

## Policy for Theatre Practitioners undertaking the role of Sub Tenon Block Practitioner

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<b>Board Director Lead:</b>	Medical Director
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### **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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Reviewed December 2023

Change to Consultant Surgeon, Mr James Deane

Addition of Mr Jason Loughran, ITAPS head of nursing to the policy document

Check / updates where required to supporting references.

Addition of alternative anaesthetic solutions to provide a wider duration of action of anaesthetic block when clinically required, at the request of the responsible operating surgeon.

### **KEY WORDS**

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Sub Tenon

Sub Tenon Block Practitioner

Ophthalmic block

Sub tenon anaesthetic

Local anaesthetic eye block

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for Theatre Practitioners undertaking the role of Sub Tenon Block Practitioner (STBP)
- 1.2 It enables a standardised way of working across all Sub Tenon Block Practitioners within the Trust to ensure they provide a competent and dedicated service, supporting the Ophthalmic surgeons and anaesthetists.
- 1.3 The policy defines that the Sub Tenon Block Practitioner must be aware of their own and others' accountability when performing the role
- 1.4 This policy aims to:
  - a) Ensure that safe standards of practice are adhered to by all staff within UHL undertaking the role of Sub Tenon Block Practitioner.
  - b) Ensure patient safety by identifying that all Sub Tenon Block Practitioners (STBP) have successfully completed a programme of study underpinning the knowledge and skills required for the role.

## 2 POLICY SCOPE

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- 2.1 This policy applies to Registered Operating Department Practitioners and Registered Nurses (hereafter known as Theatre Practitioners) who are employed by the University Hospitals of Leicester NHS Trust (including the Alliance), are working within ophthalmic services and have completed the necessary training as detailed in section 6.

## 3 DEFINITIONS AND ABBREVIATIONS

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- 3.1 **Theatre Practitioner** – is a Registered Operating Department Practitioners (ODP) or Registered Nurses (RN) working in Theatres.
- 3.2 **Sub Tenon Block** – A blunt-needle procedure to introduce local anaesthetic to the sub-tenon space around the eye with the aim of producing surgical anaesthesia of the eye.

## 4 ROLES

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- 4.1 **Executive Lead:** Medical Director – Andrew Furlong
- 4.2 **ITAPS CMG Clinical Director** has Operational Responsibility for this policy and is responsible for ensuring that the Clinical Management Group Senior Management Team are aware of this document.
- 4.3 **Heads of Service and Heads of Nursing for ITAPS, MSK and Specialist Surgery and the Alliance Clinical Management Group (CMG) are responsible for**
  - a) Ensuring that all staff who have been identified as being able to undertake this role are made aware of this policy
  - b) Ensuring staff who undertake this role have complied with the application process, applying for the role when advertised, meeting the required shortlisting criteria and being successful at interview and any required post interview checks.
  - c) Ensuring that all relevant registered Practitioners within the CMG have the appropriate education and competence to safely carry out the STBP role

- d) Ensuring all Sub Tenon Block Practitioners are registered on the UHL ITAPS extended role database
- e) Ensuring compliance with any associated audit of clinical practice, appraisal and competence

**4.4 Matron/Theatre Team Leaders are responsible for:**

- a) Ensuring patient safety within the operating theatre environment by making sure that the authorised staff have received the appropriate training, supervised practice and assessment of competence in the role of the STBP role.
- b) Ensuring that accurate and up to date log books recording the STBP activities are held and completed by the staff carrying out the role. The Trust has a right to stop any practice that it may deem unsafe until such a time that the practitioner can provide evidence that they have updated and brought their practice up to those standards recognised by the Trust.
- c) Contributing to all audit requirements

**4.5 Consultant Ophthalmic Surgeons and Consultant Ophthalmic Anaesthetists**

- a) Must be involved in the selection, training, assessment of competence, audit and Continuing Professional Development of STBPs
- b) Will jointly undertake the STB practitioners appraisal with the practitioner's team leader
- c) Will ensure professional updates are disseminated to the STB practitioners

**4.6 Practitioners undertaking the role of Sub Tenon Block Practitioner are responsible for:**

- a) Following an application process and full training to undertake the role
- b) Maintaining competence and undertaking any refresher training as necessary. This will initially include a bi-monthly CPD session, carried out by a Consultant Anaesthetist who will assess the STBP carrying out the process, from patient assessment to completing the block.
- c) Maintaining a logbook of the cases with which they have been involved as a STBP; this logbook must be kept with due regard for data protection rules, and should be surrendered to the Trust if requested.

