Standard Operating Protocol (SOP)
UHL Ambulatory Urogynaecology Unit Local Safety Standards for Invasive Procedures (LocSSIPs)

Change Description	Reason for Change
☐ Change in format	☐ Trust requirement

APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Consultant	Roderick Teo
SOP Owner:	Consultant in Gynaecology – Guidelines Lead Head of Service for Gynaecology	Olivia Barney Marwan Habiba
Sub-group Lead:	N/A	

Appendices in this document:

Appendix 1 – Booking form & prescription chart
Appendix 2 – Ambulatory urogynaecology procedure pro forma & LocSSIPs check list
Appendix 3 – Patient pathway
Appendix 4 – Care of patients with latex allergy

Introduction and Background:

The Ambulatory Urogynaecology Unit offers the following procedures under local anaesthetic:

- Flexible cystoscopy
- Bladder Botox injection
- Bladder neck injection

This SOP should be used by clinicians and nurses working in the Ambulatory Urogynaecology Unit. The list of standards covered include:

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1. Booking patients:

Procedure carried out in the Ambulatory Urogynaecology Clinic are:

1. Flexible cystoscopy
2. Bladder Botox injections
3. Bulkamid bladder neck injections

Inclusion criteria: Flexible cystoscopy

- Recurrent UTIs, bladder pain, urethral pain, refractory overactive bladder symptoms, mesh-related complications, voiding difficulty

  Note: Patients presenting with haematuria should be referred to Urology

Inclusion criteria: Bladder Botox injection

- Refractory overactive bladder symptoms (not improved after bladder retraining and medication)

Inclusion criteria: Bladder neck injection

- Stress leakage of urine

Exclusion criteria:

- Uncontrolled epilepsy (LA may precipitate seizures)
- Severe mobility issues (unless pre-arranged with the ward, operating clinician and double slot booked)
- Weight exceeding limits of the couch (200kg)

Booking Process

The referring consultant retains overall responsibility for the patient's ongoing care.

1. The Ambulatory Urogynaecology Unit booking form (yellow) should be used (Appendix 1). The prescription chart, on the back of the booking form, should be completed where relevant.
2. Patients should be provided with the relevant procedure information leaflet which will be posted to them along with their appointment.
3. Patients will be scheduled in accordance with the CMG policy for waiting lists.
4. The Ambulatory Urogynaecology list should include the following information: Patient name, hospital number, procedure and any extra information as additional comments e.g. latex allergy or medical comorbidities.
5. The case notes/adequate information must be available at the time of the procedure.
6. For patients on anticoagulants, a bridging plan may be necessary and will be decided by the patient's consultant.

2. Personnel and equipment:

- Ambulatory Uroynaecology procedures will be carried out in a dedicated area on Ward 11, LGH, which is appropriately staffed.
- Personnel required for procedures: A skilled practitioner, a nurse assistant with appropriate training and a health care assistant providing patient support.
- The procedure should be performed by a competent practitioner or a trainee under the direct/indirect supervision of a competent practitioner.
- The preparation of the treatment room will be in line with UHL Infection Control Guidelines.

3. Pre-procedure checks:

- The appropriate skill mix of the workforce should be confirmed prior to the start of the list.
- The availability of adequate case notes/clinical information, equipment, Botox and bladder neck injection agent should be confirmed prior to the start of the list.
- A team briefing should be completed prior to the start of each procedure following the LocSSIPs checklist on the reverse side of the Ambulatory Urogynaecology procedure proforma (Appendix 2).

4. Patient pathway:

(Appendix 3)

1. **For all Ambulatory Urogynaecology procedures**:
    - Meet and greet: the patient is received by a member of the nursing staff
    - A urine dipstick is performed for all patients
2. **For bladder neck injection patients:**
    - Nurse consultation and WHO checklist
    - Observations pre-procedure and BMI
3. The patient is then seen by the medical practitioner for pre-procedure consultation and consenting.
4. The setting up of all equipment for the procedure should be completed prior to the arrival of the patient in the treatment room. Patients with latex allergy will be highlighted and preparations to the treatment room will be in accordance with the Latex Allergy Policy (Appendix 4).
5. The patient is taken to the changing room to change into a hospital gown.
6. The patient will be invited into the treatment room and the team is introduced.
7. A team briefing should be completed prior to the start of each procedure in accordance with the

LocSSIPs checklist (Appendix 2). The patient's name, date of birth, address and procedure are confirmed with the patient.

