President’s Message

Leadership Transition

August was a time of transition for the SUNA Board of Directors. It is my privilege to have begun my service as SUNA President effective August 1, 2003, replacing Donna Brassil who has done an exemplary job over the past 15 months. Due to the change from a spring to a fall annual conference, effective in October 2004, the terms of office for SUNA’s Board of Directors were realigned for this year only. Newly elected members of the 2003-04 SUNA Board of Directors assumed their roles on August 1. The next transition of officers will occur in October 2004.

I would like to take this opportunity to acknowledge and thank Donna Brassil, MA, RN, CURN, for her tremendous leadership during her term as SUNA President. She has been a great mentor and will continue to support the organization and the Board of Directors as Immediate Past President. Under Donna’s guidance, SUNA has continued to experience growth and has maintained a professional presence in the urology community. Our contacts and ties with industry and other professional organizations have flourished under her direction. Donna assumed the position of Immediate Past President, replacing Jean Lewis, BSN, RN, CNP, who has rotated off the Board of Directors. Thank you to Jean, who also served SUNA well as president and in so many other capacities.

Thank you also to Janelle Harris, MSN, RN, GNP, for her dedication as National Secretary as she maintained hearth and home along with SUNA duties. Lynn Fisher, BSN, RN, CURN, did a wonderful job as North Central Regional Director, and her warmth and good work will be missed by those on the Board as well as in her region. Several new chapters were nurtured under her guidance, and established chapters also profited from her expertise. Nancy Mueller, MA, MSN, RN, CURN, will be changing roles on the Board, moving from the position of Southeast Regional Director to SUNA President-Elect. Thanks to her encouragement, several chapters were started in the Southeast Region. Nancy has served SUNA in many areas, including as editor of Telephone Nursing Practice in Adult Urology: A Manual for Urology Nurses.

Welcome to Jeff Albaugh, MS, APRN-BC, CUCNS, who has assumed the office of National Secretary. Jeff is well known for his excellent abilities, having served on the Annual Conference Planning Committee and in many other capacities within SUNA over the years. Carolyn North, RN, will take on a leadership role as the Southeast Regional Director. She has served on the SUNA Board of Directors in the past. Vic Senese, BSN, RN, CURN, is the new North Central Regional Director. His work in the new

Mark Your Calendar!

March 18-20, 2004
The Annual Symposium
focusing on Disorders of the Bladder, Bowel, and Pelvic Floor
Hyatt Regency Chicago
Chicago, Illinois
(See Call for Abstracts on page 16.)

October 22-26, 2004
SUNA’s 35th Annual Conference
Hilton Walt Disney
Orlando, Florida
(See Call for Papers on page 2.)

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Web site: www.suna.org

continued on page 3
We are introducing an exciting new look for the newsletter with this issue. The Uro-Gram will now be published in color. I think the new color format adds much to the Uro-Gram and certainly makes it stand out in the world of nursing newsletters. I hope you enjoy it. Thanks again to Pfizer, who supports us in the publication of the Uro-Gram.

Summer is about over and school is back in session. This time of year always reminds me of how I felt when I first started school. I remember the feeling of excitement as each year began and I looked forward to new challenges ahead. This is a good time to get excited about the educational opportunities within SUNA. The fall season brings us a wealth of educational offerings from SUNA chapters. Take a few moments to review the events calendar in this issue to see what is being planned by chapters across the country. Chapter seminars have excellent value, both in education and networking opportunities.

I was pleased to receive the article from Marta Krissovich regarding coding issues for bladder scans. Performing bladder scanning to determine bladder volume can present some problems when determining the correct codes to use for charges. Marta gives us the most up-to-date information on these issues. I want to thank Marta for this article and for her willingness to keep members updated on coding and reimbursement issues.

Evey Kliever MA, RN, CRRN-A, CURN
Uro-Gram Editor
eveyk@chartermi.net

Call for Papers
SUNA's 35th Annual Conference
October 22-26, 2004, Orlando, FL

The Program Planning Committee is pleased to announce a “Call for Papers” for SUNA’s 35th Annual Conference. We invite you to submit abstracts for oral presentation addressing topics related to urologic patient care. Paper presentations must be identified as basic, intermediate, or advanced. Submissions must be received by September 30, 2003.

Abstract Form
1. Abstracts must be typed, single spaced on 8 1/2” x 11” white bond paper.
2. Abstracts must be in narrative form and not exceed 300 words.
3. Title of abstract should appear at the top.
4. List primary presenter first, then additional presenters with credentials (PhD, MA, BSN, RN) below the title.
5. The authors(s) work/home/email addresses and telephone/facsimile numbers should be listed on a separate page.

Each submission will be evaluated by the Program Planning Committee to determine the final selection for the conference program. Send abstracts to:

SUNA National Office
East Holly Avenue Box 56
Pitman, NJ 08071-0056
856-256-2335 / 888-827-7862
davey@sunau.org
fax 856-589-7463

Any questions or concerns may be directed to Debbie Hensley, BSN, RN, Annual Conference Chairperson, at: home 210-497-2766; work 210-567-6865; fax 210-567-4943; hensleyd@uthscsa.edu.
President’s Message
continued from page 1

Chicago Metro Chapter is a clear indication of his enthusiasm for SUNA.

