with severe renal impairment, patients with a history of severe untreated asthma, anaphylactic reactions or severe urticaria, or angioedema. It can be anticipated that long periods of testosterone suppression in men will have effects on bone density. Diabetic patients may require more frequent monitoring of blood glucose when receiving androgen deprivation therapy. Cardiovascular disease such as stroke and myocardial infarction has been reported in the medical literature in patients with androgen deprivation therapy. Therefore, all cardiovascular risk factors should be taken into account. **Side effects:** *Very Common:* hot flush, injection site adverse reactions. *Common:* anaemia, weight increase, insomnia, dizziness, headache, diarrhoea, nausea, liver transaminases increased, hyperhidrosis (incl. night sweats), rash, musculoskeletal pain and discomfort, gynaecomastia, testicular atrophy, erectile dysfunction, chills, pyrexia, fatigue, Influenza-like illness. *Uncommon:* hypersensitivity, hyperglycemia/ diabetes mellitus, cholesterol increased, weight decreased, appetite decreased, changes in blood calcium, depression, libido decreased, mental impairment, hypoaesthesia, vision blurred, cardiac arrhythmia (incl. atrial fibrillation), palpitations, QT prolongation, hypertension, vasovagal reaction (incl. hypotension), dyspnoea, constipation, vomiting, abdominal pain, abdominal discomfort, dry mouth, bilirubin increased, alkaline phosphatase increased, urticaria, skin nodule, alopecia, pruritus, erythema, osteoporosis/osteopenia, arthralgia, muscular weakness, muscle spasms, joint swelling/stiffness, pollakiuria, micturition urgency, dysuria, nocturia, renal impairment, incontinence, testicular pain, breast pain, pelvic pain, genital irritation, ejaculation failure, malaise, peripheral oedema. *Rare:* neutropenic fever, anaphylactic reactions, myocardial infarction, cardiac failure. Please consult the full Summary of Product Characteristics for further information about side effects. **Presentation:** Firmagon 120mg contains 2 vials of 120mg powder for solution for injection and 2 solvent pre-filled syringes, 2 vial adaptors and 2 administration needles. Firmagon 80mg contains 1 vial of 80mg powder for solution for injection and 1 solvent pre-filled syringe, 1 vial adaptor and administration needle. Solvent for both 120mg and 80mg: Water for injection. **Marketing Authorisation Number:** 80mg: EU/1/08/504/001, 120mg: EU/1/08/504/002. **Marketing Authorisation Holder:** Ferring Pharmaceuticals A/S, Kay Fiskers Plads 11, DK-2300 Copenhagen S, Denmark. **Legal category:** POM. **Basic NHS price:** Firmagon 120mg - £260.00; Firmagon 80mg - £129.37 **Date of preparation:** January 2014. Firmagon® is a registered trademark. **PI Job Code:** FN/648/2012/UK(3)

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Ferring Pharmaceuticals Ltd. Tel: 0844 931 0050. Email: medical@ferring.com

FERRING
PHARMACEUTICALS

FN/1276/2013/UK(1) March 2014

www.britainsnurses.co.uk

Britain's Nurses is a website visited by around 4,000 nurses per month with a strong following of student and newly qualified nurses, plus 5,000 twitter followers.

BAUN is now showcased on the website alongside other nursing organisations – helping to forward the Urological speciality.

About Britain's Nurses

Britain's Nurses is an independent organisation, set up to recognise, promote and celebrate all that's best in nursing in the UK. Development followed research amongst nurses themselves and the general public overseen by a Coalition Group comprising Department of Health, NHS, RCN, Unison and the UK Council of Deans, we enjoy the active support from those organisations, as well as over 40 individual nursing associations. Funded by a combination of on-site advertising, partnership activities and public relations programmes, Membership of Britain's Nurses is free to all nurses in the U.K.

