The biannual Applied Laparoscopic Urology Courses and Symposia have been organised at the Gulhane Military Academy of Medicine (GATA) Department of Urology, in collaboration with Gazi University School of Medicine, Department of Urology in Ankara, Turkey, since 2005.

Overall, each course is a 4-day intensive graduate training programme comprising of real dry-lab application of laparoscopic instruments, hands-on-training, developing stereotactic abilities, and real wet-lab-training on porcine tissue in a stress free learning environment. There are 4 major structural components:

Module A
This module provides an essential training which starts with presentation of the laparoscopic instruments and their safety aspects. The lectures include video presentation of the laparoscopic urologic procedures where the techniques used are presented, and tips and tricks are discussed. The pertinent surgical anatomy of the pig is explained as a special lecture before hands-on training.

Module B
This module implies exercising laparoscopic dry lab skills on training boxes. The aim of this section is to master the basic laparoscopic skills as well as the techniques of laparoscopic suturing in a dry lab environment.

Module C
Hands-on training and performing live laparoscopic urologic procedures on anaesthetised pigs in the animal research laboratory is the main objective of this module. The animal research laboratory has four operating rooms. In each room, an anaesthetised pig and the required laparoscopic urologic equipment are provided. The number of trainees per animal is limited to a maximum of 4. All procedures are supervised by two experienced laparoscopic urological trainers.

Module D
This part of the course includes a symposium that presents a live laparoscopic urologic procedure performed by a world-renowned laparoscopic urologist. It is a full-day event that gives an insight into the intricacies of such procedures.

The number of participants is limited to 36 urologists for each course. Since 2005, we have provided laparoscopic urology courses to more than 250 urology specialists in Turkey. Beyond the Turkish trainees, we have provided laparoscopic training to colleagues from other countries such as Germany, Greece, Bulgaria, Uzbekistan and Azerbaijan.

New developments
The 7th Applied Laparoscopic Urology Course and Symposium was recently held on 2-5 April 2009 in Ankara, Turkey. The Department of Urology of Ankara Numune Training and Research Hospital, which collaborates with our courses, has recently acquired a daVinci robot for its urology operating theatre. During the April 2009 symposium, both live laparoscopic and robotic laparoscopic urologic procedures were performed by world-renowned experts such as Dr. Kevin Zorn from Chicago University (USA). We hope that this new addition will create new interest for the course among the urologic community of the region.

First hand accounts
Ms. Tayyibe Sen
Trainee
Operating Theatre Nurse
Ankara Numune Training and Research Hospital

“I attended the 7th International Laparoscopic Urology Course and Symposium which I learned, which I enjoyed and where I was happy. I was happy because there I could confirm and build upon my enthusiasm for what I do. I enjoyed the meeting because of its welcoming and friendly atmosphere. And of course I learned an immense amount of information related to my field of work. Many thanks to everyone for their contributions. Hope to meet you again in the next course.”

Dr. Antonio Cardi
Trainee, urologist
Dept. of Urology
S. Camillo de Lellis Hospital
Rome (IT)

“This kind of laparoscopic course is very successful. The reason is the trainee gets to use the instruments and work with live tissues. Training is essential for those who would like to start performing procedures laparoscopically, and this approach to training is the best there is, as it includes theory, pelvis training and live operations on pigs.”

Dr. Ömer Fatih Çelik
Trainee
Trebazon Private Imperial Hospital
Trebazon (TR)

“Before I attended this course, I believed that I would be a spectator as in the previous courses I attended, which wasn’t the case. I believe this course has contributed greatly to my surgical skills and I expect to start operating in a short while. I would like to express my gratitude and wish that this warm atmosphere and friendship will grow from strength to strength.”

Dr. A. Erdem Canca
Trainee
Ankara Ataturk Training and Research Hospital
Ankara (TR)

“In 2008 I attended the 5th Applied Laparoscopic Urology Course and Symposium as a “trainer” which I found extremely educational. This course motivated me enormously and changed my vision to a very large extent. Subsequently, I did further training at SLK-Kliniken Heilbronn in Germany. I have become very comfortable with performing laparoscopic procedures of varied difficulty which allowed me to join this course, this time, in the capacity of “trainer” – an amazing experience which gave me a strong feeling of satisfaction.”

Assoc. Prof. Dr. Uluğ Tunc
Scientific Committee Member
Gazi University, School of Medicine
Dept. of Urology, Ankara (TR)

“Our courses give the chance of getting theoretical and hands-on-training from both national and international course trainers attending from different countries such as Germany, Greece, UK, Italy, Romania and Egypt. I think that this gives the opportunity of learning and experiencing different laparoscopic approaches to the trainees in addition to establishing international friendship.”