Remaining on the Board are: Treasurer Tamara Dickinson, RN, CURN, CCCN; Northeast Regional Director Lisa Neu, BSN, RN, CRNP-BC; and Western Regional Director Joyce Colling, PhD, RN, FAAN. We look forward to another great year for SUNA!

Task Force Work

SUNA remained busier than ever throughout the summer. The work of another set of task forces was initiated, and task force members continue to make great progress in the following areas: community support groups, urologic nursing text/comprehensive review course development, associate member needs assessment, online medication links, urodynamics guide development, and patient access to continence services. Through the efforts of many volunteers, SUNA will be able to provide better information to our members and patients regarding urologic health care. The task forces will report on their progress as they complete the charges assigned to them.

Educational Program Planning

The symposium planning committee is hard at work to ensure that the Annual Symposium focusing on Disorders of the Bladder, Bowel, and Pelvic Floor (March 18-20, 2004, in Chicago, IL) will be the premier meeting for clinicians who treat patients with these disorders. The meeting will highlight state-of-the-art information and resources regarding this important area of urologic health. Chairperson Donna Thompson, MSN, CRNP, CCCN, and her committee have put much effort into the preparation of a fantastic educational meeting that you won’t want to miss.

Membership Campaign

SUNA’s “We’re Everything We Say We Are” membership campaign was launched in July. SUNA has so much to offer clinicians involved in the delivery of urologic health care. Why not take this opportunity to tell your colleagues about the advantages of being a part of this dynamic organization? You will be rewarded for your efforts when you recruit new members to SUNA. (Be sure your name is on the application as the recruiter or on the new member referral form.) For more information, see page 7 of this issue of the Uro-Gram or visit SUNA’s Web site at www.suna.org.

Collaboration

We look forward to great opportunities for professional growth for SUNA as a whole and for individual members as we partner with other nursing and professional organizations in a variety of settings. SUNA is involved with projects in the following areas: end-of-life care, leadership development within SUNA, geriatrics, and research opportunities, among other things. The future is bright, but we need your help and support to accomplish our goals. Your active participation is a key ingredient to SUNA’s success!

Marie Page, RN, CURN
SUNA President

SUNA’s Approver Unit

Implementation of Changes in the Application Process

On behalf of the Approver Unit, thank you to all those who have submitted education programs for contact hours. The programs have been outstanding as have the applications. Of the changes in the application process, the following clarification is important. A part of a multiple topic program may be repeated as long as the following procedure is followed:

• Submit a letter of intent to repeat a topic within 30 days of the planned date for the program.
• Include the date of the presentation and reference the approval number of the original program.
• Note any changes, such as speaker, and include the appropriate items (CV/biodata sheet, vested interest form).

A call to the SUNA National Office may be helpful if further guidance is needed.

Note: As of September 1, 2003, the new forms for CE application should be utilized. These are available on the SUNA Web site (www.suna.org) and also may be obtained from local chapter presidents and the national office.

Deni von Merveldt, MSN, RN
Approver Unit Chairperson
vonmerveldt@uthscsa.edu
E-Commerce Comes to SUNA

To better meet the needs of its dynamic and growing membership, SUNA has implemented a new, state-of-the-art electronic commerce computer system. To complement this new system, SUNA’s Web site (www.suna.org) has been redesigned. The Web site now uses electronic commerce, or E-commerce, to simplify the online fulfillment process. The process uses electronic fund transfers and electronic data exchanges to complete transactions and update records. The benefit of E-commerce is that it allows SUNA members more control within the Web site.

Members will now have the ability to change their contact information through the Web site. For instance, “if members move to a new address, change their phone number or email address, they can simply log in to the Web site and make their changes,” stated Internet Services Manager Scott Johnson.

The E-commerce system allows members to:

Purchase association products and memberships. The site contains a shopping cart, an order form listing products or services selected for purchase, and an automatic credit card validation process. The buyer’s computer will communicate directly with SUNA’s database, where information will be received and then saved. Once the transaction to the database occurs, a product order can be filled or a service request can be completed.

Register for conferences. Members can register for SUNA’s educational conferences directly through the Web site.

Join chat rooms and bulletin boards for discussions. Members have the opportunity to create personalized passwords for access to “members only” areas of the site.

Update membership records. Members can update their individual records online without having to contact the national office.

The implementation of this new Web site is designed to facilitate growth in association membership, conference registrations, and product sales. “With the launch of this new site, SUNA is creating a resource center and adding greater value to membership in SUNA,” said Johnson. “By making the site more attractive and easier to use, SUNA hopes to increase the number of visitors to the site and foster an online community for its members.”

Take a Look At Our New Web Site! www.suna.org
The End-of-Life Nursing Education Consortium (ELNEC) curriculum is supported by a grant from the Robert Woods Johnson Foundation to the American Association of Colleges of Nursing and City of Hope National Medical Center (Geraldine Bednash, PhD, FAAN, and Betty R. Ferrell, PhD, FAAN, principal investigators).

