Flexible Cystoscopy

Performance Criteria, Training and Assessment Logbook

Second Edition

November 2017
## Flexible Cystoscopy

*Performance Criteria, Training and Assessment Record*

**Second Edition November 2017**

<table>
<thead>
<tr>
<th>Trainee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Trainee</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Body and Registration Number</strong></td>
<td></td>
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<tr>
<td><strong>Supervisor Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title of Supervisor</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Assessor</strong></td>
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<tr>
<td><strong>Title of Assessor</strong></td>
<td></td>
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<tr>
<td><strong>NHS Trust/Employing Organisation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date Training Commenced</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date Assessment Completed</strong></td>
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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)
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 Number 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

Reproduced with kind permission of Skills for Health
# Performance Criteria for Undertaking Flexible Cystoscopy

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify correct patient with correct notes for correct procedure</td>
<td>To ensure that the correct patient has the correct procedure performed</td>
</tr>
<tr>
<td>Check that the patient has no relevant allergies</td>
<td>To avoid adverse reaction to medication/latex used prior to or during procedure</td>
</tr>
<tr>
<td>Explain procedure including risks and benefits to patient and obtain informed written consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Prepare patient for procedure:</td>
<td>To ensure clear view of bladder urothelium&lt;br&gt;Flexible cystoscopy should be avoided in patients with a UTI&lt;br&gt;To avoid spillage of irrigation fluid on to patient clothing</td>
</tr>
<tr>
<td>Patient to undress from below the waist, ensure patient dignity is maintained</td>
<td>To avoid adverse incident</td>
</tr>
<tr>
<td>If patient has an artificial urinary sphincter implanted, ensure that it is deactivated</td>
<td>To confirm understanding of procedure, provide patient with reassurance and answer patient questions or concerns</td>
</tr>
<tr>
<td>Communicate with patient throughout the procedure</td>
<td>To confirm understanding of procedure, provide patient with reassurance and answer patient questions or concerns</td>
</tr>
<tr>
<td>Cover patient from waist down with sterile drapes</td>
<td>To reduce the risk of patient developing a healthcare-acquired infection</td>
</tr>
<tr>
<td>Cleanse penis/vulva and urethral meatus with sterile sodium chloride 0.9%</td>
<td>To reduce the risk of patient developing a healthcare-acquired infection</td>
</tr>
<tr>
<td>Instil local anaesthetic lubricant gel into urethra with minimum discomfort to patient</td>
<td>To allow smooth passage of cystoscope into bladder and cause minimum discomfort to the patient</td>
</tr>
<tr>
<td>Check cystoscope and processor in working order</td>
<td>To avoid harming the patient and to ensure that the procedure is performed safely</td>
</tr>
<tr>
<td>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</td>
<td>To reduce the risk of trauma to the urethra and minimise patient discomfort</td>
</tr>
</tbody>
</table>
## Performance Criteria for Undertaking Flexible Cystoscopy

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<tr>
<th>Action</th>
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<tr>
<td>Fill bladder with irrigation fluid with minimum discomfort to the patient</td>
<td>To allow complete examination of bladder urothelium</td>
</tr>
<tr>
<td>Aspirate fluid from the bladder/washout the bladder via the cystoscope if view is poor due to debris or bleeding</td>
<td>To improve vision</td>
</tr>
<tr>
<td>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</td>
<td>To ensure thorough examination of bladder urothelium</td>
</tr>
<tr>
<td>Withdraw flexible cystoscope under direct vision using the 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</td>
<td>To examine the urethra whilst minimising the risk of trauma and causing minimum patient discomfort</td>
</tr>
<tr>
<td>Cleanse any surplus lubricant from patient and ensure that they are dry before dressing</td>
<td>To maintain patient comfort and dignity</td>
</tr>
<tr>
<td>Ask patient to empty their bladder before leaving the department</td>
<td>To ensure that the patient is able to void following the procedure</td>
</tr>
<tr>
<td>Explain findings and management plan to patient and confirm understanding</td>
<td>To ensure patient remains informed</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Discard rubbish in accordance with local health and safety at work waste management policies and procedures</td>
<td>Safe disposal of waste</td>
</tr>
<tr>
<td>Ensure used flexible cystoscope is reprocessed in accordance with national endoscope reprocessing recommendations, manufacturer’s instructions and local health and safety at work policies and procedures</td>
<td>To avoid cross infection and prevent avoidable damage to cystoscope</td>
</tr>
<tr>
<td>Document procedure in case notes and communicate result to the patients General Practitioner</td>
<td>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</td>
</tr>
<tr>
<td>Arrange any necessary follow up appointments</td>
<td>To maintain continuity of care</td>
</tr>
</tbody>
</table>
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 observe introduction and to listen to the explanatory talk given to the patient and taking of informed consent
• To observe towelling and sterile precaution techniques
• To observe the technique of introduction of the cystoscope
• 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
• Handling the deflection and inflection controls of the endoscope while in the bladder
• To observe technique of the withdrawal of the cystoscope
• To listen 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 and 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

<table>
<thead>
<tr>
<th>Observation No.</th>
<th>M</th>
<th>F</th>
<th>Date</th>
</tr>
</thead>
</table>

## Anatomy identified

<table>
<thead>
<tr>
<th>Reason for cystoscopy</th>
<th>Male Patient</th>
<th>Female Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematuria</td>
<td>Dome of bladder</td>
<td>Dome of bladder</td>
</tr>
<tr>
<td>UTI</td>
<td>Body of bladder</td>
<td>Body of bladder</td>
</tr>
<tr>
<td>LUT's Irritative</td>
<td>Right Ureteric orifice</td>
<td>Right Ureteric orifice</td>
</tr>
<tr>
<td>LUT's Obstructive</td>
<td>Left Ureteric orifice</td>
<td>Left Ureteric orifice</td>
</tr>
<tr>
<td>TCC Surveillance</td>
<td>Trigone</td>
<td>Trigone</td>
</tr>
<tr>
<td></td>
<td>Bladder neck</td>
<td>Bladder neck</td>
</tr>
<tr>
<td></td>
<td>Prostatic urethra</td>
<td>Urethra</td>
</tr>
<tr>
<td></td>
<td>Verumontanum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Membranous urethra</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Penile urethra</td>
<td></td>
</tr>
</tbody>
</table>

