



Nurses Abstract Book

Saturday 25, September 2021

- 09:00 - 09:10 **Welcome**
Jens Larsson, President ESPUN
- 09:10 - 09:45 **Keynote Lecture: Urotherapy - Development of a new profession**
Professor Anna-Lena Hellström, Sweden
- 09:45 - 10:00 **Q & A**
- 10:00 - 10:40 **SN1: ESPU-Nurses: Lower Urinary Tract**
Moderators: Babett Jatzkowski, Sweden

SN1-1 (OP)

FUNCTIONAL CONSTIPATION IN CHILDREN - A QUALITATIVE EXPLORATION OF PARENT'S EXPERIENCES OF HOME-BASED TREATMENT

Gunilla FLANKEGÅRD¹, Evalotte MÖRELIUS², Karel DUCHEN³ and Patrik RYTTERSTRÖM⁴

1) Division of Caring Sciences and Reproductive Health, Department of Health, Medicine and Caring Science, HMCV, Linköping University, Norrköping, SWEDEN - 2) School of Nursing and Midwifery, Edith Cowan University, Perth, AUSTRALIA - 3) Division of Children's and Womens Health, Department of Biomedical and Clinical Sciences, Linköping University, Linköping, SWEDEN - 4) Division of Caring Sciences and Reproductive Health, Department of Health, Medicine and Caring Sciences, HMCV, Linköping University, Norrköping, SWEDEN

PURPOSE

Functional constipation in children is a common worldwide problem. Oral and rectal treatment is often carried out at home by parents. The recurrence rate is high with long treatment periods and low adherence. The aim of the study was to explore parent's experiences of treating functional constipation at home.

MATERIAL AND METHODS

A phenomenological design was used with a reflective lifeworld research approach (Dahlberg et.al. 2008). Interviews were conducted in 2019 with ten mothers and five fathers. Their children (age range 1-14 years) had functional constipation with homebased oral and rectal treatment. The duration of symptoms ranged between 0.5-10 years. Open-ended questions were used starting from the description of a day with constipation treatment. A reflective and open bridled approach characterized the analysis. Meaning units formed clusters and a structure that illuminated the meaning of the phenomenon.

RESULTS

Preliminary results show that the treatment situation creates a tension between the will to be a good, caring, protecting parent and the need to give treatment despite resistance from the child. Parents experience feelings of abusing the child and sometimes having to act against their own will, questioning themselves about their parenting style.

CONCLUSIONS

Treating functional constipation at home puts parents in crisis. This illustrates the importance of support from healthcare professionals to the families. A prompt management from healthcare professionals is vital to increase adherence to the treatment and prevent unnecessary lingering in the healthcare system.

SN1-2 (OP)

NEW ONLINE TRAINING COURSE FOR TEACHERS OF CHILDREN WITH FUNCTIONAL URINARY INCONTINENCE

Karin BUEHLER MEYER ¹, Irene ZULLIGER ², Barbara SCHAERER ³ and Mazen ZEINO ⁴

1) Department of Pediatric Surgery, University of Bern; Inselspital Bern, Department of Pediatric Urology, Bern, SWITZERLAND - 2) University of Bern; Inselspital Bern,, Department Technology and Innovation, competence center easylearn, Bern, SWITZERLAND - 3) University of Bern; Inselspital Bern, Department of Nursing, Medical-Technical and Medical Therapeutic Areas, Bern, SWITZERLAND - 4) Department of Pediatric Surgery, University of Bern; Inselspital Bern, Department of paediatric urology, Bern, SWITZERLAND

PURPOSE

Urinary incontinence in children is a common problem. Although Switzerland is a highly developed country with good infrastructure, children tend to avoid toilet use in schools as hygiene is inadequate and access to is often restricted. Furthermore, teachers experience with children with bladder dysfunction is limited. These factors may negatively impact children's bladder health. In order to improve the outcome in these children, an online training course for teachers has been established.

MATERIAL AND METHODS

A newly developed online course for teachers explains normal bladder function and causes for urinary incontinence with suitable illustrations and video content. It highlights the need for support in children with bladder dysfunction. Various measures to improve toilet use in schools are described. An online feedback formulary was added to this tool.