Nine modules were shared at the consortium that I attended in January. Each encompassed a different aspect of care for persons at the end of life. The first module creates the foundation for the entire curriculum and provides an overview of the need to improve end-of-life care. It also addresses the role of the nurse as a member of an interdisciplinary team in providing quality care.

The key points shared in this module include the following:

- There are major deficiencies in current systems of care for patients and families at the end of life.
- Social and economic forces influence care provided at the end of life.
- Nurses should not work in isolation but rather as partners in collaboration with physicians and other disciplines.
- Caring for the dying means not only “doing for” but also “being with.” Palliative nursing care combines caring, communication, knowledge, and skill.

Following is a summary of the information that would be included in any training session provided by ELNEC trainers.

**Evolution of End-of-Life Care**

During the last century, there has been improvement in the care of those experiencing end-of-life concerns, but a great need exists to quicken the pace of these changes. In the late 1800s there was not much that health care professionals could do as most people died within days. Most deaths occurred at home, with family members providing the care. In the early to middle 1900s improvements to living and working conditions occurred and antibiotics were developed, which had a positive impact on life expectancy. As the focus of health care shifted from easing suffering to curing disease, there was a change in the way people looked at health care, causing most people (lay as well as health professionals) to see death as a failure of the medical system. Even more positive changes have occurred since the middle 1900s, leading to an ever more aged population, and institutions have replaced the home as the most common place for death to occur.

Studies, such as the SUPPORT study in 1995, have been conducted to determine needs as perceived by those experiencing the end of life. Each study has demonstrated that today’s patients are dying in pain and that many people don’t realize they have the right to have that pain controlled. In 1999 only 29% of individuals at the end of life received hospice care. Even more people do not die the way they would prefer. Most adults state they would prefer to be cared for at home, and the majority of those asked would be interested in programs such as hospice but were unaware such a program existed. The two greatest fears people express are being a burden to their family and dying in pain, and yet a system that would alleviate those concerns is not being utilized to its fullest extent. Patients and families also share a concern that when they are told “nothing more can be done,” they will no longer be cared for by physicians or hospitals — they perceive they have been told that nothing can be done in any of the arenas of care, when what they really may have been told was there was nothing else curatively that could be attempted.

**During the last century, there has been improvement in the care of those experiencing end-of-life concerns, but a great need exists to quicken the pace of these changes.**

**Barriers to Quality Care**

There are a number of barriers to quality care at the end of life. The disease process can present a barrier as both the patient/family and the health care professionals may have difficulty admitting that medical knowledge is not advanced enough to work in a particular situation, which potentially may lead to more aggressive treatment. This article is the second in a series of articles on end-of-life issues. Director of Education Sally Russell represented SUNA at the End of Life Nursing Education Consortium, a 3-day training program held in Pasadena, CA, in January 2003. The Consortium, which was conducted by a distinguished faculty of researchers, educators, authors, and leaders in the field of palliative care, was designed to provide nursing continuing education providers with information on end-of-life care and resources to use in integrating end-of-life content into continuing education activities.
Palliative care includes the following:

- The patient and the family are the unit of care.
- Attention to the physical, psychological, social, and spiritual needs must be included.
- An interdisciplinary team is involved, including the physician, nurse, social worker, chaplain, physical and occupational therapists, pharmacist, dietitian, aides, along with any other complementary therapist appropriate.
- Education and support are given to the patient and family.
- All patients and families, no matter the setting, are afforded access.
- Bereavement support is provided.

The role of the nurse in extending palliative care principles to improve end-of-life care is multifaceted.

Assessment of care at the end of life should be based on a model for quality of life that encompasses the physical, psychological, social, and spiritual dimensions of a person’s life. The assessment must include a determination of what quality of life means to the individual and the recognition this will be different for each person - and may even be different for the same person at different stages of his/her end-of-life experience. The assessment must be a continual process, not a one-time “job.”

The role of the nurse in extending palliative care principles to improve end-of-life care is multifaceted. The importance of presence cannot be overestimated as care can be frustrating for those involved because not everything can be “fixed” as much as that might be desired by all. The nurse’s presence is a way of expressing compassionate caring. Nurses are also a constant across all of the settings the patient and the family may have traversed on this journey. Nurses are typically the health care providers who spend the most time with the patient and the family, so the role of this provider cannot be minimized.

Quality end-of-life care encompasses physical, psychological, social, and spiritual aspects and includes the family as the unit of care. These are certainly part of the nursing role but also are demonstrative of the quality of life model that typifies the palliative care movement.

Sally S. Russell, MN, RN, BC
Director of Education

References

We're everything we say we are.

Society of Urologic Nurses and Associates

Two ways you can help us grow

1. Provide a membership application to a potential member (with your name on the application)
2. Suggest potential members on-line at www.suna.org

By helping SUNA grow, you can earn up to $1,600 in awards and benefits. Simply visit our Web site at www.suna.org to order membership applications (Option #1 above) or to refer potential members on-line (Option #2).

You can also call us toll free at 1-888-TAP-SUNA, or e-mail suna@aij.com.
SUNA History & Heritage

Sponsored Lectureships

Every SUNA Annual Conference features great speakers. Each conference includes an outstanding keynote lecture to set the correct tone and a fantastic speaker to send attendees back to the real world, keeping us motivated until the next time we are together learning about the wonderful “world of urology.” When you look through an annual conference program, you will see sponsored lectureships dedicated to specific individuals who have supported and made contributions to SUNA. Several of the lectureships came about in quick succession.

