



Flexible Cystoscopy

PERFORMANCE CRITERIA, TRAINING
AND ASSESSMENT LOGBOOK

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Tristel

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The British Association of Urological Surgeons

Flexible Cystoscopy
Performance Criteria, Training and Assessment Record

Trainee Name	
Title of Trainee	
NMC Number	
Supervisor Name	
Title of Supervisor	
Name of Assessor	
Title of Assessor	
NHS Trust/Employing Organisation	
Date Training Commenced	
Date Assessment Completed	

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Reflective Diary

Prompts to structure reflection:

- Write a description of a significant cystoscopy procedure.
- What issues seemed significant?
- How was I feeling and what made me feel that way?
- What was I trying to achieve?
- Did I respond effectively and in tune with my values?
- What were the consequences of my actions on the patient, others and me?
- How were others feeling and what made them feel that way?
- What factors influenced the way I was feeling, thinking or responding?
- To what extent did I act for the best?
- How does this situation connect with previous experiences?
- How might I respond more effectively given this situation again?
- What would the consequences be of alternative actions?
- How do I now feel about this experience?
- Am I now able to better support myself and others better as a consequence?
- Am I now more able to work with patients and the team to help them meet their needs?

(Johns 2006)

[illegible]

This image shows a full page of blank handwriting practice paper. It features a series of evenly spaced horizontal lines across the entire page, designed to help guide letter height and placement. The lines are thin and light gray, set against a white background. There are no margins, text, or other markings on the page.



CYST1 - Undertake diagnostic and surveillance cystoscopy using a flexible cystoscope.



OVERVIEW

This standard covers the use of a flexible cystoscope to examine the interior of the bladder and urethra and the identification and recording of normal and abnormal findings.

This standard covers the use of flexible cystoscopy for adults only. Paediatric services are excluded.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. National and local cystoscopy policies and guidelines
2. National and local infection control policies and guidelines
3. National and local policies and guidelines for used equipment and waste handling and disposal
4. National and local policies and guidelines for consent to cystoscopy
5. National and local policies and guidelines for patient identification
6. National and local policies and guidelines for patients' records, their storage and confidentiality of information
7. The range of information which should be made available to the patient
8. National and local policies and guidelines appertaining to the examination report
9. The normal anatomy and physiology, normal variants and anatomical relationships of the lower urinary tract
10. The abnormal anatomy, pathology and physiology visible through cystoscopy and the significance of such abnormalities
11. The cystoscopy blind areas and techniques for visualising these

12. The clinical conditions appropriate for cystoscopy
13. The indications and contra-indications for cystoscopy
14. The medical terminology relevant to the procedure
15. The common pathologies of the lower urinary tract
16. The signs and symptoms of the patient's physical and emotional status
17. The complications of cystoscopy and remedial strategies
18. The range of local anaesthetics for use in cystoscopy, their specifications and possible side effects
19. The function, specification and performance characteristics of the equipment to be used in cystoscopy
20. The impact of equipment controls on the visual image
21. The safe operation of cystoscopy equipment
22. The importance of timely equipment fault recognition and local procedures for dealing with these
23. Equipment capabilities, limitations and routine maintenance
24. The preparation of environment and equipment for cystoscopy
25. The roles and responsibilities of other team members
26. The limits of one's own knowledge and experience and the importance of not operating beyond these
27. Audit data to reflect on own practice and maintenance of competence in accordance with national and local policies and guidelines

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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Performance Criteria for Undertaking Flexible Cystoscopy

Action	Rationale
Verify correct patient with correct notes for correct procedure	To ensure that the correct patient has the correct procedure performed
Check that the patient has no relevant allergies	To avoid adverse reaction to medication/latex used prior to or during procedure.
Explain procedure including risks and benefits to patient and obtain informed written consent	To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure
Prepare patient for procedure: <ul style="list-style-type: none"> • empty bladder • urine dipstick recorded Patient to undress from below the waist, ensure patient dignity is maintained	To ensure clear view of bladder urothelium Flexible cystoscopy should be avoided in patients with a UTI To avoid spillage of irrigation fluid on to patient clothing
If patient has an artificial urinary sphincter implanted, ensure that it is deactivated	To avoid adverse incident
Communicate with patient throughout the procedure	To confirm understanding of procedure, provide patient with reassurance and answer patient questions or concerns
Cover patient from waist down with sterile drapes	To reduce the risk of patient developing a healthcare acquired infection
Clean penis/vulva and urethral meatus with sterile sodium chloride 0.9%	To reduce the risk of patient developing a healthcare acquired infection
Instil local anaesthetic lubricant gel into urethra with minimum discomfort to patient	To allow smooth passage of cystoscope into bladder and cause minimum discomfort to the patient
Check cystoscope and processor in working order	To avoid harming the patient and to ensure that the procedure is performed safely.
Introduce flexible cystoscope into the urethra under direct vision using deflection and inflection of the tip to maintain urethral lumen within the centre of vision, with minimum discomfort to the patient, ensuring irrigation fluid is continuously running	To reduce the risk of trauma to the urethra and minimise patient discomfort