The website is the heart of Britain's Nurses, where nurses can exchange views, share experiences, find out more about the many opportunities – both on and off duty – open to nurses today – social and leisure aspects of nursing, educative and informative features, special offers open only to nurses, as well as extensive interactive and user-driven content. Also links to many other nursing, NHS, independent and university sites.

(edited from www.britainsnurses.co.uk)

UKONS
Oncology Nursing Society

Date for your Diary

The Europa Hotel, Belfast, 14–15 November 2014

UKONS Annual Conference 2014

'Inspiring Cancer Nursing'

Announcing a great opportunity for cancer nurses from across the UK to discuss, debate and challenge current issues in caring for patients with cancer. The meeting will include plenary sessions, workshops, a pharmacy exhibition, specialist satellite symposia and the UKONS AGM.

Please join us, and help to shape the future of cancer nursing in the UK.

Don't miss the early-bird delegate rate – get your funding or sponsorship in place for this great educational meeting.

Registration rates - early bird registration
(until Friday 26 September 2014)

£195 for 2 days plus VAT (£234 incl. VAT)

£140 for 1 day plus VAT (£168 incl. VAT)

Call for abstracts
UKONS members from cancer, palliative care and end-of-life backgrounds are invited to present their abstracts. Submission details are available on the website at www.ukons.org

Registration will open shortly

For further information, please contact the UKONS Secretariat at:
Succinct Medical Communications
Email: UKONS@succinctcomms.com
Phone: +44 (0) 1628 897900

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For more information please visit:
www.ukons.org

BAUS 2014 liverpool

Annual Meeting

23 - 26 June 2014

BT Convention Centre

- Early booking registration fees end at 12 noon (BST) on Friday 30th May 2014
- Book now to qualify for the lower rates!
- Delegate registration will close at 10.00 (BST) on Friday 20th June 2014
- Online booking and the meeting programme is available at www.baus.org.uk

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Key Features

Meetings (Monday 23 June) of the Sections of:

- Academic Urology
- Andrology & Genito-Urethral Surgery
- Female, Neurological & Urodynamic Urology

Office of Education Teaching & Skills Courses

International Day (Thursday 26 June)

Top speakers from the AUA and IBUS

Medical and Trade Exhibition Guest Lectures

BAUS Guest Lecture - Dr Paul Redmond
BJU International Guest Lecture - Dr Henry Woo
The Urology Foundation Guest Lecture - Professor David Neal
Prostate Cancer UK Guest Lecture - Professor Jay Smith
Royal College of Surgeons of Edinburgh Guest Lecture - Professor John Denstedt

State of the Art Paper and Poster Presentations

Sponsored Satellite Sessions

Eli Lilly & Co.	Allergan	Takeda
Janssen	GSK	AstraZeneca

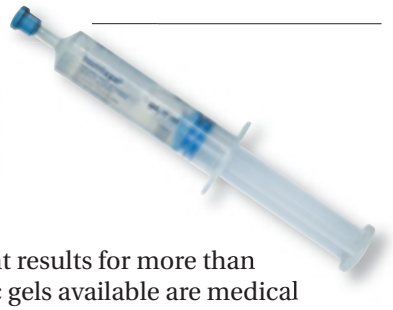
Social Programme

Welcome Reception	Monday 23 June	The Exhibition Hall
Drinks Reception	Wednesday 25 June	PanAm

The British Association of Urological Surgeons

All conference content, speakers and timings are correct at time of publication. The Organisers cannot be held responsible for changes due to circumstances beyond their control, including the withdrawal of speakers from the programme, for any reason.

Product news from… CliniMed®



Instillagel

Instillagel is the only triple action anaesthetic gel which has been delivering consistent results for more than 25 years. A licensed medicine, it is unique in the UK gel market as all other anaesthetic gels available are medical devices which means it offers particular reassurance in terms of quality, safety and efficacy. Instillagel is a prefilled sterile syringe designed to be used as an anaesthetic and antiseptic lubricating gel containing 2% lidocaine and 0.25% chlorhexidine. It helps to prevent pain, lessen the risk of infection and assist with the smooth insertion of instruments. Instillagel has several licensed uses including catheterisation, cystoscopy, gynaecological and rectal investigations and is available in 6ml and 11ml single-use, disposable doses for female and male catheterisation respectively.