The first lectureship was the Wyland F. Leadbetter Memorial Lectureship, established in 1976. Dr. Leadbetter, who passed away in 1974, was a pioneering advocate for urologic allied health professionals and stressed the need for education. Dr. Leadbetter was a gifted clinician, teacher, and leader in the field of urology. He trained under Hugh Hampton Young, MD, known as the father of modern urology. Dr. Guy Leadbetter presented the first lecture in his father’s memory.

The Ian Murchie Thompson Memorial Lectureship was established in 1979, initiated by Alice Mored, CURN. Dr. Thompson was an imposing figure whose innovative work in the area of neurogenic bladder and obstructive uropathy set the stage for patient care today. Dr. Thompson was a supporter of the American Urological Association Allied (AUAA) — now SUNA — and lectured at several AUAA Annual Assemblies (now Annual Conferences).

The Russell Church Memorial Lectureship was established in 1980 to pay tribute to AUAA’s first president. Mr. Church passed away unexpectedly in 1978. While working at the Veterans Administration, he created a training program for ancillary personnel to work in endoscopy. He helped create a Urological Physicians’ Assistants Program accredited by the American Medical Association (AMA). During his presidency, Mr. Church was influential in the formation of an Allied division of AUA, helped form the Allied Health Profession (AHP) Committee, and served as the first chairman of that committee. Dr. Evans and the AHP Committee formed the ABUAHP. AUA assumed continuing sponsorship of this lectureship in 1985.

The Patricia Putetti Memorial Lectureship was established in 1986 in memory of Patricia Putetti, CURN, by the New England Chapter of AUAA. Patricia was a charter member and co-founder of that chapter. She also was New England Section Representative to the AUAA Council for several years.

The Vance Caselman Lectureship was established by the Kansas City Chapter of AUAA in 1987. Vance Caselman, CURN, was founder of the Kansas City Chapter, served as South Central Section Representative to the AUAA Council, and served as fundraiser for AUAA.

The Past Presidents’ Lectureship was established in 1988 by AUAA past presidents. The lectureship is sponsored by the past presidents to help ensure quality speakers for the Annual Conference and to allow them to continue contributing to the organization.

In reviewing the historical files and compiling this retrospective, I was able to see how SUNA has progressed from simplicity to sophistication. Being able to share this progression with you as readers is doubly exciting.

Anne Smith-Young, CUA
 Historical Committee Member

Wyman Recognized by NAFC

The National Association For Continence (NAFC) Board of Directors recently named Jean Wyman, PhD, RN, of the University of Minnesota School of Nursing the 2003 Continence Care Champion of the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN).

Dr. Wyman, who is also a member of SUNA, received her doctorate and master’s in nursing science from the University of Washington. She has proven to be a dedicated clinician and researcher in the area of incontinence. Clinically, she has worked as a gerontologic nurse in Richmond, VA, and as a public health nurse in Milwaukee. Her experience is vast, including such projects as: a self-management program for incontinent women; a cross national study on nursing management of urinary incontinence and fecal incontinence in Japanese and American nursing homes; and incontinence-related skin problems in the nursing home elderly. “Whenever money for research was lacking, Jean found a way to make it happen, as in 1986 with her unfunded research on the Effect of Pelvic Muscle Exercises in the Treatment of Stress Urinary Incontinence,” noted Nancy Muller, NAFC Executive Director.
The use of VIAGRA and organic nitrates in any form, at any time, is contraindicated. Before treating ED, physicians should consider the impact of resuming sexual activity and the mild and transient vasodilatory effects of VIAGRA on blood pressure. Physicians should carefully consider whether patients with underlying cardiovascular disease or other more unusual conditions could be adversely affected by vasodilatory effects, especially in combination with sexual activity.

The most common side effects of VIAGRA were headache (16%), flushing (10%), and dyspepsia (7%). Adverse events, including visual effects (3%), were generally transient and mild to moderate.

Please see references and brief summary of prescribing information for VIAGRA (25-mg, 50-mg, 100-mg) tablets on adjacent page.
Urology.

reduction in sildenafil clearance when it was coadministered with CYP3A4 inhibitors (such as ketoconazole, erythromycin, (1200 mg tid) with VIAGRA (100 mg single dose) resulted in a 140% increase in sildenafil Cmax and a 210% increase in effects of Other Drugs on VIAGRA may be considered.

POST-MARKETING EXPERIENCE:

VIAGRA was administered to over 3,700 patients (aged 19-87 years) during clinical trials worldwide. Over 500 patients were treated for a year or longer. In placebo-controlled clinical studies, the discontinuation rate due to adverse events for VIAGRA (25 mg) was not significantly different from placebo (2.4%). The adverse events reported were:

†Abnormal Vision: Mild and transient, predominantly color tinge to vision, but also increased sensitivity to light or blurred vision.