Performance Criteria for Undertaking Flexible Cystoscopy

Action	Rationale
Fill bladder with irrigation fluid with minimum discomfort to the patient	To allow complete examination of bladder urothelium
Aspirate fluid from the bladder/washout the bladder via the cystoscope if view is poor due to debris or bleeding	To improve vision
Using rotation, deflection and inflection (including J/U manoeuvre) of the flexible cystoscope tip, systematically examine the bladder urothelium, trigone, ureteric orifices and bladder neck	To ensure thorough examination of bladder urothelium
Withdraw flexible cystoscope under direct vision using deflection and inflection of the tip to maintain urethral lumen within the centre of vision with minimum discomfort to the patient, ensuring irrigation fluid is continuously running	To examine the urethra whilst minimising the risk of trauma and causing minimum patient discomfort
Clean any surplus lubricant from patient and ensure that they are dry before dressing	To maintain patient comfort and dignity
Ask patient to empty their bladder before leaving the department	To ensure patients are able to void
Explain findings and management plan to patient and confirm understanding	To ensure patient remains informed
Remind patient of expected urinary discomfort/ bleeding risk of urinary tract infection and to ensure good fluid intake following procedure. Ensure patient is aware of action to be taken in event of complications arising	To avoid unnecessary patient anxiety, reduce the risk of urinary tract infection and to ensure patient is aware of when and who to contact in the event of complications arising.
Discard rubbish in accordance with local health and safety at work waste management policies and procedures	Safe disposal of waste
Ensure used flexible cystoscope is reprocessed in accordance with Infection Control Services Ltd (2007) decontamination policy, manufacturers instructions and local health and safety at work policies and procedures	To avoid cross infection and prevent avoidable damage to cystoscope
Document procedure in case notes and communicate result to the patients General Practitioner	To ensure everyone involved in the patient pathway is informed that the procedure has been performed and of the result to maintain continuity of care
Arrange any necessary follow up appointments	To maintain continuity of care

Aims and Objectives

Observation of Flexible Cystoscopy

Minimum 10 (five male and five female)

The aim of a period of observation is to allow the trainee to become familiar with the technique of performing a flexible cystoscopy and for the Supervisor to verify that the trainee fulfils the prerequisite skills and knowledge.

- To listen and observe the explanation of flexible cystoscopy to the patient and taking of informed consent
- To observe towelling and sterile precaution techniques
- To observe the technique of insertion of the cystoscope into the urethra
- To observe the anatomy and endoscopic appearances of the lower urinary as seen through closed circuit television
- Identification of bladder landmarks, verification of knowledge of anatomy and physiology of the lower urinary tract and identified pathologies
- To observe the handling of the deflection and inflection controls of the endoscope while in the bladder
- To observe technique of the withdrawal of the cystoscope
- To listen to and observe the post-examination explanations and advice to patients

Learning Outcomes

The trainee will be able to: -

1. Describe the internal anatomy of the lower urinary tract.
2. Recognise the following common pathologies:
 - I. Phimosis/Paraphimosis
 - II. Urethral stricture
 - III. Debris
 - IV. Haematuria
 - V. Diverticulae
 - VI. Inflammatory changes
 - VII. Stones
 - VIII. Cystitis cystica
 - IX. Squamous metaplasia
 - X. Prostatic enlargement
 - XI. Abnormalities that may be suggestive of cancer (papillary, solid or CIS)
3. Gain an understanding of the techniques used in the performance of flexible cystoscopy:
 - I. Patient counselling and consent
 - II. Positioning of the patient
 - III. Handling the cystoscope including retroflexion of tip to perform J/U manoeuvre
 - IV. Communication of results to patient and post procedure patient advice
 - V. Documentation of procedure
 - VI. Formulation of follow up/management plan
 - VII. Communication of results to patients General Practitioner

Observation of Cystoscopy Training Record

Observation No.		M		F		Date	
-----------------	--	---	--	---	--	------	--

Reason for cystoscopy		Anatomy identified			
		Male Patient		Female Patient	
Haematuria		Dome of bladder		Dome of bladder	
UTI		Body of bladder		Body of bladder	
LUT's Irritative		Right Ureteric orifice		Right Ureteric orifice	
LUT's Obstructive		Left Ureteric orifice		Left Ureteric orifice	
TCC Surveillance		Trigone		Trigone	
		Bladder neck		Bladder neck	
		Prostatic urethra		Urethra	
		Verumontanum			
		Membranous urethra			
		Penile urethra			

Pathology Seen				Outcome of Procedure	
NAD		Calculi		Discharge	
Cystitis cystica		Inflamed bladder urothelium		Further investigation	
Debris		Papillary lesion		Review in OPD	
Diverticula		Solid lesion		Biopsy GA	
Enlarged prostate		Urethral stricture		Biopsy LA	
Squamous metaplasia				Cystodiathermy	
Trabeculation				Litholopaxy	
Introduction, explanation and consent				Rigid cystoscopy	
Patient results and post procedure information				TURBT	
Communication to GP				Urethrotomy	
Signature					

Aims and Objectives

Withdrawal of Flexible Cystoscope

Minimum number to achieve 10 (5 male and 5 female)

Aim

For the trainee to gain experience in the handling of the cystoscope, in particular the use of the control lever to locate urethral landmarks and inspect the urethra.

Learning Outcomes

The trainee will be able to:

1. Understand the importance of keeping the lumen of the urethra in view all times.
2. Demonstrate the use of the control lever to facilitate keeping the lumen of the urethra in view at all times.
3. Comment on the anatomy and physiology of the lower urinary tract viewed through the cystoscope
4. At the end of 10 procedures, withdraw the cystoscope smoothly and safely with minimal discomfort to the patient.