For further information, please visit:
www.clinimed.co.uk/Urology-Continencecare/Products/Instillagel.aspx
or call the CliniMed Careline on 0800 036 0100

Product news from… MANFRED SAUER UK

Manfred Sauer Care – IQCathGel+ intermittent catheter

Our unique and ready to use intermittent catheter, launched in December '12 is already proving to be a huge success.

Same ***Ingenious*** catheter tip which goes where other catheters have failed! Patented rounded tip and flexible zone which help negotiate the urethra with ease.

Same ***Quintessential*** German quality and engineering – every single catheter is individually tested for quality.

Ready for immediate use – no activation required. The gel coating is designed to provide an optimum level of lubrication throughout the catheterisation process.

Light and easy to carry around.

Easy to open packaging.

Integral handling aid and extendable packaging optimises easy handling/ emptying.

Designed specifically for men and available in sizes 10ch-18ch for all your intermittent catheterisation needs.

Smooth eyelets – rounded inside and out to protect the delicate urethral mucosa.

For free samples or advice contact Manfred Sauer
Helpline tel: 01604 595696
Email: helpline@manfred-sauer.co.uk
Website: www.iqcath.co.uk

Product news from… CliniMed®

Curan Lady® – easy to open and discreet ISC catheter

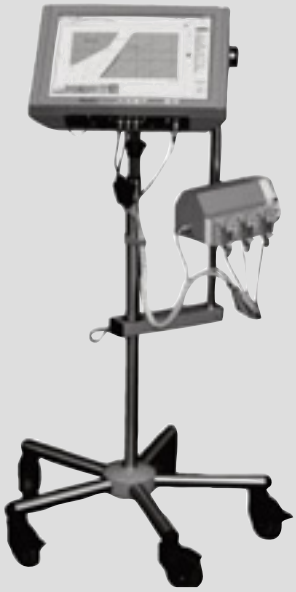
Curan Lady® is a convenient and discreet compact catheter for women who use ISC (intermittent self-catheterisation). The size of a mascara and the look of a pen, it's easy to open and ready to use. Curan Lady contains a hydrogel filled chamber that ensures a mess-free smooth lubrication of the catheter on removal from the tube packaging. Featuring polished eyelets that are gentle on the urethra, insertion and removal is comfortable and micro trauma is minimised. With no water to empty, it is also discreet and simple to dispose of. Sterile, single use and offering a 17% saving compared to the market leader[1], Curan Lady is a cost-effective alternative. Available in charriere sizes 10-14 and presented in a box of 30.

For further information, please visit www.clinimed.co.uk/urology-continence-care/products/Curan or call the CliniMed Careline on 0800 036 0100

1. Drug Tariff February 2014

Urodynamic systems and Flowmeters

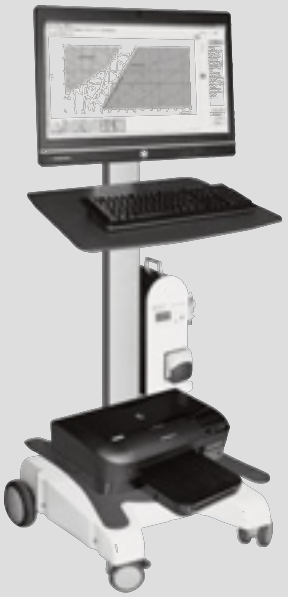
from Genesis Medical Limited



URODYNAMICS

portable and clinic based
wired or wireless

- Uroflowmetry, cystometry, pressure flow, UPP, EMG & LPP
- Portable, touch-screen
- Automatic analysis & printing
- Easy to use
- Extensive range of nomograms
- Compatible with standard & HD video format