†Flushing: 10% 1%

†Headache

†Nausea

†Dizziness

†Vomiting

†Diarrhea

†Pain

†Rash

†Insomnia

†Depression

†Dyspepsia

†Pruritus

†Flu-like symptoms

†Chest pain

†Sore throat

†Urticaria

†Cough

†Pruritus genitalis

†Lacrimation

†Irritability

†Skin and appendages: dry skin (2%), sweating (2%), eczema (2%)

†Musculoskeletal: back pain (2%), muscle cramps (2%), myalgia (2%), tendinitis (2%)

†Respiratory: pharyngitis (2%), rhinitis (2%)

†Gastrointestinal: diarrhea (2%), abdominal pain, nausea (2%), vomiting (2%), flatulence (2%), dyspepsia (2%), constipation (2%), thirst (2%), dry mouth (2%), flatulence (2%)

†Renal: polyuria (2%)}

Table 2. Adverse Events reported by 2% or More of Patients Treated with VIAGRA and More Frequent on Drug Than Placebo

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Regional News

Western

It was a pleasure to make my first visit to the new Arizona Chapter on May 24. Barbara Wiggin, PhD, CRRN-A, spoke on overactive bladder. The chapter is now planning an October meeting. The topic will be interstitial cystitis.

Chapter President Jan Jensen reports that 17 Northern California Chapter members attended SUNA’s Annual Conference in San Antonio. On August 11 the chapter hosted a luncheon and meeting on “Urology Nursing Simulations in the Management of Prostate Cancer.” The fall meeting is tentatively planned and will include cystos, laparoscopy, and robotics. This chapter has made effective use of a regular one-page newsletter to keep chapter members informed and engaged in SUNA activities. If you are not on the mailing list and would like to be, please e-mail kpuronurse@hotmail.com.

Southern California Chapter nurses were treated to a free 5-hour seminar in Beverly Hills on August 22. The meeting featured three speakers, including SUNA’s new Secretary, Jeffrey Albaugh, MS, APRN, CUCNS. The meeting topic was “Advances in Nursing Care for Prostate Cancer Management.”

The Central California Chapter is our newest chapter. The chapter is busy getting organized and has just been approved for 1-year probationary status. If you live in the central California area, contact Kathy Villarreal, chapter president (katvill@comcast.net), to get an update on their activities for the year and to offer to help with this new chapter. Welcome to all Central California members!

The Utah Chapter will be hosting the Western SUNA Regional Conference in Las Vegas in November. Details will be available shortly, but plan to arrive on Sunday evening, November 2, and stay until Thursday. This will be a packed meeting, with lots of great speakers. As usual, we also can attend the Western American Urological Association (AUA) sessions at no extra cost. If you need more specific information now, please contact Andria Joiner (andriajoiner@msn.com).

The Portland Chapter held a planning meeting on August 25. At their meeting on April 24, which I attended, they discussed strategies for increasing membership. One idea was to have a seminar or short course focused specifically on medical assistants and technicians who are new to urologic nursing.

The Yakima Valley Chapter is taking the summer off but has plans for a spring conference. I attended the Montana Chapter’s June 19 meeting, which featured two physicians speaking on prostate brachytherapy. They used video teleconferencing which was located in Great Falls and sent to Billings. They also have the capabilities to use this technology to reach urology nurses in Bozeman, Helena, and possibly Cody, WY. I believe this is a first for SUNA. I was very impressed with the quality of the production and with the ease with which nurses in Great Falls and Billings used this medium to communicate. Following the presentations, they held a business meeting using this technology. The chapter has renamed itself the Big Sky Chapter. Since this was my first trip to Montana, I’d have to say the name fits. It is a big state with lots of lovely vistas. The chapter is planning a fall meeting for October 11 and an all-day spring seminar. Congratulations on a first for SUNA in using 21st century technology to reach your chapter members!

Joyce Colling, PhD, RN, FAAN  
Western Regional Director  
jcol503@aol.com

Southeast

We are welcoming another developing chapter in our region! Located on the Florida Atlantic coast, the group plans to name the chapter the Florida Treasure Coast Chapter. Colleen Layton is spearheading the efforts and doing a great job. Colleen is the urology program manager for Caretenders Visiting Services in Vero Beach, FL. She is in charge of educating and supervising the specialty urorogical team that caters to the geriatric population. She is planning to write an article on this comprehensive program as well as her unique role. The chapter’s first meeting was held on August 28. For all of you interested in getting involved in the chapter, please contact Colleen (772-216-7971, teatle445@yahoo.com).

Speaking of Florida, the Florida Sunshine Chapter continues to be very busy. President Lil Hormozdi reports that their Fall Symposium is confirmed for October 4 at the Radisson Suite Beach Resort on Marco Island. For more information, please contact Lil (239-481-2536, hormozdi@msn.com). Also, many thanks to Lil and her chapter for supporting the Florida Treasure Coast Chapter in their chapter development efforts!

President Joan Guilianelli reports that the North Carolina Research Triangle Chapter is busy planning their Fall Conference. It will be held on September
13 at the Friday Center in Chapel Hill. Joan also reports that the chapter is thinking about a "Urology at the Beach" (Myrtle Beach!) conference next spring. Sounds like fun! Contact Joan (guili001@mc.duke.edu) for more details.

The San Antonio Alamo Chapter will have its Annual Seminar in Urology Nursing on October 25 at the St. Anthony Hotel in San Antonio. Feel free to contact me for more information.