Prof. J. Rassweiler (Germany) tutoring how to perform live laparoscopic nephrectomy in the animal research lab on a pig at a past symposium

Prof. Yasar Özgök tutoring on live robotic radical prostatectomy

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In managing patients with genitourinary cancers, bone health is probably an aspect that has yet to receive more attention from nursing professionals. However, the treatments that we initiate, the resultant cancer therapy induced bone loss (CTBL) and the effect of cancer induced bone disease (CIBD) pose new challenges to patient bone health in urology.

The progression of metastatic bone disease in patients with prostate, renal and bladder cancers can lead to debilitating skeletal-related events (SREs), with CIBD leading to pathological fractures (vertebral or non-vertebral), spinal cord compression, requirement for surgery and radiotherapy to bone pain. Skeletal related events are important adverse events that we must have an understanding of and how such complications factors can be assessed and managed.

In prostate cancer, CTBL through androgen deprivation therapy (ADT) such as LHRH agonists results in annual bone mineral density (BMD) losses of 3% per year (RANK-L), which is up to 4%, a rate that exceeds normal age-related loss in men by almost ten-fold and almost a five-fold increase than seen in post-menopausal women, with low BMD resulting in increased fracture risk due to osteoporosis, with resultant significant morbidity, reduced quality of life, and increased mortality.

Before ADT is initiated, all patients should be counselled on the risk of therapy. Measuring baseline BMD is now recommended in national guidelines, the most common method being dual energy X-ray absorptiometry (DEXA) of the lumbar and total hip. Lifestyle modifications, including weight bearing exercises, reducing alcohol consumption and dietary calcium intake are important first steps for all patients experiencing bone loss.

In the reduction of SRE’s, bisphosphonates have shown to be highly effective in metastatic urological patients. In addition they have also been shown to prevent ADT-related bone loss in prostate cancer, with significant increase in BMD using both IV and oral treatments. However, none of the bisphosphonate studies have been powered to investigate differences in fractures rates between treatment and control groups and thus the benefit in reducing fractures in this population is yet unknown. New therapeutic approaches to CTBL & CIBD look promising. Denosumab, a genetically engineered antibody, designed to block the action of a protein called RANK ligand (RANK-L), which activates signals that lead to the breakdown of bones, has been implicated in bone loss across a broad range of conditions including cancer treatment-induced bone loss. In a phase III placebo-controlled trial, denosumab produced significant improvements in bone mineral density (BMD) at the lumbar spine and non-vertebral sites compared with placebo. Men receiving denosumab experienced less than half the incidence of new vertebral fractures compared with those receiving placebo, and fewer non-vertebral fractures.

In the metastatic disease arena denosumab has also been shown to normalised levels of prostate specific bone loss more frequently than continuing bisphosphonate therapy.

For urology nurses the implications of bone health in patient care are immense. Therefore, as part of the wider recognition of bone health issues across many disease areas, the EAUN will be promoting a closer collaboration with other nursing societies to discuss, learn and develop nursing approaches to patient care.

At the end of this congress I rushed into the city to discover Stockholm, the Venice of the north. I met my colleague from the EONS board and together we went through the old part of this truly beautiful city. I came back to Strasbourg tired, but satisfied with what we were able to achieve at the congress. The programme was dense and rich. I was also encouraged by the prospect of collaboration between the EONS and the EAUN with regard to our PSA project. There is certainly much to look forward to in the future.

Willem de Blok, Ma ANP
Urology nurse
EAUN Board member
NKH-AV
Amsterdam (NL)
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Dear Colleagues,
At the EAUN’s General Assembly scheduled in April 2010, my candidacy for board membership will be considered for voting. With this in mind, I would like to take this opportunity to acquaint the EAUN members with my candidacy.

I am a nurse practitioner for the Urology Department at the Netherlands Cancer Institute- Antoni van Leeuwenhoek Hospital (NKH-AV) in Amsterdam, a well-known Dutch institution in the field of oncology. I obtained my Advanced Nursing Practice degree in 2005, I focused on prostate and bladder cancers. Through my experience I found out that nurses can bring a lot of positive influence on the quality of care in oncology. Our colleagues in healthcare and specialists such as urologists are also becoming much more aware of this, and the active collaboration between the EONS and the EAUN provides proof of this cooperation.

In the past, I found support in the EAUN when I looked for a platform to share results or the skills I developed in my specialty. I believe it is very important to share the knowledge we have. Moreover, by interacting with my colleagues I created a network of new contacts, particularly when I attend the EAUN conferences. The fact that the EAUN gives a strong emphasis on the networking amongst nurses is very appealing since our common goals can be achieved through these networks.

With my candidacy for the EAUN board, I hope I can further contribute by providing the contacts needed by nurses not only across from Europe, but also for other nursing organisations in the Netherlands to renew and strengthen their ties.

If elected to the board, my main focus will be on urological cancers, a field and topic that I expect to become more dynamic and prominent in the future. More importantly, I hope to contribute to the EAUN’s long-term plans and strategies. Lastly, do not hesitate to contact me in case you need some information or any guidance regarding uro- oncology nursing in the Netherlands.

Sincerely,
Willem de Blok, Ma ANP