Withdrawal of Cystoscope Training Record

Withdrawal No.		M		F		Date	
----------------	--	---	--	---	--	------	--

		Anatomy identified			
Reason for cystoscopy		Male Patient		Female Patient	
Haematuria		Dome of bladder		Dome of bladder	
UTI		Body of bladder		Body of bladder	
LUT's Irritative		Right Ureteric orifice		Right Ureteric orifice	
LUT's Obstructive		Left Ureteric orifice		Left Ureteric orifice	
TCC Surveillance		Trigone		Trigone	
		Bladder neck		Bladder neck	
		Prostatic urethra		Urethra	
		Verumontanum			
		Membranous urethra			
		Penile urethra			
Pathology Seen				Outcome of Procedure	
NAD		Calculi		Discharge	
Cystitis cystica		Inflamed bladder urothelium		Further investigation	
Debris		Papillary lesion		Review in OPD	
Diverticula		Solid lesion		Biopsy GA	
Enlarged prostate		Urethral stricture		Biopsy LA	
Squamous metaplasia				Cystodiathermy	
Trabeculation				Litholopaxy	
Introduction, explanation and consent				Rigid cystoscopy	
Patient results and post procedure information				TURBT	
Communication to GP				Urethrotomy	
Signature					

Aims and Objectives

Examination of Bladder Urothelium Using a Flexible Cystoscope

Minimum number to achieve – 10 (Five male and five female)

Aim

For the trainee to gain further experience in the handling of the cystoscope, in particular the use of the control lever, by systematically inspecting the bladder urothelium and locating bladder landmarks.

Learning Outcomes

1. Demonstrate the safe use of the control lever (including, deflection and inflection of tip to perform J/U manoeuvre and rotation of the cystoscope to systematically examine bladder urothelium and identify bladder landmarks with minimal discomfort to the patient.
2. Comment on the anatomy and physiology of the lower urinary tract viewed through the cystoscope

Examination of Bladder Urothelium Training Record

Examination No.		M		F		Date	
-----------------	--	---	--	---	--	------	--

		Anatomy identified			
Reason for cystoscopy		Male Patient		Female Patient	
Haematuria		Dome of bladder		Dome of bladder	
UTI		Body of bladder		Body of bladder	
LUT's Irritative		Right Ureteric orifice		Right Ureteric orifice	
LUT's Obstructive		Left Ureteric orifice		Left Ureteric orifice	
TCC Surveillance		Trigone		Trigone	
		Bladder neck		Bladder neck	
		Prostatic urethra		Urethra	
		Verumontanum			
		Membranous urethra			
		Penile urethra			

Pathology Seen				Outcome of Procedure		
NAD		Calculi		Discharge		
Cystitis cystica		Inflamed bladder urothelium		Further investigation		
Debris		Papillary lesion		Review in OPD		
Diverticula		Solid lesion		Biopsy GA		
Enlarged prostate		Urethral stricture		Biopsy LA		
Squamous metaplasia				Cystodiathermy		
Trabeculation				Litholopaxy		
Introduction, explanation and consent					Rigid cystoscopy	
Patient results and post procedure information					TURBT	
Communication to GP					Urethrotomy	
Signature						

Aims and Objectives

Insertion of Flexible Cystoscope

Minimum number to achieve – 10 (Five male and five female)

Aim

For the trainee to gain further experience in the handling of the cystoscope, in particular the use of the control lever to safely insert the flexible cystoscope through the urethra into the bladder.

Learning Outcomes

1. Safely prepare the aseptic field
2. Correctly clean the patient
3. Safely instil local anaesthetic lubricant into the urethra with minimal discomfort to the patient
4. Safely insert the cystoscope into the bladder, using aseptic technique with minimal discomfort to the patient, whilst observing the lumen of the urethra.
5. Demonstrate the use of the control lever to facilitate keeping the lumen of the urethra in view at all times
6. Comment on the anatomy and physiology of the lower urinary tract viewed through the cystoscope
7. At the end of the 10 procedures demonstrate insertion of the cystoscope smoothly and safely with minimal discomfort to the patient keeping the lumen of the urethra in view at all times.

Insertion of Flexible Cystosope Training Record

Insertion No.		M		F		Date	
---------------	--	---	--	---	--	------	--

		Anatomy identified			
Reason for cystoscopy		Male Patient		Female Patient	
Haematuria		Dome of bladder		Dome of bladder	
UTI		Body of bladder		Body of bladder	
LUT's Irritative		Right Ureteric orifice		Right Ureteric orifice	
LUT's Obstructive		Left Ureteric orifice		Left Ureteric orifice	
TCC Surveillance		Trigone		Trigone	
		Bladder neck		Bladder neck	
		Prostatic urethra		Urethra	
		Verumontanum			
		Membranous urethra			
		Penile urethra			

Pathology Seen				Outcome of Procedure	
NAD		Calculi		Discharge	
Cystitis cystica		Inflamed bladder urothelium		Further investigation	
Debris		Papillary lesion		Review in OPD	
Diverticula		Solid lesion		Biopsy GA	
Enlarged prostate		Urethral stricture		Biopsy LA	
Squamous metaplasia				Cystodiathermy	
Trabeculation				Litholopaxy	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <div>✓✓ Introduction, explanation and consent</div> <div>Patient results and post procedure information</div> <div>Communication to GP</div> </div> <div style="width: 20%;"></div> </div> </div>				Rigid cystoscopy	
				TURBT	
		Urethrotomy			
Signature					

Aims and Objectives

Flexible Cystoscopy Full Procedure

Minimum number to achieve: - 50 (25 male patients and 25 female patients)

Aim

By the end of 50 procedures the trainee will be able to perform a flexible cystoscopy safely, identify any pathology present and develop a treatment and follow up plan.

