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 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. 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
PERFORMANCE CRITERIA

You must be able to do the following:

1. check the environment and equipment to ensure that everything is properly prepared for the procedure, including awareness of the location and availability of emergency equipment
2. read the patients notes, referral letter and relevant investigation results and identify any special instructions, investigations or items for which you need to seek advice prior to the procedure
3. accurately identify the patient and introduce yourself and any colleagues present to the patient
4. assess the patient's suitability for the procedure, including any changes to health or medication and seek advice or refer if necessary
5. explain the procedure and potential complications to the patient and accurately answer any questions at a level and pace that is appropriate to:
   1. their level of understanding;
   2. their culture and background;
   3. their preferred way of communicating;
   4. their needs
6. ensure the patients informed consent to the procedure has been given and, if not, obtain it
7. ensure that pre-procedure criteria have been met:
   1. urine sample tested for infection, the results interpreted and a sample sent for further analysis, if required;
   2. pre-procedure medication has been taken as required
8. maintain communications with the patient throughout the procedure and respond to any questions or needs
9. assist the patient to position themselves correctly for the procedure, respecting
their dignity and ensuring their comfort within the constraints of the procedure
10. undertake the procedure according to local control of infection guidelines
11. clean, identify and examine the urethral orifice and surrounding area and continue with the procedure if appropriate
12. check that the patient is ready for the procedure to commence
13. insert local anaesthetic gel into urethra
14. monitor the patient's condition and needs throughout the procedure
15. prepare and introduce the cystoscope into the urethra and advance it gently under direct vision using deflection and inflection of the tip to avoid trauma to the urethral wall and ensure that the correct irrigation fluid is running
16. if insertion is difficult, or problems occur, seek advice or decide to terminate the procedure
17. fill bladder sufficiently with irrigation fluid to facilitate systematic examination of the internal structure of the bladder and to identify anatomical landmarks using tip deflection and inflection, instrument rotation and gentle advance and withdrawal of the cystoscope
18. recognise and record images, if required, of all abnormal lesions or structures observed throughout the examination
19. improve visualisation, if necessary, by aspirating fluids from the bladder, ensuring suction has been disconnected prior to withdrawal of cystoscope
20. fully withdraw cystoscope maintaining irrigation until withdrawal of cystoscope is almost complete
21. reassure patient that the examination has been completed
22. dispose of all used equipment
23. assess the patient's needs on completion of the procedure, communicate any preliminary findings, where appropriate, and offer support if required
24. confirm the details of how the outcome of the examination will be communicated and of any future appointments and/or referrals
25. remind the patient of the information and advice they have already been given with regard to lifestyle, side effects and who to contact if problems arise and respond to any questions or requests for further information
26. prescribe, or supply on Patient Group Directive, antibiotics if required and provide the patient with information on their administration
27. document the observations and outcomes of the procedure and record all decisions made
28. recognise the need for immediate management of acute emergencies associated with the procedure and respond appropriately
29. maintain own competence by ensuring that local policy/guidelines for audit are adhered to
30. recognise when you need help and/or advice and seek this from appropriate sources

**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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