RESULTS

Since October 2019, this training is freely accessible on the website of our university hospital, department of pediatric urology. The first feedbacks were positive and encouraging, in about 75% even the highest rating score (5/5) was selected.

CONCLUSIONS

If teachers provide targeted support to children with dysfunctional voiding, they can help to improve their self-esteem and self-efficacy. With the knowledge from the course, children, parents and teachers can make individual agreements, which enables children to continue their therapy for urinary incontinence in school environment successfully.

10:20 - 10:40

Discussion/Question

10:40 - 11:20

SN2:

ESPU-Nurses: Neuropathic Bladder

Moderators: Louiza Dale, England

SN2-1 (OP)

HOME BLADDER MANOMETRY CORRELATES WITH HIGH-GRADE HYDRONEPHROSIS AMONG PATIENTS WITH NEUROGENIC BLADDER

Christina CHALMERS ¹, Joshua CHAMBERLIN ², Sarah HOLZMAN ¹, Carol DAVIS-DAO ¹, Amanda MACARAEG ¹, Linda BEQAJ ¹, Ahmed ABDELHALIM ³, Ranim MAHMOUD ⁴, Heidi STEPHANY ¹, Kai-Wen CHUANG ¹, Elias WEHBI ¹ and Antoine KHOURY ¹

1) CHOC Children's and University of California, Irvine, Pediatric Urology, Orange, USA - 2) Loma Linda University Children's Hospital and CHOC Children's, Pediatric Urology, Loma Linda, USA - 3) Mansoura University, Urology, El Mansoura, EGYPT - 4) Mansoura University, Pediatrics, El Mansoura, EGYPT

PURPOSE

Patients with neurogenic bladder are at risk of developing bladder and renal deterioration secondary to increased intravesical pressures. Home bladder manometry provides a low-cost and simple method to evaluate bladder pressures. We have shown previously that home manometry measurements predict urodynamic pressures. Urology nurses are the primary source for home manometry education, and we have developed an instructional video as an educational supplement.

MATERIAL AND METHODS

For home manometry, patients are asked to catheterize with a full bladder in supine position. A ruler and catheter are used to measure pressure as the distance from the pubis to the height of urine in the upright catheter. For patients with high pressures, a catheter extender was provided. After urology nurse instruction, home manometry measurements were collected and compared with hydronephrosis on ultrasound. ROC curves and AUC were calculated to correlate home manometry pressures with high-grade hydronephrosis (SFU grades 3-4).

RESULTS

Included were 78 patients with a total of 107 home manometry measurements. Fifty six percent were female, median age at follow-up was ten (range 0-21) years. Home manometry mean bladder pressures greater than 20 cm water predicted the presence of high-grade hydronephrosis (sensitivity 86%, specificity 86%). Based on home manometry, mean bladder pressure was highly predictive of high-grade hydronephrosis (AUC 0.88).

CONCLUSIONS

Home manometry provides an easy screening tool for patients with neurogenic bladder to identify those requiring more aggressive management, without additional cost or morbidity. The addition of an instructional video supplements urology nurse teaching and provides patients and families with a convenient home resource.

SN2-2 (OP)

TIME TO DEFINE CONSTIPATION FOR OUR SPINA BIFIDA PATIENTS

Maryellen KELLY¹, Eileen SHERBURNE², Joy KERR³, Patricia BEIERWALTES⁴, Colleen PAYNE⁵, Heather DORRIES⁵, Kelly BLACK⁵ and Judy THIBADEAU⁶

1) Duke University, Surgery, Durham, USA - 2) Children's Hospital of Wisconsin, Physical Medicine and Rehabilitation, Milwaukee, USA - 3) Children's Hospital of Philadelphia, Urology, Philadelphia, USA - 4) Minnesota State University, Nursing, Mankato, USA - 5) None, Louisville, USA - 6) Spina Bifida Association, Arlington, USA

PURPOSE

Individuals with spina bifida have neurogenic bowel, characterized by constipation and/or fecal incontinence. Accepted definitions of constipation in the literature are not clinically representative of individuals with neurogenic bowel. The lack of a disease-specific consensus of constipation in this population has inhibited progress towards improved bowel management research. We aimed to generate a consensus definition of constipation in individuals with neurogenic bowel secondary to spina bifida.