Learning outcomes

The trainee will be able to:

1. Gain informed consent from the patient
2. Correctly clean the patient
3. Safely instil local anaesthetic lubricant into the urethra with minimal discomfort to the patient
4. Safely pass a flexible cystoscope using aseptic technique with minimal discomfort to the patient
5. Correctly identify bladder landmarks and make a complete examination of the bladder urothelium
6. Withdraw the flexible cystoscope smoothly and safely with minimal discomfort to the patient
7. Recognise situations, which require the trainee to stop and if necessary abandon the procedure
8. Provide a report of the procedure and the findings
9. Explain the findings to the patient and provide an action plan for follow up
10. Communicate the findings and action plan to the patients General Practitioner

Performance of Full Procedure Training Record

Observation No.		M		F		Date	
-----------------	--	---	--	---	--	------	--

		Anatomy identified			
Reason for cystoscopy		Male Patient		Female Patient	
Haematuria		Dome of bladder		Dome of bladder	
UTI		Body of bladder		Body of bladder	
LUT's Irritative		Right Ureteric orifice		Right Ureteric orifice	
LUT's Obstructive		Left Ureteric orifice		Left Ureteric orifice	
TCC Surveillance		Trigone		Trigone	
		Bladder neck		Bladder neck	
		Prostatic urethra		Urethra	
		Verumontanum			
		Membranous urethra			
		Penile urethra			

Pathology Seen				Outcome of Procedure							
NAD		Calculi		Discharge							
Cystitis cystica		Inflamed bladder urothelium		Further investigation							
Debris		Papillary lesion		Review in OPD							
Diverticula		Solid lesion		Biopsy GA							
Enlarged prostate		Urethral stricture		Biopsy LA							
Squamous metaplasia				Cystodiathermy							
Trabeculation				Litholopaxy							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Gains informed consent</td> <td></td> </tr> <tr> <td>Gives Patient results and post procedure information</td> <td></td> </tr> <tr> <td>Communicates results and management plan to GP</td> <td></td> </tr> </table>				Gains informed consent		Gives Patient results and post procedure information		Communicates results and management plan to GP		Rigid cystoscopy	
				Gains informed consent							
				Gives Patient results and post procedure information							
Communicates results and management plan to GP											
TURBT											
Urethrotomy											
Signature											

Summary of Training Record

Observations of Flexible Cystoscopy	Start Date	Completion Date	Number Achieved	

Comments: -

Withdrawal of Flexible Cystoscope	Start Date	Completion Date	Number Achieved	

Comments: -

Insertion of Flexible Cystoscope	Start Date	Completion Date	Number Achieved	

Comments: -

Examination of Bladder Urothelium	Start Date	Completion Date	Number Achieved	

Comments: -

Full Procedure of Flexible Cystoscopy	Start Date	Completion Date	Number Achieved	
			Male	
			Female	
			Surveillance	
			Total	

Comments:.....

Record of Assessment of Flexible Cystoscopy Skills

Date	
------	--

Name		NMC Number	
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Assessment Number		<i>Minimum Five Assessments</i>
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Reason for Cystoscopy	
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Difficulty of Procedure					
Easier than usual		Average difficulty		More difficult than usual	

Patient Gender	M		F		Time to complete procedure	mins
----------------	---	--	---	--	----------------------------	------

Standard: The trainee should be judged against the standard expected of a competent urologist

		Not Performed	Performed
1.	Ensures medical notes are checked accurately and correct patient identified for procedure		
2.	Takes informed consent,		
3.	Ensures equipment is in working order		
4.	Ensures that pre-procedure checks have been carried out e.g. urine sample checked for UTI and acts upon them accordingly		
5.	Administers pre-procedure antibiotics in accordance with local policy		
6.	Ensures safe positioning of patient on examination couch		
7.	Maintains good communication with patient and observes and responds to their needs throughout the procedure		
8.	Prepares sterile field and maintains aseptic technique throughout procedure		
9.	Cleans, identifies and examines the urethral orifice and surrounding area		

		Not Performed	Performed
10.	Instils local anaesthetic into urethra and allows time for it to work in accordance with manufacturers recommendations		
11.	Introduces scope into the urethra under direct vision using the deflection and inflection of the tip, ensuring irrigation fluid is on		
12.	Fills bladder sufficiently to enable examination of bladder urothelium		
13.	Identifies anatomical landmarks using a systemic system of deflection and infection of the tip (J/U manoeuvre)		
14.	Recognises abnormalities within the anatomical structure and records as appropriate		
15.	Withdraws scope maintaining irrigation whilst observing urethral lumen		
16.	Maintains good communication with assistant throughout the procedure		
17.	Recognises and deals with any complications and seeks help when appropriate		
18.	Makes appropriate management/follow up plan		
19.	Communicates findings and management plan with patient and assistant and arranges appropriate follow up		
20.	Gives clear post procedure instructions to patient in a professional manner.		
21.	Disposes of rubbish as per local health and safety policy		
22.	Documents clearly the findings and follow up plan in the patients record and communicates results to the patients General Practitioner		
23.	Ensure used flexible cystoscope is reprocessed in accordance with Infection Control Services Ltd (2007) decontamination policy manufacturers instructions and local health and safety at work policies and procedures		

Signature of Trainee	Signature of Assessor

Adapted from Intercollegiate Surgical Programme Curriculum (ISCP) (2012)

Statement of Competence to Perform Flexible Cystoscopy

Name of Trainee	
------------------------	--

NMC Number	
-------------------	--

The above named person has achieved the learning outcomes and assessed as competent to perform flexible cystoscopy.