Optional: Ambulatory urodynamics, anorectal & oesophageal manometry, stimulation and biofeedback

UROFLOWMETRY

PICOFLOW 2

- Large touch-screen display
- Wired or wireless operation
- Suitable for all care settings
- Live trace display
- Optional EMG
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- Siroky nomogram

FLOWZIG

- Wireless computerised uroflowmetry
- Manual and automatic analysis
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Betmiga™▼ (mirabegron) Prescribing Information

Presentation: Betmiga™ prolonged-release film-coated tablets containing 25mg or 50mg mirabegron. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Dosage:** *Adults (including the elderly):* Recommended dose: 50mg once daily. *Children and adolescents:* Should not be used. **Contraindications:** Hypersensitivity to active substance or any of the excipients. **Warnings and Precautions:** Should not be used in patients with end stage renal disease (or patients requiring haemodialysis), severe hepatic impairment and severe uncontrolled hypertension. Not recommended in patients with severe renal impairment and/or moderate hepatic impairment concomitantly receiving strong CYP3A inhibitors. Dose adjustment to 25mg is recommended in patients with; mild/moderate renal and/or mild hepatic impairment receiving strong CYP3A inhibitor concomitantly and in patients with severe renal and/or moderate hepatic impairment. Caution in patients with a known history of QT prolongation or in patients taking medicines known to prolong the QT interval. Not recommended during pregnancy and in women of childbearing potential not using contraception. Not recommended during breastfeeding. **Interactions:** Clinically relevant drug interactions between Betmiga™ and medicinal products that inhibit, induce or are a substrate for one of the CYP isozymes or transporters are not expected, except for inhibitory effect on the metabolism of CYP2D6 substrates. Betmiga™ is a moderate and time-dependent inhibitor of CYP2D6 and weak inhibitor of CYP3A. No dose adjustment needed when administered with CYP2D6 inhibitors or CYP2D6 poor metabolisers. Caution if co-administered with medicines with a narrow therapeutic index and significantly metabolised by CYP2D6. When initiating in combination with digoxin, the lowest dose for digoxin should be prescribed and serum digoxin should be monitored and used for titration of digoxin dose. Substances that are inducers of CYP3A or P-gp decrease the plasma concentrations of Betmiga™. No dose adjustment is needed for Betmiga™ when administered with therapeutic doses for rifampicin or other CYP3A or P-gp inducers. The potential for inhibition of P-gp by Betmiga™ should be considered when combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. **Adverse Effects:** Urinary tract infection, tachycardia, vaginal infection, cystitis, palpitation, atrial fibrillation, dyspepsia, gastritis, urticaria, rash, rash macular, rash papular, pruritus, joint swelling, vulvovaginal pruritus, blood pressure increase, liver enzymes increase, eyelid oedema, lip oedema, leukocytoclastic vasculitis and purpura. *Prescribers should consult the Summary of Product Characteristics in relation to other side effects.* **Pack and prices:** Betmiga™ 25mg and Betmiga™ 50mg pack of 30 tablets £29.00. **Legal Category:** POM. **Product Licence Number:** Betmiga™ 25mg EU/1/12/809/001 - 007; Betmiga™ 50mg EU/1/12/809/008 - 014. **Date of Preparation:** October 2013. **Further information available from:** Astellas Pharma Ltd, 2000 Hillswood Drive, Chertsey, Surrey, KT16 0RS, UK. Betmiga™ is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics. **For Medical Information phone 0800 783 5018.**

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard
Adverse events should also be reported to Astellas Pharma Ltd. Please contact 0800 783 5018

Date of preparation: December 2013 BETI3328UK

References:
1. www.scottishmedicines.org.uk. Date accessed December 2013.
2. NICE technology appraisal guidance 290. Overactive bladder – mirabegron. Issued June 2013.
3. Gras J. *Drugs of Today* 2012;**48**(1):25–32.

astellas
Leading Light for Life

Betmiga™▼
mirabegron

A fresh start in OAB