## Pathology Seen

<table>
<thead>
<tr>
<th>Pathology Seen</th>
<th>Outcome of Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAD</td>
<td>Calculi</td>
</tr>
<tr>
<td>Cystitis cystica</td>
<td>Inflamed bladder urothelium</td>
</tr>
<tr>
<td>Debris</td>
<td>Papillary lesion</td>
</tr>
<tr>
<td>Diverticula</td>
<td>Solid lesion</td>
</tr>
<tr>
<td>Enlarged prostate</td>
<td>Urethral stricture</td>
</tr>
<tr>
<td>Squamous metaplasia</td>
<td></td>
</tr>
<tr>
<td>Trabeculation</td>
<td></td>
</tr>
<tr>
<td>Introduction, explanation and consent</td>
<td></td>
</tr>
<tr>
<td>Patient results and post procedure information</td>
<td></td>
</tr>
<tr>
<td>Communication to GP</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>


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 the 10 withdrawals, withdraw the flexible cystoscope smoothly and safely with minimal discomfort to the patient.
### Withdrawal of Cystoscope Training Record

<table>
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<th>M</th>
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<td></td>
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#### Communication to GP

- 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

<table>
<thead>
<tr>
<th>Examination No.</th>
<th>M</th>
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- Bladder neck
- Prostatic urethra
- Urethra
- Verumontanum
- Membranous urethra
- Penile urethra

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- Introduction, explanation and consent
- Rigid cystoscopy
- Patient results and post procedure information
- TURBT
- Communication to GP
- Urethrotomy

<table>
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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 cleanse 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 insertions of the flexible cystoscope 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 Cystoscope Training Record

<table>
<thead>
<tr>
<th>Insertion No.</th>
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<tr>
<th>Pathology Seen</th>
<th>Outcome of Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAD</td>
<td>Calculi</td>
</tr>
<tr>
<td></td>
<td>Discharge</td>
</tr>
<tr>
<td>Cystitis cystica</td>
<td>Inflamed bladder urethelium</td>
</tr>
<tr>
<td>Debris</td>
<td>Papillary lesion</td>
</tr>
<tr>
<td>Diverticula</td>
<td>Solid lesion</td>
</tr>
<tr>
<td>Enlarged prostate</td>
<td>Urethral stricture</td>
</tr>
<tr>
<td>Squamous metaplasia</td>
<td></td>
</tr>
<tr>
<td>Trabeculation</td>
<td></td>
</tr>
<tr>
<td>Introduction, explanation and consent</td>
<td></td>
</tr>
<tr>
<td>Patient results and post procedure information</td>
<td></td>
</tr>
<tr>
<td>Communication to GP</td>
<td></td>
</tr>
</tbody>
</table>

### 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 flexible cystoscopies 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 cleanse 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

<table>
<thead>
<tr>
<th>Observation No.</th>
<th>M</th>
<th>F</th>
<th>Date</th>
</tr>
</thead>
</table>

### Anatomy identified

<table>
<thead>
<tr>
<th>Reason for cystoscopy</th>
<th>Male Patient</th>
<th>Female Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematuria</td>
<td>Dome of bladder</td>
<td>Dome of bladder</td>
</tr>
<tr>
<td>UTI</td>
<td>Body of bladder</td>
<td>Body of bladder</td>
</tr>
<tr>
<td>LUT's Irritative</td>
<td>Right Ureteric orifice</td>
<td>Right Ureteric orifice</td>
</tr>
<tr>
<td>LUT's Obstructive</td>
<td>Left Ureteric orifice</td>
<td>Left Ureteric orifice</td>
</tr>
<tr>
<td>TCC Surveillance</td>
<td>Trigone</td>
<td>Trigone</td>
</tr>
<tr>
<td></td>
<td>Bladder neck</td>
<td>Bladder neck</td>
</tr>
<tr>
<td></td>
<td>Prostatic urethra</td>
<td>Urethra</td>
</tr>
<tr>
<td></td>
<td>Verumontanum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Membranous urethra</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Penile urethra</td>
<td></td>
</tr>
</tbody>
</table>

### Pathology Seen

<table>
<thead>
<tr>
<th>Outcome of Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculi</td>
</tr>
<tr>
<td>Inflamed bladder urothelium</td>
</tr>
<tr>
<td>Papillary lesion</td>
</tr>
<tr>
<td>Solid lesion</td>
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<tr>
<td>Urethral stricture</td>
</tr>
<tr>
<td>Cystitis cystica</td>
</tr>
<tr>
<td>Debris</td>
</tr>
<tr>
<td>Diverticula</td>
</tr>
<tr>
<td>Enlarged prostate</td>
</tr>
<tr>
<td>Squamous metaplasia</td>
</tr>
<tr>
<td>Trabeculation</td>
</tr>
<tr>
<td>Gains informed consent</td>
</tr>
<tr>
<td>Gives Patient results and post procedure information</td>
</tr>
<tr>
<td>Communicates results and management plan to GP</td>
</tr>
</tbody>
</table>

## 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
- Gains informed consent
- Rigid cystoscopy
- Gives Patient results and post procedure information
- TURBT
- Communicates results and management plan to GP
- Urethrotomy

**Signature**
## Summary of Training Record

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start Date</th>
<th>Completion Date</th>
<th>Number Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of Flexible Cystoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal of Flexible Cystoscope</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertion of Flexible Cystoscope</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination of Bladder Urothelium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Procedure of Flexible Cystoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