Nancy McFadin Mueller, MS, MSN, RN, CURN
Outgoing Southeast Regional Director
abodell@elliot-hs.org

Northeast

It’s been a hectic summer by all accounts, and now fall will soon be upon us. As always, this means new chapter activities and programs. With many chapters starting off with new members in leadership roles, it is an exciting time for SUNA.

The New England Chapter’s newly elected president, Jennifer Reimer, and her colleagues have many activities in the works. Their annual spring conference was a huge success. Contact Allyson Bodell or Jennifer Reimer to request a list of the chapter’s meeting dates and locations (603-663-4170, abodell@elliot-hs.org).

The South Central Pennsylvania Chapter is having its fall kick off at the Hershey Medical Center in October. Contact Connie Laudermilch (717-566-9931) for more details and to learn how you can be part of this exciting chapter.

The Washington DC Chapter has a full slate of educational offerings with a wide range of topics and locations starting in September. For more information contact GerrySue Young via email at gerrysuern@aol.com.

The Metropolitan Baltimore Chapter started its fall series of programs in early September. To get the schedule of events, or to volunteer, contact Kristen Burns at 410-493-9406, bad2bne@aol.com.

The Columbia-Presbyterian Chapter has several programs for the fall. Contact Pat D’Alisera (urorn@aol.com) for the complete list and locations.

The Delaware Chapter has several programs in development. For topics, locations, and times, contact Eileen Wilson (ewcurn@aol.com).

The Twin State Chapter, led by Laura Stempkowski, has a busy educational schedule for such a young chapter! Meetings are held at the Dartmouth-Hitchcock Medical Center. Contact Laura for more information.

The Syracuse Chapter has many community and educational events planned. Amy LoPresti and the planning committee met on September 10. Contact Amy (315-424-0120) for more information on meetings or opportunities to join in the projects.

The Rochester Chapter will hold its annual fall conference on September 29. Always well planned and attended, this is a great way to network and learn. Contact Maureen Kiernan (maureen Kiernan@urmc.rochester.edu) to get more information or to register for the seminar.

The Virginia Chapter is busy planning its education schedule. For more information, contact Cheryl LeCroy (lecroyc@aol.com).

Volunteers needed! This is an urgent request for six (or more) active SUNA members who want to make a difference and show their leadership skills. The Delaware Chapter in New Jersey is on the verge of being reassigned and distributed due to lack of activity and organized leadership. If you are interested in learning how you and several of your friends can turn this chapter into a viable, active group, please contact me immediately (410-493-9406, bad2bne@aol.com).

I am looking forward to another exciting and educational year in the Northeast with diverse programs and opportunities for members!

Lisa Neu, BSN, RN, CRNP-BC
Northeast Regional Director
bad2bne@aol.com

North Central

Greetings from the North Central Region. As the newly elected director I would like to thank my predecessor, Lynn Fisher, for the great job she did guiding the North Central Region. My only fear in taking over this position is following such a great act!

I have begun talking with the chapter presidents in the region and look forward to working with them. Everyone was quite excited about their chapters. I look forward to reporting on upcoming events in the North Central Region in future issues of the Uro-Gram.

I would like to thank the members of the North Central Region for their support in my candidacy. I have enjoyed my activities with SUNA in the past and look forward to the challenges my new duties will bring.

Here is a little bit of history about myself. I have been in private practice in the Chicagoland area with a group of urologists for the past 15 years. I am currently a past president and founding member of the Chicago Metro Chapter of SUNA. I have attended the SUNA Annual Conferences for over 10 years. I look forward to meeting many of you, in my new role, at future conferences.

Vic Senese, BSN, RN, CURN
North Central Regional Director
v.senese@att.net
The most important goal of both CBUNA and SUNA is the promotion of excellence in urologic nursing. The role of SUNA is to provide the means for education, resources, and networking. The role of CBUNA is to validate the knowledge acquired by those means through certification. Certification assures both the lay public and other professionals that an individual has the knowledge needed to practice in a particular role in the specialty area. The Certification Board for Urologic Nurses and Associates (CBUNA) offers credentialing programs to validate knowledge in urology clinical practice for registered nurses, licensed practical/vocational nurses, physician assistants, and other associates.

In this issue of the Uro-Gram, I would like to review some of the more specific areas outlined in CBUNA’s Examination Preparation Guide. CBUNA revised all three levels of the certification exam in 2000 according to Patricia Benner’s Domains of Practice (1984). This was an effort to make the exams more nurse-oriented and reflective of trends in current nursing practice. Using Benner’s model, the format of the exam questions incorporated theoretical knowledge and practical knowledge (“knowing that versus knowing how”). Benner identified six domains of nursing practice:

1. Helping Role,
2. Teaching-Coaching Function,
3. Diagnostic and Patient Monitoring Function,
4. Administering and Monitoring Therapeutic Interventions and Regimes,
5. Monitoring and Ensuring the Quality of Health Care Practices, and
6. Organizational and Work Role Competencies.

Each of these domains is aligned with six groups of urology problems: pediatric anomalies and common neoplasms, urinary tract inflammations and diseases, voiding dysfunction, obstructive uropathies and trauma, infertility and sexual dysfunction, disorders of male genitalia, and genitourinary cancers.