8. The patient is positioned on the procedure couch.
9. The patient's dignity is maintained throughout the procedure.
10. As the patient is awake during the procedure, conversations must be appropriate and not breach patient confidentiality.
11. Sterile drapes are used. The vulva and external urethral meatus are cleaned with antiseptic solution.
12. **Use of local anaesthetic:**

- **For flexible cystoscopy and bladder Botox injection**: Only intraurethral Instillagel is used.
- **For bladder neck injection**: Instillagel and paraurethral local anaesthetic injection is used (5ml 1% lidocaine).
- The maximum volume of local anaesthetic which can be administered is dependent on the weight of the patient, the concentration of the anaesthetic and whether adrenaline is used.

Drug	Concentration (mg/ml)	Maximum dose (mg/kg)	Maximum volume (ml)								
			35 kg	40 kg	45 kg	50 kg	60 kg	70 kg	80 kg	90 kg	100 kg
Lidocaine **1%**	10 mg/ml	3 mg/kg	10.5	12	13.5	15	18	20ml (200mg)			
Lidocaine **2%**	20 mg/ml		5.25	6	6.75	7.5	9	10ml (200mg)			
Lidocaine **1%** *with Adrenaline (1:200000)*	10 mg/ml	7 mg/kg	24.5	28	31.5	35	42	49	50ml (500mg)		
Lidocaine **2%** *with Adrenaline (1:200000)*	20 mg/ml		12.25	14	15.75	17.5	21	24.5	25ml (500mg)		
Prilocaine **1%**	10 mg/ml	6 mg/kg	21	24	27	30	36	40ml (400mg)			

1. Entonox is available for all patients requiring additional analgesia.
2. The procedure should be abandoned if the patient is unable to tolerate it.
3. The traceability stickers for the equipment and operating sets are attached to the Ambulatory Urogynaecology procedure proforma (Appendix 2).
4. Documentation of the procedure will be completed on the Ambulatory Urogynaecology procedure proforma (Appendix 2).
5. The operating practitioner will debrief the patient following the procedure.
6. The ICE discharge letter is prepared by the operating practitioner along with a letter to the referring consultant. The referring consultant retains overall responsibility for the ongoing care of the patient.

7. **Flexible cystoscopy and bladder Botox injection** patients can be discharged straight after their procedure. They do not require bladder scans or post-procedure observations (Appendix 3)

8. **Bladder neck injection** patients will need to be observed on the ward after their procedure. They require bladder scans and post-procedure observations (Appendix 3).

    - Bladder scan to rule out urinary retention

      Only 1 scan needed if voided volume is >200 ml and postvoid residual volume (PVR) is <150 ml.

      A 2nd scan is needed if the PVR on the 1st scan is >150 ml.

      If the 2nd scan records a PVR >150 ml, a urethral catheter should be inserted. The patient is discharged and brought back for a trial without catheter the next day.

9. The patient will be given emergency contact numbers and a copy of her ICE discharge letter when discharged.

5. Monitoring during anaesthesia:

All patients undergoing a local anaesthetic procedure are monitored according to the Royal Association of Anaesthetist and Department of Anaesthetist guidelines.

	ACTION	**RATIONALE**
(a)	All patients will have vital signs recorded prior to commencement of the procedure.	To ensure that the patient does not have any adverse reactions and following the Association of Anaesthetist guidelines.
(b)	Patients undergoing **local anaesthetics and endoscopy procedures (bladder neck injection)** will have the following parameters measured: • Blood Pressure • Pulse oximetry • Height • Weight All the above other parameters must be available within the department.	All patients undergoing local and regional anaesthesia will require the same standard of care and monitoring, ensuring any adverse reactions are identified and acted upon immediately.

6. Care of equipment and treatment room:

- Clean items are collected from the sterilization services department (SSD) from their allocated shelves.
- Reusable equipment is to be sent to the SSD for cleaning.

- Equipment is to be appropriately audited (completed information sheet allocated to the item)/wrapped/bagged and labeled before being transported to the SSD.
- Single use items are disposed of according to hospital policy.
- All hard surfaces used are cleaned with the Chlor-Clean between cases.
- Camera heads and light leads are cleaned with high grade disinfectant wipes between cases.

7. Privacy and Dignity:

A patient's privacy and dignity must be respected at all times. All patients have the right to individualised care when undergoing treatment.