____________________________________________________________________
Record of Assessment of Flexible Cystoscopy Skills

Date

Name
Professional Body and Registration Number

Assessment Number
Minimum Five Assessments

Reason for Cystoscopy

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

<table>
<thead>
<tr>
<th></th>
<th>Not Performed</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensures medical notes are checked accurately and correct patient identified for procedure</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Takes informed consent</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Ensures equipment is in working order</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Ensures that pre-procedure checks have been carried out e.g. urine sample checked for UTI and acts upon them accordingly</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Administers pre-procedure antibiotics in accordance with local policy</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Ensures safe positioning of patient on examination couch</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Prepares sterile field and maintains aseptic technique throughout procedure</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Cleanses, identifies and examines the urethral orifice and surrounding area</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Instils local anaesthetic into urethra and allows time for it to work in accordance with manufacturers recommendations</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Introduces scope into the urethra under direct vision using the deflection and inflection of the tip</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Fills bladder sufficiently to enable examination of bladder urothelium with minimal discomfort to the patient</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Identifies anatomical landmarks using a systematic system of deflection and inflection of the tip (J/U manoeuvre)</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Recognises abnormalities within the anatomical structure and records as appropriate</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Withdraws scope maintaining irrigation whilst observing urethral lumen</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Maintains good communication with assistant throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Makes appropriate management/follow up plan</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Communicates findings and management plan with patient and assistant and arranges appropriate follow up</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Gives clear post procedure instructions to patient in a professional manner</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Disposes of rubbish as per local health and safety policy</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Documents clearly the findings and follow up plan in the patients records</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Ensures used flexible cystoscope is reprocessed in accordance with national endoscope reprocessing recommendations, manufacturer’s instructions and local health and safety at work policies and procedures</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Intercollegiate Surgical Programme Curriculum (ISCP) (2012)
# Statement of Competence to Perform Flexible Cystoscope

<table>
<thead>
<tr>
<th>Name of Trainee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Body and Registration Number</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Assessor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Body and Registration Number</td>
<td></td>
</tr>
<tr>
<td>Signature of Assessor</td>
<td></td>
</tr>
</tbody>
</table>

The above named person commenced performing flexible cystoscope as part of their agreed role.

<table>
<thead>
<tr>
<th>Name of Manager</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Manager</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
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 Number 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

Reproduced with kind permission of Skills for Health
## Performance Criteria for Undertaking Removal of Ureteric Stent

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify correct patient with correct notes for removal of ureteric stent at correct time</td>
<td>To ensure that the correct patient has the correct procedure performed</td>
</tr>
<tr>
<td>Confirm which ureteric stent is to be removed</td>
<td>To avoid adverse incident by removing the wrong ureteric stent (if bilateral ureteric stents are in place)</td>
</tr>
<tr>
<td>Explain procedure including risks and benefits to patient and obtains informed written consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Select grasper and ensure that it is in working order</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Locate the correct ureteric stent</td>
<td>To avoid adverse incident by removing the wrong ureteric stent (if bilateral ureteric stents in place)</td>
</tr>
<tr>
<td>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</td>
<td>To avoid damaging cystoscope</td>
</tr>
<tr>
<td>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</td>
<td>To avoid damaging cystoscope and grasping forceps</td>
</tr>
<tr>
<td>Open the forceps of the grasper using the instrument handles, or instruct assistant to do so</td>
<td></td>
</tr>
<tr>
<td>Grasp the ureteric stent firmly between the jaws of the forceps taking care not to take hold of any of the bladder urothelium</td>
<td>To allow removal of the ureteric stent without damaging bladder urothelium</td>
</tr>
<tr>
<td>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</td>
<td>To remove the ureteric stent with minimal discomfort to the patient</td>
</tr>
<tr>
<td>If resistance is encountered, abandon the procedure and seek appropriate advice</td>
<td>To avoid traumatic removal of ureteric stent</td>
</tr>
<tr>
<td>Action</td>
<td>Rational</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Inspect the ureteric stent to ensure it is complete</td>
<td>To ensure ureteric stent is completely removed</td>
</tr>
<tr>
<td>Recognises complications and takes appropriate action</td>
<td>To reduce the risk of adverse incident</td>
</tr>
<tr>
<td>Reminds patient of expected urinary discomfort/bleeding</td>
<td>To avoid unnecessary patient anxiety, reduce the risk of urinary tract</td>
</tr>
<tr>
<td>risk of urinary tract infection and to ensure good fluid</td>
<td>infection and to ensure patient is aware of when and who to contact in</td>
</tr>
<tr>
<td>intake following procedure. Ensures patient is aware of</td>
<td>the event of complications arising</td>
</tr>
<tr>
<td>action to be taken in the event of complications arising</td>
<td></td>
</tr>
<tr>
<td>Document procedure in case notes and communicates</td>
<td>To ensure everyone involved in the patient pathway is informed that the</td>
</tr>
<tr>
<td>result to the patients General Practitioner</td>
<td>procedure has been performed and of the result to maintain continuity of</td>
</tr>
<tr>
<td></td>
<td>care</td>
</tr>
</tbody>
</table>
Assessment of Removal of Ureteric Stent Skills Using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Professional Registration Number</td>
</tr>
<tr>
<td>Assessment Number</td>
<td>Minimum Five Assessments</td>
</tr>
<tr>
<td>Reason for Removal of Ureteric stent</td>
<td></td>
</tr>
<tr>
<td>Difficulty of Procedure</td>
<td>Easier than usual</td>
</tr>
<tr>
<td>Side of ureteric stent</td>
<td>L</td>
</tr>
<tr>
<td><strong>Standard:</strong> The assessment should be judged against the standard expected of a competent urologist</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Ensures medical notes are checked accurately and correct patient identified</td>
</tr>
<tr>
<td>2</td>
<td>Describes indication for ureteric stent and reason removal</td>
</tr>
<tr>
<td>3</td>
<td>Correctly verifies which ureteric stent is to be removed</td>
</tr>
<tr>
<td>4</td>
<td>Takes informed consent, after explaining procedure and risks and benefits of removing the ureteric stent</td>
</tr>
<tr>
<td>5</td>
<td>Selects appropriate equipment required for procedure and checks that it is in working order</td>
</tr>
<tr>
<td>6</td>
<td>Maintains aseptic technique throughout procedure</td>
</tr>
<tr>
<td>7</td>
<td>Fills bladder sufficiently to enable examination of bladder wall</td>
</tr>
<tr>
<td>8</td>
<td>Identifies correctly ureteric stent for removal</td>
</tr>
<tr>
<td>9</td>
<td>Removes ureteric stent with minimal discomfort to the patient</td>
</tr>
<tr>
<td>10</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
</tr>
<tr>
<td>11</td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
</tr>
<tr>
<td>12</td>
<td>Correctly recognises abnormalities within the anatomical structure and records as appropriate</td>
</tr>
<tr>
<td>13</td>
<td>Maintains good communication with assistant throughout the procedure</td>
</tr>
<tr>
<td></td>
<td>Not Performed</td>
</tr>
<tr>
<td>---</td>
<td>--------------</td>
</tr>
<tr>
<td>14</td>
<td>Documents ureteric stent removal and management plan in the patients records and informs patients General Practitioner</td>
</tr>
<tr>
<td>15</td>
<td>Gives clear post procedure instructions to patient in a professional manner</td>
</tr>
<tr>
<td>16</td>
<td>Arranges appropriate follow up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Trainee</th>
<th>Signature of Assessor</th>
</tr>
</thead>
</table>