**5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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- 5.1 Theatre practitioners who have been successfully identified as able to perform this role must be trained as detailed in section 6
- 5.2 These staff must adhere to the guideline for performing the Sub Tenon Block as detailed in Appendix 1
- 5.3 Staff must ensure that they follow the correct patient identification process, adhere to ANTT procedures and seek advice in situations where they have patient safety concerns or have identified limitation in their own or others' clinical practice.
- 5.4 Associated Documents– none.

## 6 EDUCATION AND TRAINING REQUIREMENTS

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- 6.1 Theatre Practitioners eligible for this expanded role must have been qualified for a minimum of 5 years and have experience of ophthalmic services.
- 6.2 Prior to undertaking the role of a STBP, Theatre Practitioners must successfully complete the UHL in-service competency package and logbook
- 6.3 Candidates for the role of STBP must undertake advanced training and assessment under the supervision of a Consultant Ophthalmic Surgeon and Consultant Ophthalmic Anaesthetist and successfully complete all aspects of the competency assessment which includes but is not limited to
- a) Relevant anatomy, physiology and pharmacology
  - b) Patient consent and patient safety
  - c) Complications and contraindications
  - d) Step by step procedure detail
  - e) Limitations of practice
- 6.4 The STBP must maintain up to date knowledge, skills and competence required in order to fulfil the role and keep an active logbook
- 6.5 The STBP must be familiar with and demonstrate an understanding of the following appropriate documents,) HPC Standards of conduct, performance and ethics. (HPC 2012), NMC Code (2015)

## 7 PROCESS FOR MONITORING COMPLIANCE

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Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Number of staff trained for role	ITAPS Head of Nursing	CLW rota	Yearly	CMG board
Individual STBP performance	Consultant Anaesthetist / Surgeon in Ophthalmology	Continuing Medical Education (CME)	Formally assessed once every 6 months	Written feedback to STBP, kept in appraisal document
Log book of clinical practice	Consultant Anaesthetist / Surgeon in Ophthalmology	Log book at appraisal	Yearly	Appraisal documentation

## 8 EQUALITY IMPACT ASSESSMENT

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, impact of this policy on equality has have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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Health and Care Professions Council – Standards of conduct, performance and ethics. 2016

Health and Care Professions Council – Standards of proficiency for Operating Department Practitioners. 2014

Nursing & Midwifery Council, The Code – Professional standards of practice and behaviour for nurses and midwives. 2015

A number of policies and guidelines support this policy. These are listed below:

<b>TRUST REF No</b>	<b>TITLE</b>
A16/2022	Policy for consent to examination or treatment
B25/2022	IV Policy. Preparation and Administration of Intravenous Medications and Fluids to Adults, Babies, Children and Young People
B13/2023	Venous Access in Adults and Children Policy and Procedures
B4/2023	Infection Prevention & Control Policy
B20/2021	Aseptic Non Touch Technique (ANTT) Guideline
B40/2021	Safer Surgery Policy

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 This document will be uploaded into PAGL on SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 10.2 This document will be reviewed in 18 months or sooner in response to any identified patient safety concerns.

**This document is for use by Theatre Practitioners trained in Sub Tenon Blocks and is to be used in conjunction with the overarching policy**

## **1. Introduction**

This document sets out the University Hospitals of Leicester (UHL) NHS Trust procedure for the preparation and administration of a Sub Tenon Block

This procedure should only be undertaken after the patient has given written consent to surgery, the correct side has been marked and the necessary “Sign In” and “Stop Before You Block” checks have been made as per the UHL Safer Surgery Policy.