The structure of some questions may require a straightforward answer. Other questions are formulated to reflect an assumption of basic knowledge and require an application of that knowledge in a clinical situation. A basic understanding of anatomy, physiology, and embryology is needed and is incorporated into the exam questions.

In both the spring and fall of 2002, a brief survey was given to candidates to complete following test administration. Thirty-six of 41 surveys were completed and returned to C-Net, CBUNA’s testing agency. With respect to the difficulty level of the test, 73% of the associates thought the test was at an appropriate level of difficulty. Seventy-two percent of the RNs and 82% of the advanced practice candidates also thought the difficulty level was appropriate. The majority of candidates in all three groups thought that the test was a good assessment of their practice. Finally, with respect to benefits expected as a result of being certified, the vast majority reported self-satisfaction and increased recognition of clinical expertise.

I hope this brief review of the make up of the exam and actual remarks from test takers will give you some additional encouragement to take the challenge of certification for yourself. Visit our Web site (www.cbuna.org) or contact the national office (856-256-2351) with questions or to request additional information. Both SUNA and CBUNA are here to support your path to achieving excellence in the field of urology!

Jan Giroux, MSN, CURN
CBUNA President

Reference

Special Interest Groups

Urodynamics

One of the questions that I am asked most often is “How do I learn to perform urodynamic testing?” I thought I would give my recommendations to someone new to this area. First, get some good clinical books. This will help you to understand the terminology that is used. My favorite basic book is Doughty’s Urinary and Fecal Incontinence (2000). For intermediate to advanced information, I like Practical Urodynamics by Nitti (1998).

Second, contact the company from whom you have or will be purchasing the equipment. Some have clinical training staff who will come to your site. Oftentimes, the company may offer official classes in which you can participate. Sometimes, the company can arrange for you to observe at another site. Take advantage of the information that is offered from industry members. I also encourage you to attend an educational meeting featuring urodynamic information. This can be a SUNA meeting or a regional chapter meeting. It is important to know the current standards and keep up with the latest technology.

Next, find a preceptor. This can be a physician, nurse, or technician, but it should be someone who has experience performing urodynamics. You can observe
Reimbursement Corner
Coding Post Void Residual Determinations by Bladder Scan Correctly

On December 31, 2002, the Centers for Medicare and Medicaid Services (CMS) announced that the temporary code G0050 would be replaced by the permanent procedural code 51798. This change became effective March 1, 2003. The description of CPT code 51798 is measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging (“Current Procedural,” 2003). A great deal of confusion followed regarding the definition of “image.” In fact, coding professionals have revisited this issue five times so far this year in the Urology Coding Alert online forum.

Earlier this year, many reimbursement consultants suggested that 76775 (ultrasound retroperitoneal) be used for post void residual (PVR) determinations when ultrasound or a high-resolution bladder scanner is used and 51798 was suggested for PVR determinations by standard bladder scanners (Painter, 2003, February 1). Many Medicare carriers have now issued local medical review policies (LMRPs) offering clarification on the proper code to use when determining PVRs. (Information about LMRPs is available on the Medicare Coverage Database at www.cms.hhs.gov/mcd.) In addition, the Health Policy Council of the American Urological Association (AUA) recently issued a recommendation.

Here is the bottom line. If the intent of the examination is to check residual urine after voiding, the AUA Council, Dr. Painter, and Urology Coding Alert all recommend using code 51798 irrespective of which type of equipment (imaging or non-imaging) is used. However, if an ultrasound evaluation of the bladder wall is the purpose, use either codes 76775 or 76857. (Painter, 2003, June 1). An ultrasound evaluation of the bladder wall is typically done with a full bladder and, according to Dr. Ray Painter of Physicians Reimbursement Services, documentation should be separate and radiologic style describing the architecture, anatomy, and morphology of the bladder wall (Painter, 2003, June 1). This approach is consistent with Medicare’s longstanding policy of paying only for medically necessary procedures.

Finally, the April 1 - July 31, 2003, issue of CCI Edit states that procedure code 99211 (minimal office visit) is now bundled with 51798 so 99211 will no longer be paid by Medicare when billed with 51798 (www.medicode.com/content/pn/CCIUpdates). According to Urology Coding Alert, modifier 59 (distinct procedural service) will not be recognized by most carriers, and modifier 25 can no longer be added to 99211 to show a separate and distinct nursing history and examination unrelated to the bladder scan (51798) (“News Brief,” 2003). There is good news, however. CMS increased reimbursement for 51798 on May 9, 2003. The reimbursement began on July 1 (CMS, 2003).

Marta Krissovich, MS, RN, NP
SUNA Representative to the Urology Coding Alert

References
www.medicode.com/content/pn/CCIUpdates

Special Interest Groups
continued from page 13

ESWL/OR/Cystoscopy

I have received many inquiries concerning SUNA guidelines or standards on cystoscopy procedures; the care/cleaning/sterilization of cystoscopy equipment; apparel to wear during cystoscopy; intermittent catheterizations; catheter care; and other clinic-related issues. I would like to remind everyone that SUNA does not have standards in any of these or other medical/surgical care areas. They are governed by manufacturer guidelines, state nursing standards, and your local clinic/hospital standards. When it comes to teaching materials, manufacturers/vendors have excellent teaching guidelines that can be used by both nurses and patients. All equipment should have operator instruction manuals that explain how to use and maintain the equipment. I hope this will help answer some of your questions.