Adapted from ISCP (2012)
**Statement of Competence to Remove Ureteric Stents Using a Flexible Cystoscope**

<table>
<thead>
<tr>
<th>Name of Trainee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Body and Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

The above named person has achieved the learning outcomes and has been assessed as competent to remove ureteric stents using a flexible cystoscope.

<table>
<thead>
<tr>
<th>Name of Assessor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Assessor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

The above named person commenced performing Removal of Ureteric Stent using a flexible cystoscope as part of their agreed role.

<table>
<thead>
<tr>
<th>Name of Manager</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Manager</th>
<th></th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
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 Number 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

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<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify that patient does not have a cardiac pacemaker/defibrillator fitted</td>
<td>To identify contra-indications to undertaking cystodiathermy</td>
</tr>
<tr>
<td>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)</td>
<td>To perform procedure with care and safely</td>
</tr>
<tr>
<td>Inform patient of risks and benefits of cystodiathermy using a flexible cystoscope and obtain informed consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Position patient on couch ensuring that they are not in contact with any metal surface</td>
<td>To perform procedure safely</td>
</tr>
<tr>
<td>Verify that cystoscope is diathermy compatible</td>
<td>To avoid adverse incident during cystodiathermy</td>
</tr>
<tr>
<td>Verify that irrigation fluid is diathermy compatible, i.e. sterile water or 1.5% Glycine</td>
<td>To avoid adverse incident during cystodiathermy</td>
</tr>
<tr>
<td>Ensure cystodiathermy generator is available, in working order and set at required power level</td>
<td>To avoid adverse incident during cystodiathermy</td>
</tr>
<tr>
<td>Identify abnormality or bleeding area within the bladder that is appropriate for cystodiathermy using a flexible cystoscope</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>To avoid causing burns to the patient</td>
</tr>
<tr>
<td>Ask assistant to place foot pedals foot controls so they are easily and comfortably accessible</td>
<td></td>
</tr>
<tr>
<td>Inspect the diathermy wire to ensure that the insulation coating is intact. Ask assistant to connect the diathermy wire to diathermy lead</td>
<td>To avoid adverse incident during cystodiathermy</td>
</tr>
<tr>
<td>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</td>
<td>To avoid damaging cystoscope</td>
</tr>
<tr>
<td>Position tip of the diathermy wire so that it is gently touching the area to be diathermied</td>
<td>To confine diathermy current to the area to be diathermised</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Rationale</strong></td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Maintain good communication with patient throughout the procedure, ensuring patient is aware when diathermy is about to be taken</td>
<td>To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt</td>
</tr>
<tr>
<td>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</td>
<td>To achieve the desired effect whilst causing minimum discomfort to the patient</td>
</tr>
<tr>
<td>Withdraw the diathermy wire and hand it over to assistant maintaining aseptic technique</td>
<td>To allow checking of bladder urothelium for additional lesions or bleeding requiring further cystodiathermy</td>
</tr>
<tr>
<td>Examine bladder urothelium to ensure treatment complete before fully withdrawing the cystoscope</td>
<td>To confirm successful procedure</td>
</tr>
<tr>
<td>Check skin under diathermy plate for evidence of burns</td>
<td>Poor application of diathermy plate can cause burns to skin which will need documented and or treatment</td>
</tr>
<tr>
<td>Ensure diathermy generator switched off and foot pedals and diathermy lead put away</td>
<td></td>
</tr>
<tr>
<td>Ensure used diathermy lead is disposed of or reprocessed in accordance with national reprocessing recommendations, manufacturer’s instructions and local health and safety at work policies and procedures.</td>
<td>To avoid cross infection and prevent avoidable damage to the diathermy lead.</td>
</tr>
<tr>
<td>Document procedure in case notes and communicate result to the patient’s General Practitioner</td>
<td>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</td>
</tr>
<tr>
<td>Remind patient of expected urinary discomfort/bleeding risk of urinary tract infection and to ensure good fluid intake following procedure. Ensures patient is aware of action to be taken in the event of complications arising</td>
<td>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</td>
</tr>
<tr>
<td>Inform patient of follow up arrangements and make appropriate arrangements</td>
<td>To maintain continuity of care</td>
</tr>
</tbody>
</table>
Assessment of Cystodiathermy Skills Using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Date</th>
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<table>
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</table>

<table>
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</tbody>
</table>

Reason for Cystodiathermy

<table>
<thead>
<tr>
<th>Difficulty of Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easier than usual</td>
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<td></td>
</tr>
</tbody>
</table>

