STANDARDIZED PROCEDURE
CYSTOSCOPY (Adult, Peds, Neonatal)

I. Definition

Cystoscopy provides direct visualization of the urethra and bladder. This procedure is used to diagnose and evaluate structural, pathologic and functional changes involving the urethra, bladder wall, dome neck and urethral orifices. Biopsies can also be performed to treat pathologic conditions related to those structures.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision:
The necessity of the procedure will be determined by the AHP in verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the AHP.

The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications: For direct visualization and inspection of the lower urinary tract structures.

D. Precautions /Contraindications: Active urinary tract infection.

III. Materials

Thirty degree Telescope
Light cord
17 Fr. or 21 Fr. Cystourethroscope (flexiable)
Bridge
Normal saline bag
Lidocaine jelly 2%
Cystoscopy pack

IV. Cystoscopy Procedure

A. Pre-treatment evaluation
Patient history and physical

B. Set up
Patient brought to Cystoscopy suite

C. Prepare patient
Patient brought to procedure room given instructions and signs informed consent.

D. Procedure:
1. The patient is assisted into the lithotomy position with the feet supported in stirrups.
2. The outside urethral area will be cleansed with an antiseptic solution and draped.
3. The urethral area will be numbed by inserting a lidocaine jelly 2%
4. EMG pads will be placed on patient if fluoroscopy is used
5. The endoscope is well lubricated and inserted into the urethra to the bladder and all land marks are then identified
6. Once the inspection is completed the bladder is evacuated; prior to this any tissue samples may be obtained i.e. bladder washings, biopsies.

E. Post Procedure
1. Send any specimens to cytology
2. Record the procedure and it's outcome and plan in progress note.

F. Follow up treatment: may include but is not limited to prophylactic antibiotics, clean intermittent catheterization (CIC), anticholinergic medication, timed voiding, voiding diary, referral to urology attending.

V. Documentation: Written record

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician

VI. Competency assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of cystoscopy.
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology

d. Consent process (if applicable)

e. Steps in performing the procedure

f. Documentation of the procedure

g. Ability to interpret results and implications in management.

3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under supervision.

4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.

5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed March 2012 by the Committee on Interdisciplinary Practice
Prior revision June 2007
Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.