Name of Assessor	
-------------------------	--

GMC Number	
-------------------	--

Signature of Assessor	
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CYST3 - Remove ureteric stent using a flexible cystoscope

OVERVIEW

This standard covers the use of a flexible cystoscope to visualise and remove ureteric stents.

This standard covers ureteric stent removal using a flexible cystoscope for adults only. Paediatric services are excluded.

Users of this standard will need to ensure that practice reflects up to date information and policies

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the types of ureteric stents, reasons for ureteric stent insertion, and when not to remove
2. the complications of undertaking ureteric stent removal using flexible cystoscopy and the appropriate remedial strategies
3. sensations associated with ureteric stent removal
4. the safe operation of grasping forceps
5. the limits of one's own knowledge and experience and the importance of not operating beyond these

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments

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Performance Criteria for Undertaking Removal of Ureteric Stent

Action	Rationale
Verify correct patient with correct notes for removal of ureteric stent at correct time	To ensure that the correct patient has the correct procedure performed
Confirm which ureteric stent is to be removed	To avoid adverse incident by removing the wrong ureteric stent if bilateral ureteric stents are in place
Explain procedure including risks and benefits to patient and obtains informed written consent	To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure
Select grasper and ensure that it is in working order	To avoid adverse incident during procedure
Locate the correct ureteric stent	To avoid adverse incident by removing the wrong ureteric stent if bilateral ureteric stents in place
Insert the grasper through the correct channel of the cystoscope, ensuring the cystoscope tip is maintained in straight position. Identify the grasping forceps as they enter the bladder.	To avoid damaging cystoscope
Position the grasping forceps over the ureteric stent to be removed, ensuring the hinges of the forceps are not within the channel of the cystoscope.	To avoid damaging cystoscope and grasping forceps
Open the forceps of the grasper using the instrument handles, or instruct assistant to do so.	
Grasp the ureteric stent firmly between the jaws of the forceps taking care not to take hold of any of the bladder urothelium.	To allow removal of the ureteric stent without damaging bladder urothelium
Keeping hold of the ureteric stent with the tightly closed forceps, withdraw the cystoscope, ureteric stent and graspers together from the bladder and the urethra, maintaining direct vision throughout.	To remove the ureteric stent with minimal discomfort to the patient
If resistance is encountered, abandon the procedure and seek appropriate advice.	To avoid traumatic removal of ureteric stent
Inspect the ureteric stent to ensure it is complete.	To ensure ureteric stent is completely removed
Recognise complications and takes appropriate action	To reduce the risk of adverse incident
Remind patient of expected urinary discomfort/bleeding risk of urinary tract infection and to ensure good fluid intake following procedure. Ensure patient is aware of action to be taken in the event of complications arising.	To avoid unnecessary patient anxiety, reduce the risk of urinary tract infection and to ensure patient is aware of when and who to contact in the event of complications arising.
Document procedure in case notes and communicate result to the patients General Practitioner	To ensure everyone involved in the patient pathway is informed that the procedure has been performed and of the result to maintain continuity of care

Assessment of Removal of Ureteric Stent Skills Using a Flexible Cystoscope

Date	
------	--

Name		NMC Number	
------	--	------------	--

Assessment Number		<i>Minimum five Assessments</i>
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Reason for Removal of Ureteric stent	
--------------------------------------	--

Difficulty of Procedure			
Easier than usual		Average difficulty	
		More difficult than usual	

Side of Ureteric Stent	L		R		Time to complete procedure	mins
------------------------	---	--	---	--	----------------------------	------

Standard: The assessment should be judged against the standard expected of a competent urologist

		Not Performed	Performed
1	Ensures medical notes are checked accurately and correct patient identified		
2	Describes indication for ureteric stent and reason removal		
3	Correctly verifies which ureteric stent is to be removed		
4	Takes informed consent, after explaining procedure and risks and benefits of removing the ureteric stent		
5	Selects appropriate equipment required for procedure and checks that it is in working order		
6	Maintains aseptic technique throughout procedure		
7	Fills bladder sufficiently to enable examination of bladder wall		
8	Identifies correctly ureteric stent for removal		
9	Removes ureteric stent with minimal discomfort to the patient		
10	Maintains good communication with patient and observes and responds to their needs throughout the procedure		
11	Recognises and deals with any complications and seeks help when appropriate		
12	Correctly recognises abnormalities within the anatomical structure and records as appropriate		
13	Maintains good communication with assistant throughout the procedure		
14	Documents ureteric stent removal and management plan in the patients records and informs patients General Practitioner		
16	Gives clear post procedure instructions to patient in a professional manner.		
16	Arranges appropriate follow up		

Signature of Trainee	Signature of Assessor

Statement of Competence Remove Ureteric Stents Using a Flexible Cystoscope

Name of Trainee	
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Registration Number	
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The above named person has achieved the learning outcomes and assessed as competent to remove ureteric stents using a flexible cystoscopy.

Name of Assessor	
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GMC Number	
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Signature of Assessor	
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CYST4 - Use cystodiathermy via flexible cystoscope

OVERVIEW

This standard covers the use of a flexible cystoscope and diathermy equipment to control small bleeding points, to facilitate the detachment of tissue or to destroy small areas of tissue within the bladder through the application of heat.

This standard covers cystodiathermy procedures using a flexible cystoscope for adults only. Paediatric services are excluded.