Time to complete procedure mins

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

<table>
<thead>
<tr>
<th></th>
<th>Not Performed</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensures medical notes are checked accurately and correct patient identified</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Describes indication for undertaking a cystodiathermy</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Performs pre procedure checks to ensure there are no contra-indications for cystodiathermy</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Takes informed consent, after explaining procedure and risks and benefits of performing cystodiathermy</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ensures cystodiathermy equipment available and in working order</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Selects appropriate equipment required for procedure, ensuring that the cystoscope is diathermy compatible and checks that it is in working order</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ensures irrigation fluid is diathermy compatible</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Fills bladder sufficiently with diathermy compatible irrigation fluid to enable examination of bladder wall</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Identifies correctly abnormality suitable for cystodiathermy</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Performs cystodiathermy with minimal discomfort to the patient</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Maintains aseptic technique throughout procedure</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Visually checks bladder and diathermy site for additional lesion or bleeding and performs further cystodiathermy if appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
<td>Not Performed</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>14</td>
<td><strong>Maintains good communication with assistant throughout the procedure</strong></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td><strong>Ensures used diathermy lead is disposed of or reprocessed in accordance with national reprocessing recommendations, manufacturer’s instructions and local health and safety at work policies and procedures</strong></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Documents cystodiathermy performed and management plan in the patients records and informs patient’s General Practitioner</strong></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td><strong>Gives clear post procedure instructions to patient in a professional manner</strong></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Arranges appropriate follow up</strong></td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Signature of Trainee</th>
<th>Signature of Assessor</th>
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Adapted from ISCP (2012)
Statement of Competence to Perform Cystodiathermy Using a Flexible Cystoscope

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<tr>
<th>Professional Body and Registration Number</th>
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</thead>
</table>

The above named person has achieved the learning outcomes and has been assessed as competent to perform cystodiathermy using a flexible cystoscope.

<table>
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<tr>
<th>Name of Assessor</th>
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</table>

The above named person commenced performing cystodiathermy using a flexible cystoscope as part of their agreed role.

<table>
<thead>
<tr>
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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 Number 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

Reproduced with kind permission of Skills for Health
## Performance Criteria for Undertaking Biopsies Using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify that patient is not taking anticoagulant therapy or has a cardiac pacemaker fitted</td>
<td>To identify contra-indications to undertaking biopsies</td>
</tr>
<tr>
<td>Verify that cystoscope is diathermy compatible</td>
<td>To avoid adverse incident if cystodiathermy necessary</td>
</tr>
<tr>
<td>Ensure cystodiathermy equipment available and in working order</td>
<td>In case needed for prevention of bleeding following taking biopsies</td>
</tr>
<tr>
<td>Inform patient of risks and benefits of cystodiathermy using a flexible cystoscope and obtain informed consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Identify abnormality within the bladder that is appropriate for biopsy using a flexible cystoscope</td>
<td></td>
</tr>
<tr>
<td>Select biopsy forceps and ensure that they are in working order</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Insert the biopsy forceps 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</td>
<td>To avoid damaging the flexible cystoscope</td>
</tr>
<tr>
<td>Position the biopsy forceps over the area to be biopsied, ensuring the hinges of the forceps are not within the channel of the cystoscope</td>
<td>To avoid damaging the flexible cystoscope and allow forceps to open fully</td>
</tr>
<tr>
<td>Maintain good communication with patient throughout the procedure, ensuring patient is aware when biopsy is about to be taken</td>
<td>To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt</td>
</tr>
<tr>
<td>Open the biopsy forceps using the instrument handles, or instruct assistant to do so</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>To allow removal of the tissue to be biopsied with minimum discomfort to the patient</td>
</tr>
<tr>
<td>Visually inspect biopsy site and perform cystodiathermy if appropriate</td>
<td>To reduce the risk of haemorrhage</td>
</tr>
<tr>
<td>Action</td>
<td>Reason</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Place sample in appropriate container and ensure the container is</td>
<td>To ensure that specimen is correctly attributed to the correct patient</td>
</tr>
<tr>
<td>correctly labelled.</td>
<td>and correct site</td>
</tr>
<tr>
<td>Ensure histopathology request card completed in accordance with</td>
<td>To ensure that laboratory correctly informed of all relevant information</td>
</tr>
<tr>
<td>national and local policies and guidance</td>
<td></td>
</tr>
<tr>
<td>Maintain good communication with assistant throughout the procedure</td>
<td>To keep patient informed of what is happening and to prepare them for</td>
</tr>
<tr>
<td></td>
<td>when discomfort/pain may be felt</td>
</tr>
<tr>
<td>Document biopsy taken and management plan in the patients records</td>
<td>To ensure everyone involved in the patient pathway is informed that the</td>
</tr>
<tr>
<td>and informs patients General Practitioner</td>
<td>procedure has been performed and of the result to maintain continuity</td>
</tr>
<tr>
<td></td>
<td>of care</td>
</tr>
<tr>
<td>Give clear post procedure instructions to patient in a professional</td>
<td>To avoid unnecessary patient anxiety, reduce the risk of urinary tract</td>
</tr>
<tr>
<td>manner. Remind patient of expected urinary discomfort/bleeding risk</td>
<td>infection and to ensure patient is aware of when and who to contact in</td>
</tr>
<tr>
<td>of urinary tract infection and to ensure good fluid intake following</td>
<td>the event of complications arising</td>
</tr>
<tr>
<td>procedure</td>
<td></td>
</tr>
<tr>
<td>Arrange appropriate follow up</td>
<td>To maintain continuity of care</td>
</tr>
</tbody>
</table>
Assessment of Biopsy Skills Using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

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<tr>
<th>Name</th>
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<thead>
<tr>
<th>Assessment Number</th>
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</table>