Frank Salazar, LVN
SIG Leader
majbowie@aol.com

Saundra L. Seidel, APN, BC, MNSc, CNOR
Urodyynamics SIG Co-Leader
sseidel@cox-internet.com

References
**Calendar of Events**

**SUNA EDUCATION ACTIVITIES**

**September 26, 2003**

**New Advances in Better Bone Health for Men Living with Cancer.** Location: Teleconference. Sponsor: CancerCare, SUNA, and Us Too! International. Contact: http://www.cancercare.org/Teleconferences/Teleconferencesmain.cfm

**October 22-26, 2004**

**Seminar in Urological Nursing.** Location: St. Anthony Hotel, San Antonio, TX. Sponsor: Alamo Chapter. Contact: Nancy Mueller, 210-614-0222; aerie@bxdirect.net

**October 25, 2003**

**SUNA Teleconference.** Location: SUNA's 35th Annual Conference. Sponsor: Chicago Metro Chapter. Contact: SUNA, East Holly Avenue Box 56, Pitman, NJ 08071-0056; 888-TAP-SUNA; 856-256-2335; fax 856-589-7463; suna@ajj.com; www.suna.org

**October 30-November 1, 2003**


**November 1-2, 2003**

**Beyond Nuts and Bolts: Pelvic Floor Therapy Level II.** Location: Libertyville, IL. Sponsor: The Nuts and Bolts Clinicians. Contact: carralee-sueppl@uiowa.edu or 319-683-2739.

**November 5-8, 2003**

**IntNSA Annual Education Conference.** Location: Baltimore, MD. Sponsor: International Nurses Society on Addictions (IntNSA) and Association for Medical Education and Research in Substance Abuse (AMERSA). Contact: www.intnsa.org

**November 13-15, 2003**

**Urodyamics “Hands-On” Course.** Location: Nashville, TN. Sponsor: Laborie Medical Technologies Corp. Contact: Kristin Jankowski, Laborie Medical Technologies, 800-522-6743; fax 802-878-1122; kjankowski@aborie.com; http://laborie.com/sitemap/education.htm

**November 14, 2003**

**Advances in Nursing Care for Prostate Cancer Management.** Location: New York, NY. Contact: ICPME, 888-864-2763.

**SUNA CHAPTER ACTIVITIES**

**September 13, 2003**

**Certification Review Course.** Sponsor: Chicago Metro Chapter. Location: Loyola University Medical Center, Chicago, IL. Contact: Chicago Metro Chapter, 1-888-218-4365.

**September 19-20, 2003**

**Pelvic Floor Muscle Rehabilitation for Incontinence.** Location: Charleston, SC. Sponsor: The Prometheus Group. Contact: Kathy D’Abre, Continuing Education Manager, 800-442-2325 ext. 33; info@theprogrp.com; or register online: www.theprogrp.com

**September 26, 2003**

**Urology in Clinical Practice.** Location: Holiday Inn North Campus, Ann Arbor, MI. Supported by: Great Lakes Chapter of SUNA. Contact: http://www.med.umich.edu/esn/programs/urology

**October 4, 2003**

**Fall Symposium.** Location: Radisson Suite Beach Resort on Marco Island. Sponsor: Florida Sunshine Chapter. Contact: Lee Ann Boyd, 239-772-0500; lboyd@swfu.com

**October 25, 2003**

**Seminar in Urological Nursing.** Location: St. Anthony Hotel, San Antonio, TX. Sponsor: Alamo Chapter. Contact: Nancy Mueller, 210-614-0222; aerie@bxdirect.net

**November 1-2, 2003**

**Beyond Nuts and Bolts: Pelvic Floor Therapy Level II.** Location: Libertyville, IL. Sponsor: The Nuts and Bolts Clinicians. Contact: carralee-sueppel@uiowa.edu or 319-683-2739.

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**November 14, 2003**

**Advances in Nursing Care for Prostate Cancer Management.** Location: New York, NY. Contact: ICPME, 888-864-2763.
Abstracts for oral and poster presentations are invited for the Annual Symposium focusing on Disorders of the Bladder, Bowel, and Pelvic Floor (including pelvic pain, sexual dysfunction), which will be held March 18-20, 2004, at the Hyatt Regency Chicago in Chicago, IL. Abstracts may address the following or related topics:

- Research: qualitative and quantitative studies
- Challenging case studies
- Clinical approaches/Innovations in practice
- Product evaluation
- Continence services
- Urodynamic techniques

A statement of financial disclosure and Ethical Board Approval (for research studies) must be included.

The deadline for submission of abstracts is November 15, 2003. For instructions on abstract submission contact: SUNA National Office, East Holly Avenue, Box 56, Pitman, NJ 08071-0056; 888-TAPSUNA or 856-256-2335; fax 856-589-7463; suna@ajj.com; www.suna.org.