Users of this standard will need to ensure that practice reflects up to date information and policies

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the types and use of irrigation fluids
2. the indications and contra-indications for cystodiathermy
3. the complications of undertaking cystodiathermy using flexible cystoscopy and the appropriate remedial strategies
4. the sensations resulting from use of heat cauterisation
5. the function, specification and performance characteristics of diathermy equipment
6. the safe operation of diathermy equipment in accordance with national and local policies and guidelines
7. the importance of timely equipment fault recognition and local procedures for dealing with these
8. equipment capabilities, limitations and routine maintenance
9. the manufacturer's guidelines for preparation, checking and use of diathermy equipment
10. the limits of one's own knowledge and experience and the importance of not operating beyond these

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments

Performance Criteria for Undertaking Cystodiathermy using a Flexible Cystoscope

Action	Rationale
Verify that patient does not have a cardiac pacemaker/defibrillator fitted	To identify contraindications to undertaking cystodiathermy
Check patient's past medical history for metal prosthetic implants and ask patient to remove jewellery. (Apply non conductive tape to jewellery that can't be removed)	To perform procedure with care and safely
Inform patient of risks and benefits of cystodiathermy using a flexible cystoscope and obtain informed consent	To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure
Position patient on couch ensuring that they are not in contact with any metal surface	To perform procedure safely
Verify that cystoscope is diathermy compatible	To avoid adverse incident during cystodiathermy
Verify that irrigation fluid is diathermy compatible, i.e. sterile water or 1.5% Glycine	To avoid adverse incident during cystodiathermy
Ensure cystodiathermy generator is available, in working order and set at required power level	To avoid adverse incident during cystodiathermy
Identify abnormality or bleeding area within the bladder that is appropriate for cystodiathermy using a flexible cystoscope	
Ensure assistant correctly applies Patient Return Electrode (diathermy plate) to clean dry skin, preferably on patients thigh, avoiding bony prominences, scar tissue, tattoos, over an implanted metal prosthesis, or hairy surfaces (if necessary shave skin before applying).	To avoid causing burns to the patient
Ask assistant to place foot pedals/controls so they are easily and comfortably accessible.	
Inspect the diathermy wire to ensure that the insulation coating is intact. Ask assistant to connect wire to diathermy lead	To avoid adverse incident during cystodiathermy
Insert the diathermy wire through the correct channel of the cystoscope, ensuring the cystoscope tip is maintained in straight position. Identify the diathermy wire as it enters the bladder, advance the diathermy wire so that it is not touching the tip of the cystoscope	To avoid damaging cystoscope
Position tip of the diathermy wire so that it is gently touching the area to be diathermied	To confine diathermy current to the area to be diathermised

Action	Rationale
Maintain good communication with patient throughout the procedure, ensuring patient is aware when diathermy is about to take place	To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt
Press foot pedals in short bursts until the abnormality is destroyed or bleeding stopped, whilst observing patient and responding to their needs throughout the procedure	To achieve the desired effect whilst causing minimum discomfort to the patient
Withdraw the diathermy wire and hand it over to assistant maintaining aseptic technique	To allow checking of bladder urothelium for additional lesions or bleeding requiring further cystodiathermy
Examine bladder urothelium to ensure treatment complete before fully withdrawing the cystoscope.	To confirm successful procedure
Check skin under diathermy plate for evidence of burns.	Poor application of diathermy plate can cause burns to skin which will need documented and or treatment
Ensure diathermy generator switched off and foot pedals and diathermy lead put away.	
Document procedure in case notes and communicate result to the patient's General Practitioner	To ensure everyone involved in the patient pathway is informed that the procedure has been performed and of the result to maintain continuity of care
Remind patient of expected urinary discomfort/bleeding risk of urinary tract infection and to ensure good fluid intake following procedure. Ensure patient is aware of action to be taken in the event of complications arising.	To avoid unnecessary patient anxiety, reduce the risk of urinary tract infection and to ensure patient is aware of when and who to contact in the event of complications arising.
Inform patient of follow up arrangements and make appropriate arrangements	To maintain continuity of care

Assessment of Cystodiathermy Skills Using a Flexible Cystoscope

Date	
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Name		NMC Number	
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Assessment Number		<i>Minimum Five Assessments</i>
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Reason for Cystodiathermy	
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Difficulty of Procedure					
Easier than usual		Average difficulty		More difficult than usual	

Time to complete procedure	mins
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Standard: The assessment should be judged against the standard expected of a competent urologist

		Not Performed	Performed
1	Ensure medical notes are checked accurately and correct patient indentified		
2	Describes indication for undertaking a cystodiathermy		
3	Performs pre procedure checks to ensure there are no contraindications for cystodiathermy		
4	Takes informed consent, after explaining procedure and risks and benefits of performing cystodiathermy		
5	Ensures cystodiathermy equipment available and in working order		
6	Selects appropriate equipment required for procedure, ensuring that the cystoscope is diathermy compatible and checks that it is in working order		
7	Ensures irrigation fluid is diathermy compatible		
8	Maintains good communication with patient and observes and responds to their needs throughout the procedure		
9	Fills bladder sufficiently with diathermy compatible irrigation fluid to enable examination of bladder urothelium		
10	Identifies correctly abnormality suitable for cystodiathermy		
11	Performs cystodiathermy with minimal discomfort to the patient		
12	Maintains aseptic technique throughout procedure		
13	Visually checks bladder and diathermy site for additional lesion or bleeding and performs further cystodiathermy if appropriate		

		Not Performed	Performed
14	Recognises and deals with any complications and seeks help when appropriate		
15	Maintains good communication with assistant throughout the procedure		
16	Documents cystodiathermy performed and management plan in the patients records and informs patients General Practitioner		
17	Gives clear post procedure instructions to patient in a professional manner.		
18	Arranges appropriate follow up		

Signature of Trainee	Signature of Assessor

Adapted from ISCP (2012)

Statement of Competence to Perform Cystodiathermy Using a Flexible Cystoscope

Name of Trainee	
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NMC Number	
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The above named person has achieved the learning outcomes and assessed as competent to perform cystodiathermy using a flexible cystoscope.