<table>
<thead>
<tr>
<th>Reason for Biopsy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Difficulty of Procedure</th>
<th>Easier than usual</th>
<th>Average difficulty</th>
<th>More difficult than usual</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time to complete procedure</th>
<th>mins</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Not Performed</th>
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<tbody>
<tr>
<td>1</td>
<td>Ensures medical notes are checked accurately and correct patient identified</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Describes indication for undertaking a biopsy</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Performs pre procedure checks to ensure there are no contra-indications for bladder biopsy</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Takes informed consent, after explaining procedure and risks and benefits of performing a bladder biopsy</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ensures cystodiathermy equipment available and in working order</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Selects appropriate equipment required for procedure, ensuring that the cystoscope is diathermy compatible and checks that it is in working order</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Fills bladder sufficiently with diathermy compatible irrigation fluid to enable examination of bladder wall</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Identifies correctly abnormality suitable for biopsy</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Takes biopsy with minimal discomfort to the patient</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Visually checks biopsy sufficient for histopathological examination and repeats biopsy if necessary</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Maintains aseptic technique throughout procedure</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Visually checks biopsy site for obvious bleeding and performs cystodiathermy if appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Performed</td>
<td>Performed</td>
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<tr>
<td>---</td>
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<td>-----------</td>
</tr>
<tr>
<td>14</td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Ensures biopsy sample container correctly labelled</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Ensures histopathology request card completed in accordance with national and local policies and guidance</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Maintains good communication with assistant throughout the procedure</td>
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</tr>
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<td>18</td>
<td>Documents biopsy taken and management plan in the patients records and informs patients General Practitioner</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Gives clear post procedure instructions to patient in a professional manner</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Arranges appropriate follow up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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Adapted from ISCP (2012)
**Statement of Competence to Undertake Biopsies Using a Flexible Cystoscope**

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The above named person has achieved the learning outcomes and has been assessed as competent to undertake biopsies using a flexible cystoscope.

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</table>

The above named person commenced performing biopsies using a flexible cystoscope as part of their agreed role.

<table>
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<tr>
<th>Name of Manager</th>
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<table>
<thead>
<tr>
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</table>
## Performance Criteria for Undertaking Intradetrusor Botulinum Toxin A Injections Using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify correct patient with correct notes for administration of intradetrusor botulinum toxin A injections using a flexible cystoscope at the correct time</td>
<td>To ensure the correct patient has the correct procedure performed</td>
</tr>
<tr>
<td>Explain the procedure including risks and benefits to patient and obtain informed written consent</td>
<td>To comply with DH (2009) recommendations on consent and ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Recognise reasons to defer botulinum toxin A administration such as active urinary tract infection</td>
<td>To avoid an adverse incident e.g. urosepsis</td>
</tr>
<tr>
<td>Reconstitute the appropriate dose of botulinum toxin A in accordance with product information and guidelines</td>
<td>To ensure safe administration of pharmacological product</td>
</tr>
<tr>
<td>Select appropriate injection needle and sheath and ensure this is in working order</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Insert the injection sheath through the correct channel of the cystoscope, ensuring the cystoscope tip is maintained in a straight position</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Perform flexible cystoscopy and fill bladder to appropriate level</td>
<td>To enable effective administration of injections</td>
</tr>
<tr>
<td>Deploy the injection needle under direct vision</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Display effective communication with team members to safely deliver botulinum toxin A injections</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Administer botulinum toxin A in 1-1.5ml injections equally spaced throughout the bladder</td>
<td>To achieve optimum efficacy of treatment</td>
</tr>
<tr>
<td>If bleeding obscures vision abandon procedure and seek appropriate advice</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Recognise complications and takes appropriate action</td>
<td>To avoid adverse incident during procedure</td>
</tr>
<tr>
<td>Disengage and dispose of the needle appropriately</td>
<td>To avoid adverse incident during procedure and to avoid needle stick injury</td>
</tr>
<tr>
<td>Remind patient of expected urinary discomfort, bleeding risk and 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, such as urinary retention or generalised weakness</td>
<td>To avoid unnecessary patient anxiety, reduce the risk of UTI and to ensure patient is aware of when and who to contact in event of complications arising</td>
</tr>
<tr>
<td>Document procedure in case notes and communicate results to patient’s General Practitioner</td>
<td>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</td>
</tr>
<tr>
<td>Ensure appropriate follow-up plan is in place</td>
<td>To avoid adverse incidents, maintain continuity of care and support patient experience</td>
</tr>
</tbody>
</table>
Assessment of Intradetrusor Botulinum Toxin A Injections Skills Using A Flexible Cystoscope

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</tr>
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<table>
<thead>
<tr>
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</tr>
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<tr>
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<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Explains the procedure including risks and benefits to patient</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Obtains written informed consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Describes reasons to defer botulinum toxin A administration such as active UTI</td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Reconstitutes the appropriate dose of botulinum toxin A in accordance with product information and guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Selects appropriate injection needle and sheath and ensures this is in working order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Inserts the injection sheath through the correct channel of the cystoscope, ensuring the cystoscope tip is maintained in a straight position</td>
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</tr>
<tr>
<td>8</td>
<td>Performs a flexible cystoscopy and fills bladder to appropriate level</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Deploys the injection needle under direct vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Effectively communicates with team and patient during the procedure and responds to their needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Administers botulinum toxin A in 1-1.5ml injections equally spaced throughout the bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Recognises and deals with any complications and seeks help where appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Disengages and disposes of the needle appropriately</td>
<td></td>
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<tr>
<td>14</td>
<td>Gives clear post procedure instruction to patient in a professional manner</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>Documents procedure in case notes and communicate results to patient’s General Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Ensures appropriate follow plan is in place</td>
<td></td>
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</tr>
</tbody>
</table>
**Statement of Competence to Perform Intradetrusor Botulinum Toxin A Injections Skills Using a Flexible Cystoscope**

<table>
<thead>
<tr>
<th>Name of Trainee</th>
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<tr>
<th>Professional Body and Registration Number</th>
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</table>

The above named person has achieved the learning outcomes and has been assessed as competent to perform intradetrusor botulinum toxin A using a flexible cystoscope.

<table>
<thead>
<tr>
<th>Name of Assessor</th>
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<tr>
<th>Signature of Assessor</th>
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</table>

The above named person commenced performing intradetrusor Botulinum Toxin A Injections using a flexible cystoscope as part of their agreed role.