	ACTION	RATIONALE
(a)	Local anaesthetic patients may retain dentures, spectacles, wigs, false limbs etc. All information regarding the above must be documented in the patient care plan and the procedure team informed.	This protects patient's dignity when they are feeling vulnerable. The team will be made aware of any potential hazards.
(b)	Patient's religious and ethnicity must be respected and their wishes granted when practicable.	All patients are to be treated equally irrespective of their religion or ethnicity.
(c)	Patients will not be left unattended in the treatment and resting area.	To provide support and protect the patient from any misadventure.
(d)	In Treatment Room • The patient's clothing and / or sheet is to remain in place until the last possible moment. • Skin exposure must be kept to a minimum but enough to allow appropriate skin preparation and draping.	To protect the patient's dignity when they are unable to do so for themselves.

8. Governance and Audit:

It is recommended that the service undertake regular audit, service evaluation and patient satisfaction questionnaires to assist in assessing the quality of the service.

9. References to other standards, alerts and procedures:

References:

UHL theatre guidelines

UHL infection prevention guidelines

National Safety Standards for Invasive Procedures, NHS England 2015: https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf

UHL Safer Surgery Policy: B40/2010

UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005

UHL Consent to Treatment or Examination Policy A16/2002

UHL Delegated Consent Policy B10/2013

UHL Guideline: Anticoagulant Bridging Therapy for Elective Surgery and Procedures B30/2016

END

Key Words

Flexible cystoscopy, Bladder Botox injection, Bladder neck injection, LocSSIP

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.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead (Name and Title) R Teo - Consultant			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
September 2024	**1**	**Gynaecology governance UHL Women's Quality & Safety Board**	**NEW SOP**

Appendix 1: Ambulatory Urogynaecology Booking Form (Front page)

AMBULATORY UROGYNAECOLOGY BOOKING FORM

REFERRING CONSULTANT:	URGENT / ROUTINE	LGH

PATIENT DETAILS	Suitability	CLINICAL DETAILS
Telephone number:	For urodynamics: • Ensure pack is sent (pads, questionnaires, instructions for stopping bladder medication)	PROCEDURE REQUESTED ☐ Urodynamics ☐ Flexible cystoscopy ☐ Bladder Botox injection ☐ Bladder neck injection
	Patient able to come in at short notice: Yes/No Interpreter Yes/No	Comorbidities: 1. 2. 3. Latex allergy: Yes / No Anticoagulant bridging plan: Yes / No

Complete prescription chart on reverse side

ADMISSION DETAILS:	
Dates Offered to Patient: 1. 2. 3. Date of Procedure:	Reasons Declined: 1. 2. 3.

FORM COMPLETED BY CON/REG/SHO* SIGNED..... NAME ..... DATE: .....

To be completed by Clinic Coordinator entering information on HISS within 24hrs of CON/REG/SHO date.

Name: ..... Today's date: .....

Signature: ..... Date entered on HISS: .....

RTT start date .....

Ambulatory Urogynaecology Booking Form (Reverse side – prescription chart)

AMBULATORY UROGYNAECOLOGY PRESCRIPTION CHART

Referring Consultant		Site			
PATIENT DETAILS	Date		Height (m)	Weight (kg)	BMI

ALLERGIES/CONTRAINDICATIONS

Date	Drug	Route	Dose	Signature / Print name	Date given	Time given	Route given	Given by
	BOTOX	BLADDER						
	BULKAMID	BLADDER NECK						
	PARACETAMOL	PO	500mg / 1g					

AS REQUIRED MEDICATION

DRUG **ENTONOX** (50% NO;50% O_2)				DATE				
DATE	DOSE PRN	ROUTE INHALED		TIME				
INDICATION ANALGESIA		MAX FREQUENCY SELF ADMINISTERED		DOSE				
SIGNATURE	PRINT NAME	PHARM	SUPPLY	GIVEN				

DRUG				DATE				
DATE	DOSE	ROUTE		TIME				
INDICATION		MAX FREQUENCY		DOSE				
SIGNATURE	PRINT NAME	PHARM	SUPPLY	GIVEN				

Appendix 2

Ambulatory Urogynaecology Procedures Proforma (Front page)

Ambulatory Urogynaecology Procedures Proforma
Flexible Cystoscopy / Bladder Botox Injection / Bladder Neck Injection

