

APPENDIX 4: CLINICAL PROTOCOLS



Fremantle Hospital & Health Service Nurse Practitioner – Continence Service



CLINICAL PROTOCOL CYSTOSCOPY

DISCLAIMER

The information provided in this protocol is intended for **information purposes only**. Clinical Guidelines are designed to improve the quality of health care and decrease the use of unnecessary or harmful interventions. This protocol has been developed by clinicians and researchers for use within the Fremantle Hospital & Health Service. It provides advice regarding the care and management of patients presenting with haematuria by the Nurse Practitioner - Continence.

While every reasonable effort has been made to ensure the accuracy of this Clinical Guideline, no guarantee can be given that the information is free from error or omission. The recommendations do not indicate an exclusive course of action or serve as a definitive mode of patient care. Variations which take into account individual circumstances, clinical judgement and patient choice may also be appropriate. Users are strongly recommended to confirm by way of independent sources that the information contained within the Clinical Guideline is correct.

The information in this protocol is NOT a substitute for proper diagnosis, treatment or the provision of advice by an appropriate health professional.

This protocol may also include references to the quality of evidence used in its formulation. Where this has not been located, the protocol includes references to support the recommended care. Providing a reference to another source does not constitute an endorsement or approval of that source or any information, products or services offered through that source.

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CYSTOSCOPY

Cystoscopy is an endoscopic procedure that uses a flexible scope inserted through the urethra to visualise the lower urinary tract – the urethra, the external sphincter, the prostate and the bladder

Indications for Flexible Cystoscopy

1. *Diagnosis/evaluation of*

- Bladder cancer
- Haematuria
 - Macroscopic
 - Microscopic
- Irritative symptoms
- Frequent urinary tract infections
- Urethral stricture

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2. To facilitate the insertion of urinary catheter in case of

- false passage
- stricture¹

Contraindication for cystoscopy

Urinary tract infection - Infection may be spread UTI to upper tract.

Complications of cystoscopy

- Urinary tract infection
- Bladder perforation
- Bleeding
- Stricture
- Reaction to gel
- Acute urinary retention

Consent and Accountability²

1. Consent is required for this procedure
2. The person who intends to treat the patient should obtain consent
3. Patients need to be provided with sufficient information in a form that they can understand before they can decide whether to give consent and if the consent is to be valid

In order to ensure these issues are addressed

1. The patients will be provided with written information about the cystoscopy. This will be sent to the patient with an appointment letter
2. The information will clearly state that it is a nurse practitioner - not a doctor who will undertake the procedure.
3. The consent form to be signed by the patient will state that the procedure will be undertaken by a health professional other than a doctor.

Key points

If there is a past history of rheumatic fever, heart valve replacement, hip/knee replacements- the patient will need antibiotic cover prior to the procedure

Equipment

Cystoscope and light source
Catheter pack or similar
Swabbing solution
Lubricant gel (xylocaine & chlorhexidine)
500mls Normal Saline IV solution
Giving set

PROCEDURE**ADDITIONAL INFORMATION**

Prior to the procedure

1. Discuss presenting history and current symptoms
2. Inform patient about how the procedure will be performed, possible complications and instructions for after care.
Provide written information for future reference.
Explain what will happen if there is an abnormality. Give an estimate for when next check cystoscopy is carried out
3. Ask the patient to complete consent form
The form should state that a nurse practitioner will be carrying out the procedure
4. Check that antibiotics have been given if prescribed

Preparation for procedure

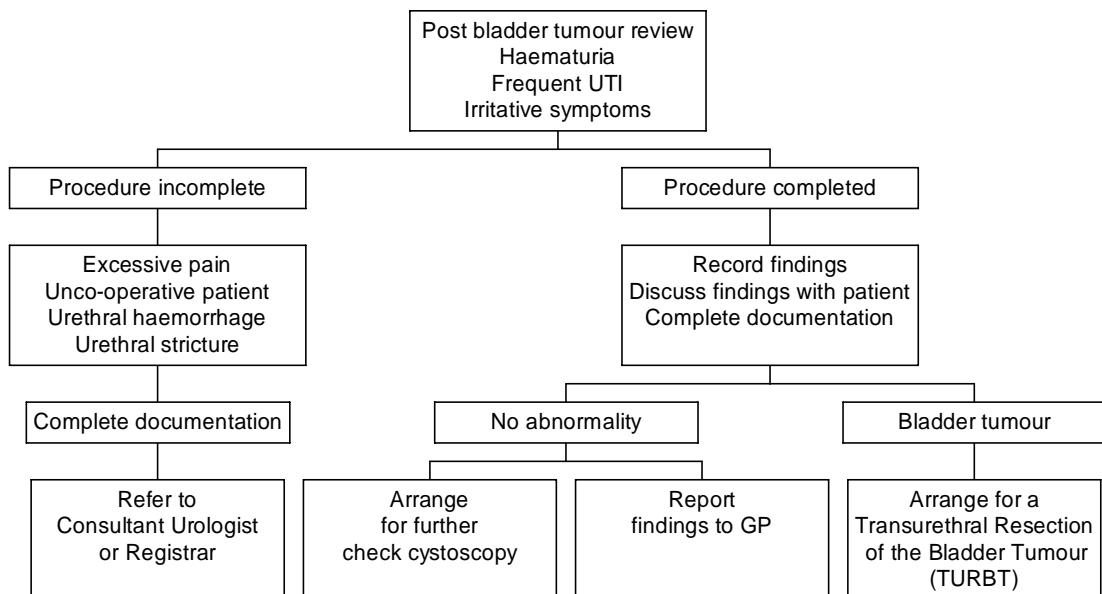
5. Ask the patient to empty his/her bladder
6. Ask the patient to lie on the bed in a supine position
7. **Performing the procedure**
Drape the patient and clean the genital area with swabbing solution
8. Identify the urethra and gently dilate with lignocaine and chlorhexidine gel.
The urethra may retract up the anterior vaginal wall in older women making it more difficult to insert cystoscope
9. While the fluid is flowing insert the cystoscope slowly
Presence of fluid will minimise the risk of urethral trauma,
Keep the urethra in centre of camera
10. Fill the bladder with ~200mL sterile water
Infuse the fluid by gravity
11. Identify bladder neck and dome of bladder (air bubbles)
12. Sweep (rotating scope at fixed angulation) over bladder
13. Identify right and then left ureter
14. Examine bladder neck by "J" manoeuvre
15. When all structures have been visualised and assessed, withdraw the cystoscope.
16. When withdrawing the scope, visualise bladder neck and the urethra
In older women the urethra may retract up the anterior wall of the vagina.

Post procedure

17. Offer the patient toilet facilities

PROCEDURE	ADDITIONAL INFORMATION
18. Inform patient that some pain with voiding or blood in the urine in the immediate post procedural period is not uncommon (24-48hrs)	Instrumentation and trauma incurred during the procedure may result in dysuria or haematuria
19. Ask the patient to call if there is persistent dysuria or haematuria or new onset of fever or chills	Risk of urinary tract infection
Document all findings and requests for further investigations and/or treatment (if required)	
Advise the patient of the time frame for the next procedure for TCC	Patient will need to have cystoscopic investigation for TCC for the rest of life or as determined by consultant
Send documentation to the consultant for review	
Notify the GP of the outcome	

PROTOCOL FOR THE MANAGEMENT OF PATIENTS ATTENDING A NURSE LED CYSTOSCOPY UNIT³⁻⁵



Error!

References

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