<table>
<thead>
<tr>
<th>Name of Manager</th>
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<tr>
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</table>
### Performance Criteria for Undertaking Laser Ablation using a Flexible Cystoscope

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform patient of risks and benefits of laser ablation using a flexible cystoscope and obtain informed consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
<tr>
<td>Select equipment and ensure that it is in working order</td>
<td>To avoid adverse incidents during laser ablation</td>
</tr>
<tr>
<td>Perform laser safety checks as per national, local and manufacturers policies and guidance</td>
<td>To ensure competent practitioners only perform laser ablation</td>
</tr>
<tr>
<td>Ensure laser is in working order and set at required power level</td>
<td>To avoid adverse incident during laser ablation</td>
</tr>
<tr>
<td>Identify abnormality within the bladder that is appropriate for laser ablation using a flexible cystoscope</td>
<td></td>
</tr>
<tr>
<td>Ensure assistants have correctly and safely positioned the laser adjacent to the patient</td>
<td>To avoid adverse incident during laser ablation</td>
</tr>
<tr>
<td>Ask assistant to place foot pedals/foot controls so they are easily and comfortably accessible</td>
<td>To avoid adverse incident during laser ablation</td>
</tr>
<tr>
<td>Ensure patient and assistants are wearing safety goggles</td>
<td>To maintain patient and assistants safety</td>
</tr>
<tr>
<td>Inspect the laser fibre to ensure that it is intact</td>
<td>To avoid adverse incident during laser ablation</td>
</tr>
<tr>
<td>Ask assistant to connect laser fibre to laser ensuring that it is properly connected</td>
<td>To avoid adverse incident during laser ablation</td>
</tr>
<tr>
<td>Insert the laser fibre through the Pollock, ensuring the cystoscope tip is maintained in straight position. Identify the laser as it enters the bladder, advance the laser so that it is not touching the tip of the cystoscope</td>
<td>To avoid damaging cystoscope</td>
</tr>
<tr>
<td>Position tip of the laser wire so that it is gently touching the area to be ablated</td>
<td>To confine the laser beam to the area to be ablated</td>
</tr>
<tr>
<td>Action</td>
<td>Rationale</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Maintain good communication with patient throughout the procedure, ensuring patient is aware when laser ablation is about to be performed</td>
<td>To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt</td>
</tr>
<tr>
<td>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</td>
<td>To achieve the desired effect whilst causing minimum discomfort to the patient</td>
</tr>
<tr>
<td>Prior to withdrawal ensure laser is on standby.</td>
<td></td>
</tr>
<tr>
<td>Withdraw the laser fibre and maintaining aseptic technique hand it over to assistant</td>
<td>To avoid accidental laser injury</td>
</tr>
<tr>
<td>Examine bladder mucosa to ensure treatment complete before fully withdrawing the cystoscope</td>
<td>To allow checking of bladder mucosa for additional lesions or bleeding requiring further laser ablation</td>
</tr>
<tr>
<td>Ensure laser is switched off and foot pedals and diathermy lead put away</td>
<td></td>
</tr>
<tr>
<td>Document procedure in case notes and communicate procedure to the patient’s General Practitioner</td>
<td>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</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Inform patient of follow up arrangements and make appropriate arrangements</td>
<td>To maintain continuity of care</td>
</tr>
</tbody>
</table>
## Assessment of Laser Ablation Skills Using a Flexible Cystoscope

### Date

### Name | Registration number
--- | ---

Minimum five summative assessments

| Formative Assessment Number | Summative Assessment Number |
--- | ---

### Reason for Laser ablation

### Difficulty of Procedure

| Easier than usual | Average difficulty | More difficult than usual |
--- | --- | ---

### Time to complete procedure mins

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

<table>
<thead>
<tr>
<th></th>
<th>Not Performed</th>
<th>Performed</th>
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<tbody>
<tr>
<td>1</td>
<td>Ensures medical notes are checked accurately and correct patient identified</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Describes indication for undertaking laser ablation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Performs pre procedure checks to ensure there are no contra-indications for laser ablation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Takes informed consent, after explaining procedure and risks and benefits of performing laser ablation</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Performs laser safety checks as per national, local and manufacturers policies and guidance ensures laser in working order</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Identifies correctly abnormality suitable for laser ablation</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Performs laser ablation with minimal discomfort to the patient</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Maintains aseptic technique throughout procedure</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Visually checks bladder and ablation site for additional lesion or bleeding and performs further laser ablation if appropriate</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
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<td></td>
<td>Not Performed</td>
<td>Performed</td>
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</tr>
<tr>
<td>12</td>
<td>Maintains good communication with assistant throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Documents laser ablation performed and management plan in the patients records and informs patients General Practitioner</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Gives clear post procedure instructions to patient in a professional manner</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Arranges appropriate follow up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Trainee</th>
<th>Signature of Assessor</th>
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</table>


**Statement of Competence to Perform Laser Ablation Using a Flexible Cystoscope**

<table>
<thead>
<tr>
<th>Name of Trainee</th>
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<table>
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<tr>
<th>Professional Body and Registration Number</th>
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</thead>
</table>

The above named person has achieved the learning outcomes and assessed as competent to perform laser ablation using a flexible cystoscope.

<table>
<thead>
<tr>
<th>Name of Assessor</th>
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<th>Signature of Assessor</th>
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</thead>
</table>

The above named person commenced performing laser ablation using a flexible cystoscope as part of their agreed role.

<table>
<thead>
<tr>
<th>Name of Manager</th>
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<table>
<thead>
<tr>
<th>Title of Manager</th>
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<table>
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<tr>
<th>Date</th>
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</thead>
</table>
## Performance Criteria for Undertaking Flexible Cystoscopic-assisted Urethral Catheterisation Over a Guidewire