MATERIAL AND METHODS

A multi-disciplinary group, comprised of clinicians, caregivers of individuals with spina bifida, and adults with spina bifida, were tasked with creating a consensus definition for constipation. Published literature and experience from experts and patients within the group were used to create the definition. Consensus was reached.

RESULTS

The group determined constipation is best defined by considering positive and negative indicators of bowel function. A properly functioning bowel can be defined by the following positive indicators: no appetite change, proper weight gain, mushy/creamy stool consistency, no acute changes to stooling pattern. Conversely, a constipated bowel should be considered when the following negative indicators are present: abdominal distension, irritability, poor appetite/change in appetite, change in stooling pattern, change in stool consistency (pellet looking, or very loose), straining to pass stool, bubbly liquid stool, vomiting, blood in the stool, change in urinary continence (leakage of urine or urinary retention), increased urinary tract infections.

CONCLUSIONS

The proposed definition, which is a constellation of signs for constipation unique to individuals with neurogenic bowel secondary to spina bifida, should be considered for use in clinical and academic environments.

SN2-3 (OP)

THE IMPACT OF CIC ON PARENTS AND THEIR CHILDREN AND ON FAMILY RELATIONSHIPS.

Katie SABIN¹, Massimo GARRIBOLI², Hannah WARD³, Melinda EDWARDS³, Emma HULL³, Sophie WALLACE-HADRILL⁴, Anne WRIGHT⁵ and Jo CLOTHIER⁵

1) Evelina London Children's Hospital, Guy's and St Thomas' NHS Trust, Paediatric Psychology Services, London, UNITED KINGDOM - 2) Evelina London Children's Hospital, Guy's and St Thomas' NHS Trust, Paediatric Urology Service, London, UNITED KINGDOM - 3) Evelina London Children's Hospital, Guy's and St Thomas' NHS Trust, Paediatric Psychology Service, London, UNITED KINGDOM - 4) Evelina London Children's Hospital, Guy's and St Thomas' NHS Trust, Paediatric Renal and Urology Service, London, UNITED KINGDOM - 5) Evelina London Children's Hospital, Guy's and St Thomas' NHS Trust, Paediatric Nephrology Service, London, UNITED KINGDOM

PURPOSE

The challenges of implementing long term interventions, such as CIC are well documented, however, the impact on family relationships and functioning are less well understood.

MATERIAL AND METHODS

Employing a mixed methods design, semi-structured interviews explored the impact and experience of CIC at the individual, dyadic and systemic level. Interview responses regarding impact on school, social, family relationships and daily function were coded by degree of impact, according to parent and child report.

RESULTS

A total of 70 parents and 36 children including 16 (44.4%) females and 20 (55.6%) males with a mean age of 10.6 ± 3.45 years, were interviewed. The majority of parents reported little or no impact, with 5% reporting significant negative impact using CIC. 70% of parents and 81% of children reported either no or an enhanced parent-child relationship. The most significant negative impact of CIC was on daily routine.

Children (or parent proxy) QOL measures using the PedsQL and SDQ self-report version, gave mean scores of 71.29 and 12.41 respectively (a significant positive correlation to parent proxy scores of 63.17 and 12.64). Normative SDQ data suggests our sample has a 'slightly raised' impact score. PedsQL normative data suggests children using CIC have a slightly lower QOL.

CONCLUSIONS

Although our QOL measures suggest a lower QOL for children using CIC, our results indicate this is linked to the challenges regarding daily routine rather than other aspects of family life, including the relationships within the family.

11:03 - 11:13	Video interview
11:13 - 11:20	Discussion/Question
11:20 - 11:40	<p>Wellspect grant presentation and Lecture <i>Moderator: Jens Larsson, Sweden</i> Maria Lenneras Sjoberg, Wellspect</p> <p>Toilet training in healthy toddlers: is the sequence of acquiring bladder and bowel control changing? Tinne van Aggelpoel, Belgium</p>
11:40 - 12:00	Q & A
12:00 - 12:30	Lunchbreak
12:30 - 13:00	<p>Keynote Lecture: Stress incontinence in sports activities <i>Professor Alexandra Vermandel, Belgium</i> Moderator: Jens Larsson, Sweden</p>
13:00 - 13:30	AGM
13:30 - 13:40	<p>End of program <i>Jens Larsson, President ESPUN</i></p>