Standardized Procedure

Cystoscopy, flexible or rigid
with or without ureteral stent removal, urethral dilation, bladder biopsy and fulguration

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) *at UC San DiegoHealth.*

I. Definition

A. Function: cystoscopy in an adult patient by a Nurse Practitioner (NP) includes the cannulation of the urethra or suprapubic tract and bladder by a flexible or rigid cystoscope for the direct visualization of the bladder and urethra. 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.

B. Circumstances: cystoscopy may be performed by the NP for the evaluation of gross or microscopic hematuria, lower urinary tract symptoms (including but not limited to difficulty voiding, bladder pain, urinary incontinence), recurrent urinary tract infections, and for removal of previously placed ureteral stent

II. Background information

A. Setting:
Inpatient, Outpatient, or Emergency Department. Adult or pediatric population (over 14 years of age)

B. Supervision: Once competency is determined, the NP will be able to perform this procedure without direct supervision.

The Advanced Health Practitioner will notify the Attending 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 structure

D. Precautions/Contraindications: Active urinary tract infection.

III. Procedure:

A. Pre-treatment evaluation:
   a. Patient History and Physical Exam, documentation of indication
B. Setup and patient preparation

a. Patient brought to the procedure room, informed consent is obtained
b. Cis- or trans-male patients are positioned supine; cis- or trans-female patients are positioned in lithotomy or in frog-legged position
c. External genitalia and urethral meatus are cleansed with antiseptic solution and draped in sterile fashion
d. Topical 2% lidocaine jelly is instilled per urethra

C. Procedure
   a. Endoscope is well lubricated and inserted into the urethra
   b. As the scope is passed into the bladder, landmarks are identified and noted to be normal or abnormal
   c. If a stricture is present and the scope does not pass easily, the urethra may be dilated using one of the following sets of instruments:
      i. Passive dilation with the scope using constant gentle pressure
      ii. Urethral sounds (straight or curved)
      iii. Balloon dilator
      iv. Filiform and followers
      v. Heyman dilators
   d. The bladder is inspected in its entirety including the ureteral orifices
      i. If there are any abnormalities or increased concern for malignancy, tissue samples may be obtained
         1. i.e., bladder washings, biopsies
         2. If biopsy is performed, bugbee fulguration may be required for appropriate hemostasis
   e. Any foreign bodies including small bladder calcifications or ureteral stents are removed
   f. The scope is gently removed and the procedure is completed

D. Post-Procedure
   a. Specimens are sent to pathology, cytology, or microbiology
   b. Procedure and findings are documented in the electronic medical record
   c. Follow up is communicated to the patient and documented in the electronic medical record
   d. Prophylactic antibiotics may be given per clinic protocol
   e. Abnormal findings will be communicated to the Attending Physician

VI. Competency Assessment

A. Initial Competency
   a. The NP will be instructed on the efficacy and indications of this procedure and demonstrate understanding of such
   b. The NP will demonstrate knowledge of the following
      i. Medical indication and contraindications of the procedure
      ii. Risks and benefits of the procedure
      iii. Related anatomy and physiology
      iv. Consent process
      v. Steps ini performing the procedure
      vi. Documentation of the procedure
      vii. Ability to interpret results and implications in management
   c. The NP will be trained by the Attending Physician and then perform the procedure five times under direct supervision

d. The Attending Physician will document the NP's competency prior to performing the procedure without supervision
e. 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 NP will demonstrate competence by successful completion of the initial competency.

2. Each NP will be initially proctored and signed off by an attending physician. NP 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 NP. The NP 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: Senior Director of Advanced Practice office number (858) 249-2677

VIII. HISTORY OF PROCEDURE:

Revised by the Committee of Interdisciplinary Practices: 12/27/2022

Reviewed by the Medical Staff Credentials Committee: 1/4/2023

Approved by the Medical Staff Executive Committee: 1/19/2023