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify correct patient with correct notes for flexible cystoscopic-assisted insertion of urethral catheter over a guidewire</td>
<td>To ensure that the correct patient has the correct procedure performed</td>
</tr>
<tr>
<td>Verify indications for procedure</td>
<td>To ensure that the procedure is justified</td>
</tr>
<tr>
<td>Explain procedure including risks and benefits to patient and obtains informed written consent</td>
<td>To comply with DH (2009) recommendations on consent and to ensure patient is prepared for procedure</td>
</tr>
</tbody>
</table>
| Select appropriate equipment:  
  - Flexible cystoscope with channel for irrigation and guidewire  
  - Open tip long-term catheter of appropriate material / type / length  
  - Standard guidewire  
  - Open tip catheter  
  - Lubricating jelly | To ensure that all equipment is available to hand before commencing procedure |
| Perform flexible cystoscopy in standard fashion, noting any abnormal features | Ensure no other incidental pathology is missed |
| Recognise and note any potential causes of difficult catheterisation i.e.  
  - False passage  
  - High bladder neck  
  - Occlusive prostatic channel | Helps inform future management plan, including planned future catheter changes |
| Recognise when to abandon procedure i.e.  
  - Tight stricture not amenable to dilatation in current setting | Ensures that patient is not subjected to additional harm |
| Maintain good communication with patient and observe and respond to their needs throughout the procedure | To keep patient informed of what is happening and to prepare them for when discomfort/pain may be felt |
| Pass guidewire through appropriate channel into bladder, ensuring a sufficient length of guidewire in the bladder | Helps maintain guidewire position within the bladder and ensures the guidewire doesn’t move position during catheter insertion |
| Remove cystoscope ensuring guidewire placement in the bladder is maintained | As above |
| Insert guidewire through the catheter tip | Facilitates catheter insertion over the guidewire |
| Lubricate the catheter and pass the well-lubricated catheter into the bladder over the guidewire, ensuring the guidewire is maintained in a fixed position externally | Holding the guidewire in a fixed position prevents the guidewire being pushed further into the bladder with the catheter, and helps the catheter to follow the path of the guidewire into the bladder |
| Insert catheter all the way to the hilt | To ensure the catheter is passed all the way into bladder rather than urethra |
| Remove guidewire whilst holding catheter in position | Ensures the catheter is not pulled out with the guidewire |
| Check urine is draining, to confirm catheter position in the bladder, then inflate balloon | Ensures catheter balloon is not inflated inappropriately in urethra |
| Attach drainage bag, secure catheter as appropriate and document residual urine volume and volume in balloon | Standard catheter management and documentation |
| Make appropriate management plan, including a date for catheter removal or change | To ensure everyone involved in the patient pathway is informed of the procedure and to maintain continuity of care |
| Document procedure in the case notes and communicate management plan to the patients responsible clinical team | To ensure that everyone is aware of when the catheter should be removed or changed |
| | If the catheter is to be changed, to ensure everyone is aware of the plan for when and how the catheter should be changed |
# Assessment of Flexible Cystoscopic-assisted Urethral Catheterisation Over a Guidewire Skills

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Name</td>
<td>Registration number</td>
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Minimum five summative assessments

<table>
<thead>
<tr>
<th>Formative Assessment Number</th>
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</table>

**Reason for Laser ablation**

**Difficulty of Procedure**

<table>
<thead>
<tr>
<th>Easier than usual</th>
<th>Average difficulty</th>
<th>More difficult than usual</th>
</tr>
</thead>
</table>

**Time to complete procedure** mins

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

<table>
<thead>
<tr>
<th></th>
<th>Not performed</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensures medical notes are checked accurately and correct patient identified</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Describes indication for flexible cystoscopic-assisted urethral catheterisation over a guidewire</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Performs pre procedure checks to ensure there are no contra-indications for flexible cystoscopic-assisted urethral catheterisation over a guidewire</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Takes informed consent, after explaining procedure and risks and benefits flexible cystoscopic-assisted urethral catheterisation over a guidewire</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maintains good communication with patient and observes and responds to their needs throughout the procedure</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Performs flexible cystoscopy in standard fashion, correctly noting any abnormal features</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Passes guidewire through appropriate channel of the cystoscope into bladder, ensuring a sufficient length of guidewire</td>
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</tr>
<tr>
<td>8</td>
<td>Removes the cystoscope ensuring guidewire placement in the bladder is maintained</td>
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<tr>
<td>9</td>
<td>Inserts the guidewire through the catheter tip</td>
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<tr>
<td>10</td>
<td>Passes the well-lubricated catheter into the bladder over the guidewire to the hilt, ensuring the guidewire is maintained in a fixed position externally</td>
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<tr>
<td>11</td>
<td>Removes the guidewire whilst holding catheter in position</td>
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<tr>
<td>12</td>
<td>Maintains aseptic technique throughout procedure</td>
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</tr>
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<td>13</td>
<td>Checks urine is draining before inflating the balloon</td>
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<td>14</td>
<td>Attaches drainage bag, secures catheter as appropriate and document residual urine volume and volume in balloon</td>
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<tr>
<td></td>
<td>15</td>
<td>Recognises and deals with any complications and seeks help when appropriate</td>
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<td>16</td>
<td>Makes the appropriate management plan, including date for catheter removal or change</td>
</tr>
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<td></td>
<td>17</td>
<td>Documents procedure in the case notes and communicates the management plan to the patients responsible clinical team</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Maintains good communication with assistant throughout the procedure</td>
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<tr>
<td></td>
<td>19</td>
<td>Gives clear post procedure instructions to patient in a professional manner</td>
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</tbody>
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| Signature of Trainee | Signature of Assessor |
**Statement of Competence of Flexible Cystoscopic-assisted Urethral Catheterisation Over a Guidewire**

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<th>Name of Trainee</th>
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**Professional Body and Registration Number**

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The above named person has achieved the learning outcomes and has been assessed as competent to perform flexible cystoscopic-assisted urethral catheterisation over a guidewire.

<table>
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<tr>
<th>Name of Assessor</th>
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**Signature of Assessor**

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The above named person commenced performing flexible cystoscopic-assisted urethral catheterisation over a guidewire as part of their agreed role.

<table>
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Background Reading and References


Hinchcliff S & Rogers R (Eds.) Competencies for Advanced Nursing Practice. London. Edward Anurseold Publications Ltd

Intercollegiate Surgical Curriculum Programme (2012) Direct Observation of Procedural Skills (Surgical DOPS)


Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Our business includes ostomy, continence, wound and skin, and urology care.

The Coloplast story began back in 1954 and our company reflects the passion and commitment of the people who made it happen. Working closely with the people who use our products, we create solutions that are sensitive to their individual needs. We call this intimate healthcare.