## **2. Scope**

This procedure applies to all Theatre Practitioners authorised and competent to prepare and administer a Sub Tenon Block as per sections two and three of the main policy

## **3. Equipment required for this procedure**

- a) Non-toothed forceps
- b) Ocular speculum
- c) Round tipped scissors
- d) Sterile gloves
- e) Iodine prep and drops
- f) Gauze swabs (sterile)
- g) Tape
- h) Sharps bin

\*Advanced practitioners, defined by having spent a year in post as an independent block practitioner, having passed a joint appraisal and having performed a minimum of 150 sub tenon blocks, may go on to learn a non-snip technique using a dedicated sub tenon cannula.

## **4. Ensure there is a signed prescription for the following medication:**

- a) Proxymetacaine 0.5% 2-5 drops into conjunctival fornix
- b) Oxybuprocaine 0.4% 2-5 drops into conjunctival fornix
- c) 5mls lidocaine 2% with hyaluronidase 15 International Units/mL sub-Tenon injection

\*Advanced practitioners, when requested by the responsible clinician, may use a solution with added levobupivacaine to provide post-operative analgesia. This would be a 50:50 mixture of the above solution and 0.75% levobupivacaine.

## 5. Check the usual resuscitation equipment is available

Preparation and administration of Sub Tenon Block	
No:	Action:
1	Explain and discuss the procedure with the patient Ensure you have checked for any relevant allergies Ensure they have a patent cannula or other suitable IV access
2	At all stages tell the patient what you are about to do Ensure the patient is in a comfortable position with the face horizontal
3	Apply monitoring (ECG, SpO2 and NIBP) Check blood pressure prior to placing the block
4	Ask the patient to look laterally and apply topical local anaesthetic agents to the medial canthus in sufficient quantities for them to flow into the conjunctival fornices. <ul style="list-style-type: none"> <li>▪ Up to 5 drops of 0.5% proxymetacaine</li> <li>▪ Up to 5 drops of 0.4% oxybuprocaine</li> </ul>
5	Apply several drops of povidone iodine / saline 50:50mix (5%) to the conjunctival fornix, ideally using sterile pre-prepared minims when available. After this ask the patient to gently close their eyes.
6	Wash hands and put on sterile gloves and using sterile gauze wipe around the closed eye with 10% neat povidone iodine
7	Insert the ocular speculum
8	Identify the incision site at a point away from the limbus in the infero-nasal quadrant. Where possible make the incision away from a larger conjunctival vessels
9	Use the non-toothed forceps to grasp conjunctiva and make a small conjunctival tent
10	Use the round tipped scissors to make a small incision through the conjunctiva and Tenon's fascia, a "tunnel" will be visualised
11	With the tunnel seen the Sub-Tenon's cannula, on a 5ml syringe of local anaesthetic, can be passed into the sub-Tenon's space.
12	Once the tip of the cannula has reached the area of the orbital equator, a different depth for each patient depending on axial length of the eye, an attempt should be made to aspirate blood to check the tip of the cannula is not lying in a blood vessel. If this aspiration test is negative, a small amount of local anaesthetic (0.5ml) is injected



<b>Preparation and administration of Sub Tenon Block</b>	
<b>No:</b>	<b>Action:</b>
	and if free flow occurs a total volume of 3-5mls of anaesthetic solution is administered.
13	Once the injection has been completed, the cannula is gently withdrawn and the eye taped closed.
14	Gentle digital pressure may then be applied to the closed eye in a non-rocking motion
15	In theatre the monitoring should be continued
16	Oxygen (6-8 L/min) should be piped under the drapes
17	The practitioner must use a suitable anaesthetic chart to record the procedure, vital signs during monitoring and then place it in the medical case notes
18	Ensure the supervising clinician has prescribed post-operative analgesia.
19	Transfer the patient to recovery and perform a complete handover of the patient to receiving staff.
20	Perform patient review on the post-operative ward.