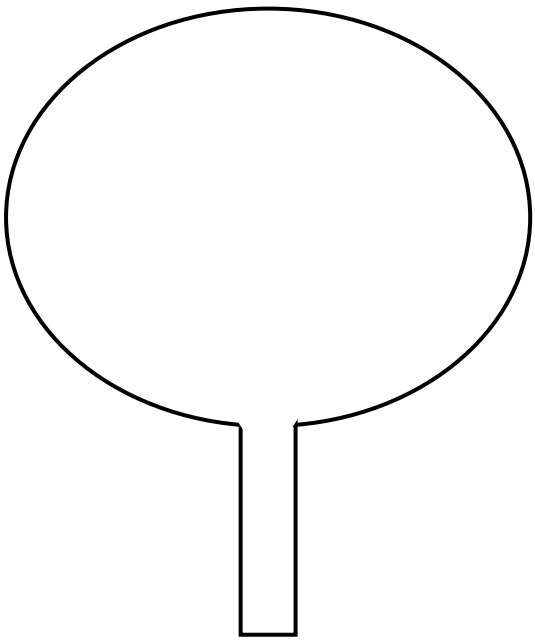
Patient details	Date: Surgeon:

Procedure:

Anaesthetic:

Botox dose:

Bulkamid volume used:
Lignospan / Lidocaine 1% volume used:
Entonox used Y / N



Complete reverse side of form

Ambulatory Urogynaecology Procedures Proforma (Reverse side)

How painful was the procedure?

0 1 2 3 4 5 6 7 8 9 10

No pain — Extremely painful

How likely are you to recommend the procedure?

0 1 2 3 4 5 6 7 8 9 10

Not at all — Very likely

LocSSIPs checklist: TO BE COMPLETED BY RUNNER BEFORE COMMENCING PROCEDURE

Confirm patient details with patient: YES

Confirm procedure with patient: YES

Written consent confirmed: YES

Sign _____

Appendix 2 continued:

Post procedure observations:

RR
BP
HR
SatO2

Post procedure voids:

1st void
1st PVR

If necessary: 2nd void
2nd PVR

In retention / large PVR >150mls: Foley's catheter

TWOC booked on wrd 11 on the next available slot

Appendix 3

Patient pathway: Flexible cystoscopy, bladder Botox injection, bladder neck injection

Arrival in reception, meet and greet
Urine dipstick for ALL patients

Bladder neck injection (Bulkamid)

Required - Nurse consultation, WHO check list, BMI and observations

Consent and pre-procedure consultation with the practitioner

Changing room to get into hospital gown

Procedure room
Patient details and procedure confirmed with patient
Procedure carried out and documented on Ambulatory Urogynaecology Proforma

After procedure - Admit to Ward 11

Post procedure observations
Check for urinary retention – Only 1 bladder scan required if PVR <150 ml (voided volume of >250 ml)

2nd scan is needed if PVR >150 ml on the 1st scan

If PVR on 2nd scan >150 ml or in urinary retention
Insert urethral catheter
Leave on free drainage
Patient can be allowed home
Return for TWOC the following day

Patient can be discharged if well and not in retention (discharge letter required)

Flexible cystoscopy / Bladder Botox injection

Observations NOT required

Consent and pre-procedure consultation with the practitioner

Changing room to get into hospital gown

Procedure room
Patient details and procedure confirmed with patient
Procedure carried out and documented on Ambulatory Urogynaecology Proforma

Changing room to dress

Consultation room for debriefing

Patient can be discharged (discharge letter required)
No observations required
No bladder scan required

Appendix 4

Care of Patients with Latex Allergy

Latex allergy patients will receive optimal care within a latex free environment

	ACTION	RATIONALE
(a)	All staff caring for a patient with latex allergy will be made aware This information will be included on the procedure list	To allow preparation of the peri-operative environment for this patient.
(b)	Staff involved with patients with a latex allergy will have access to information in the following areas: • Latex free folder OPD There should be a nominated latex advisor in each area.	All staff are to have access to latex free information and product guidelines.
(c)	Latex allergy patients should be first on the procedure list. If this is not possible then the area must be prepared following the guidelines below.	To allow for the preparation of the area environment reducing the risk of latex particles being present.
(d)	It is not necessary to empty the treatment room (TR) of fixtures and fittings. During preparation of the TR staff must wear latex free gloves. Preparation must include: • Removal of any visible latex products e.g. gloves or items to be covered with a latex free sheet. • TR should be cleaned in the approved manner. • Damp dust trolleys and bed. • Operating table pads and patient supports that contain latex (or when it is not certain that items are latex free) must have a latex free cover such as bubble wrap. This should be secured with a latex free tape. • Access to TR should be restricted and latex allergy awareness notices must be placed around the area.	To provide a latex free environment in compliance with the Trust's latex allergy policy. To inform staff that the TR is designated latex free.
(g)	Following procedure Patient to resting area prepared for the patient's latex allergy status.	All staff involved to be aware of allergy.