Name of Assessor	
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GMC Number	
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Signature of Assessor	
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CYST2 - Undertake biopsy using a flexible cystoscope

OVERVIEW

This standard covers the use of a flexible cystoscope to take tissue samples from the inside of the bladder. It also covers requests for histopathology investigations and the initial handling of the tissue samples.

This standard covers biopsy procedures using a flexible cystoscope for adults only. Paediatric services are excluded.

Users of this competence will need to ensure that practice reflects up to date information and policies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. The clinical conditions appropriate for bladder biopsy
2. The indications and contra-indications for bladder biopsy
3. Tissue specimen criteria for histopathology examinations
4. Emergency indications of use of cystodiathermy
5. The complications of undertaking a biopsy using flexible cystoscopy and the appropriate remedial strategies
6. Sensations resulting from use of biopsy forceps
7. The safe operation of biopsy forceps
8. The importance of timely equipment fault recognition and local procedures for dealing with these
9. The limits of one's own knowledge and experience and the importance of not operating beyond these

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skill Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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Performance Criteria for Undertaking Biopsies Using a Flexible Cystoscope

Action	Rationale
Verify that patient is not taking anticoagulant therapy or has a cardiac pacemaker/defibrillator fitted	To identify contraindications to undertaking biopsies
Verify that cystoscope is diathermy compatible	To avoid adverse incident if cystodiathermy necessary
Ensure cystodiathermy equipment available and in working order	In case needed for prevention of bleeding following taking biopsies
Inform patient of risks and benefits of biopsy using a flexible cystoscope and obtain informed consent	To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure
Identify abnormality within the bladder that is appropriate for biopsy using a flexible cystoscope	
Select biopsy forceps and ensure that they are in working order	To avoid adverse incident during procedure
Insert the biopsy forceps through the correct channel of the cystoscope, ensuring the cystoscope tip is maintained in straight position. Identify the jaws of the forceps as they enter the bladder.	To avoid damaging the flexible cystoscope
Position the biopsy forceps over the area to be biopsied, ensuring the hinges of the forceps are not within the channel of the cystoscope.	To avoid damaging the flexible cystoscope and allow forceps to open fully
Maintain good communication with patient throughout the procedure, ensuring patient is aware when biopsy is about to be taken	To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt
Open the biopsy forceps using the instrument handles, or instruct assistant to do so.	
Grasp the area to be biopsied firmly between the jaws of the forceps ensuring sufficient tissue for histopathological examination is within the forceps. Keeping the jaws of the forceps closed, pull sharply but carefully away from the bladder urothelium	To allow removal of the tissue to be biopsied with minimum discomfort to the patient

Action	Rationale
Keeping hold of the biopsy with the tightly closed forceps, withdraw the biopsy forceps from the cystoscope channel, or instruct assistant to do so	To ensure biopsy is not lost during removal from the bladder
Drop specimen into fixative or instruct assistant to do so ensuring all tissue is removed from biopsy forceps. Inspect biopsy, before repeating procedure if necessary	To ensure that sufficient tissue is taken and is suitable for histopathological examination
Observe for bleeding and perform cystodiathermy if necessary	To reduce the risk of haemorrhage and clot retention of urine
Complete histopathology request form in accordance with national and local policies and guidance.	To ensure specimen labelled with correct patient identification details and facilitate histopathological examination
Ensure biopsy is packaged within a leak proof container in accordance with local and national policies and guidelines for transport to pathology	To comply with Health and Safety at work regulations
Document procedure in case notes and communicate result to the patients General Practitioner	To ensure everyone involved in the patient pathway is informed that the procedure has been performed and of the result to maintain continuity of care
Remind patient of expected urinary discomfort/bleeding risk of urinary tract infection and to ensure good fluid intake following procedure. Ensure patient is aware of action to be taken in the event of complications arising.	To avoid unnecessary patient anxiety, reduce the risk of urinary tract infection and to ensure patient is aware of when and who to contact in the event of complications arising.
Inform patient of follow up to receive biopsy results and arrange appropriate arrangements	To maintain continuity of care

Assessment of Biopsy Skills Using a Flexible Cystoscope

Date	
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Name		NMC Number	
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Assessment Number		<i>Minimum Five Assessments</i>
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Reason for Biopsy	
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Difficulty of Procedure					
Easier than usual		Average difficulty		More difficult than usual	

Time to complete procedure	mins
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Standard: The assessment should be judged against the standard expected of a competent urologist

		Not Performed	Performed
1	Ensures medical notes are checked accurately and correct patient indentified		
2	Describes indication for undertaking a biopsy		
3	Performs pre procedure checks to ensure there are no contraindications for bladder biopsy		
4	Takes informed consent, after explaining procedure and risks and benefits of performing a bladder biopsy		
5	Ensures cystodiathermy equipment available and in working order		
6	Selects appropriate equipment required for procedure, ensuring that the cystoscope is diathermy compatible and checks that it is in working order		
7	Maintains good communication with patient and observes and responds to their needs throughout the procedure		
8	Fills bladder sufficiently with diathermy compatible irrigation fluid to enable examination of bladder urothelium		
9	Identifies correctly abnormality suitable for biopsy		
10	Takes biopsy with minimal discomfort to the patient		
11	Visually checks biopsy is sufficient for histopathological examination and repeats biopsy if necessary		
12	Maintains aseptic technique throughout procedure		
13	Visually checks biopsy site for obvious bleeding and performs cystodiathermy if appropriate		

		Not Performed	Performed
14	Recognises and deals with any complications and seeks help when appropriate		
15	Ensures biopsy sample container correctly labelled.		
16	Ensures histopathology request card completed in accordance with national and local policies and guidance		
17	Maintains good communication assistant throughout the procedure		
18	Documents biopsy taken and management plan in the patients records and informs patients General Practitioner		
19	Gives clear post procedure instructions to patient in a professional manner.		
20	Arranges appropriate follow up		

Signature of Trainee	Signature of Assessor

Adapted from ISCP (2012)

Statement of Competence to Undertake Biopsies Using a Flexible Cystoscope

Name of Trainee	
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Registration Number	
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The above named person has achieved the learning outcomes and assessed as competent to undertake biopsies using a flexible cystoscopy.

Name of Assessor	
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GMC Number	
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Signature of Assessor	
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Background Reading and References

Department of Health (2004) The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. London. Department of Health Publications.

Department of Health (2009) *Reference Guide to Consent for Examination or Treatment*. 2nd Edition. [Online] Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf (Accessed 10th October 2010).

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Johns C. (2006) *Guided Reflection Advancing Practice*. Aylesbury Blackwell Publishing.

Skills for Health (2010a) *CYST1 Undertake diagnostic and surveillance cystoscopy using a flexible cystoscope*. Version 1. [Online] Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/2005/> (Accessed 20th March 2011)

Skills for Health (2010b) *CYST2 Undertake biopsy using a flexible cystoscope*. Version 1. [Online] Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/2005/> (Accessed 20th March 2011)

Skills for Health (2010c) *CYST3 Remove ureteric stent using a flexible cystoscope* Version 1. [Online] Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/2005/> (Accessed 20th March 2011)

Skills for Health (2010d) *CYST4 Use cystodiathermy via flexible cystoscope*. Version 1. [Online] Available at: [https://tools.skillsforhealth.org.uk/competence_search/?search=&advanced=1&suite\[\]=43](https://tools.skillsforhealth.org.uk/competence_search/?search=&advanced=1&suite[]=43) (Accessed 20th March 2011)

Assessment of Biopsy Skills Using a Flexible Cystoscope

Date	
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Name		NMC Number	
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Assessment Number		<i>Minimum Five Assessments</i>
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Reason for Biopsy	
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Difficulty of Procedure			
Easier than usual		Average difficulty	
		More difficult than usual	

Time to complete procedure	
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mins

Standard: The assessment should be judged against the standard expected of a competent urologist

		Not Performed	Performed
1	Ensures medical notes are checked accurately and correct patient indentified		
2	Describes indication for undertaking a biopsy		
3	Performs pre procedure checks to ensure there are no contraindications for bladder biopsy		
4	Takes informed consent, after explaining procedure and risks and benefits of performing a bladder biopsy		
5	Ensures cystodiathermy equipment available and in working order		
6	Selects appropriate equipment required for procedure, ensuring that the cystoscope is diathermy compatible and checks that it is in working order		
7	Maintains good communication with patient and observes and responds to their needs throughout the procedure		
8	Fills bladder sufficiently with diathermy compatible irrigation fluid to enable examination of bladder urothelium		
9	Identifies correctly abnormality suitable for biopsy		
10	Takes biopsy with minimal discomfort to the patient		
11	Visually checks biopsy is sufficient for histopathological examination and repeats biopsy if necessary		
12	Maintains aseptic technique throughout procedure		
13	Visually checks biopsy site for obvious bleeding and performs cystodiathermy if appropriate		

		Not Performed	Performed
14	Recognises and deals with any complications and seeks help when appropriate		
15	Ensures biopsy sample container correctly labelled.		
16	Ensures histopathology request card completed in accordance with national and local policies and guidance		
17	Maintains good communication assistant throughout the procedure		
18	Documents biopsy taken and management plan in the patients records and informs patients General Practitioner		
19	Gives clear post procedure instructions to patient in a professional manner.		
20	Arranges appropriate follow up		

Signature of Trainee	Signature of Assessor

Adapted from ISCP (2012)

Statement of Competence to Undertake Biopsies Using a Flexible Cystoscope

Name of Trainee	
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Registration Number	
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The above named person has achieved the learning outcomes and assessed as competent to undertake biopsies using a flexible cystoscopy.

Name of Assessor	
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GMC Number	
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Signature of Assessor	
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Background Reading and References

Department of Health (2004) The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. London. Department of Health Publications.

Department of Health (2009) *Reference Guide to Consent for Examination or Treatment*. 2nd Edition. [Online] Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf (Accessed 10th October 2010).

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Skills for Health (2010c) *CYST3 Remove ureteric stent using a flexible cystoscope* Version 1. [Online] Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/2005/> (Accessed 20th March 2011)

Skills for Health (2010d) *CYST4 Use cystodiathermy via flexible cystoscope*. Version 1. [Online] Available at: [https://tools.skillsforhealth.org.uk/competence_search/?search=&advanced=1&suite\[\]=43](https://tools.skillsforhealth.org.uk/competence_search/?search=&advanced=1&suite[]=43) (Accessed 20th March 2011)