

Flexi-cystoscopy and Injection of Botulinum Toxin A for patients with Spinal Cord Injury in the outpatient setting.

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Hypothesis / aims of study

Many patients with a spinal cord injury (SCI) require investigatory cystoscopy due to the increased incidence of recurrent urinary tract infections, stone formation or haematuria. Intra-detrusor botulinum toxin A injections are often used in the management of neurogenic detrusor overactivity (NDO) and are administered via cystoscopy. Historically, these procedures would require an admission into hospital and be performed in a theatre setting with a general anaesthetic using a rigid cystoscope. The rationale for developing an outpatient based flexible cystoscopy service was influenced by service factors; reduced medical cover, increasing patient population, theatre access, and significant waiting lists. Furthermore, patients were experiencing long waiting times for intra-detrusor botulinum toxin injections which resulted in increased incontinence or further reliance on bladder medications. Setting up an outpatient list not only allows patients to access treatment more quickly, but reduces the requirement for hospital admission and helps increase efficiency, productivity and is more cost effective. The aim of this study was to evaluate the patient satisfaction with a new out-patient based flexible cystoscopy clinic.

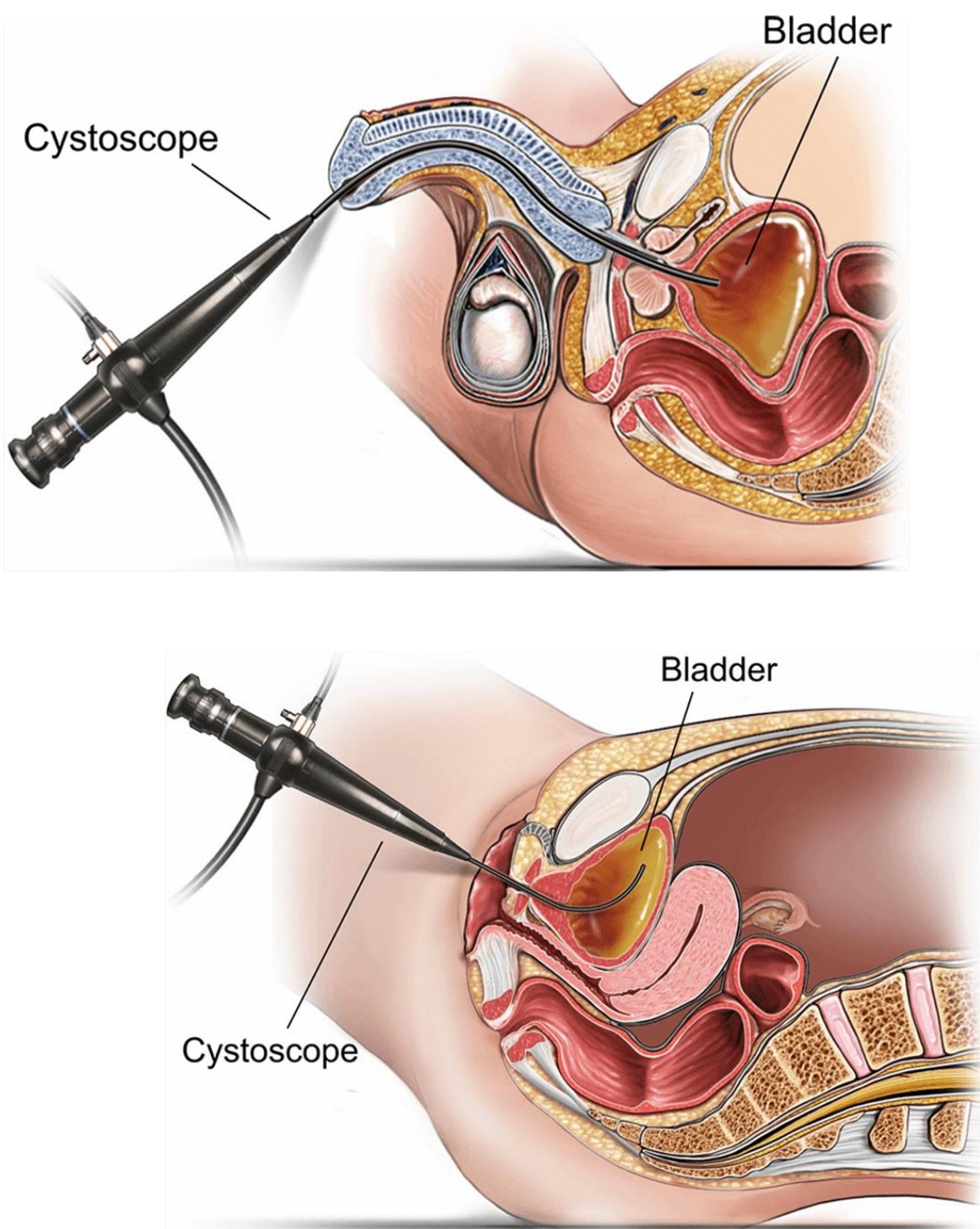


Figure 1. Cystoscopy procedure

Study design, materials and methods

Patients who attended the out-patient based flexible cystoscopy clinic over the period from May 2023 till June 2023 were given the opportunity to complete a patient satisfaction questionnaire which consisted of 11 questions. This was performed via a QR code scanned on a smart device that linked to GoogleDocs questionnaire. Figure 2.



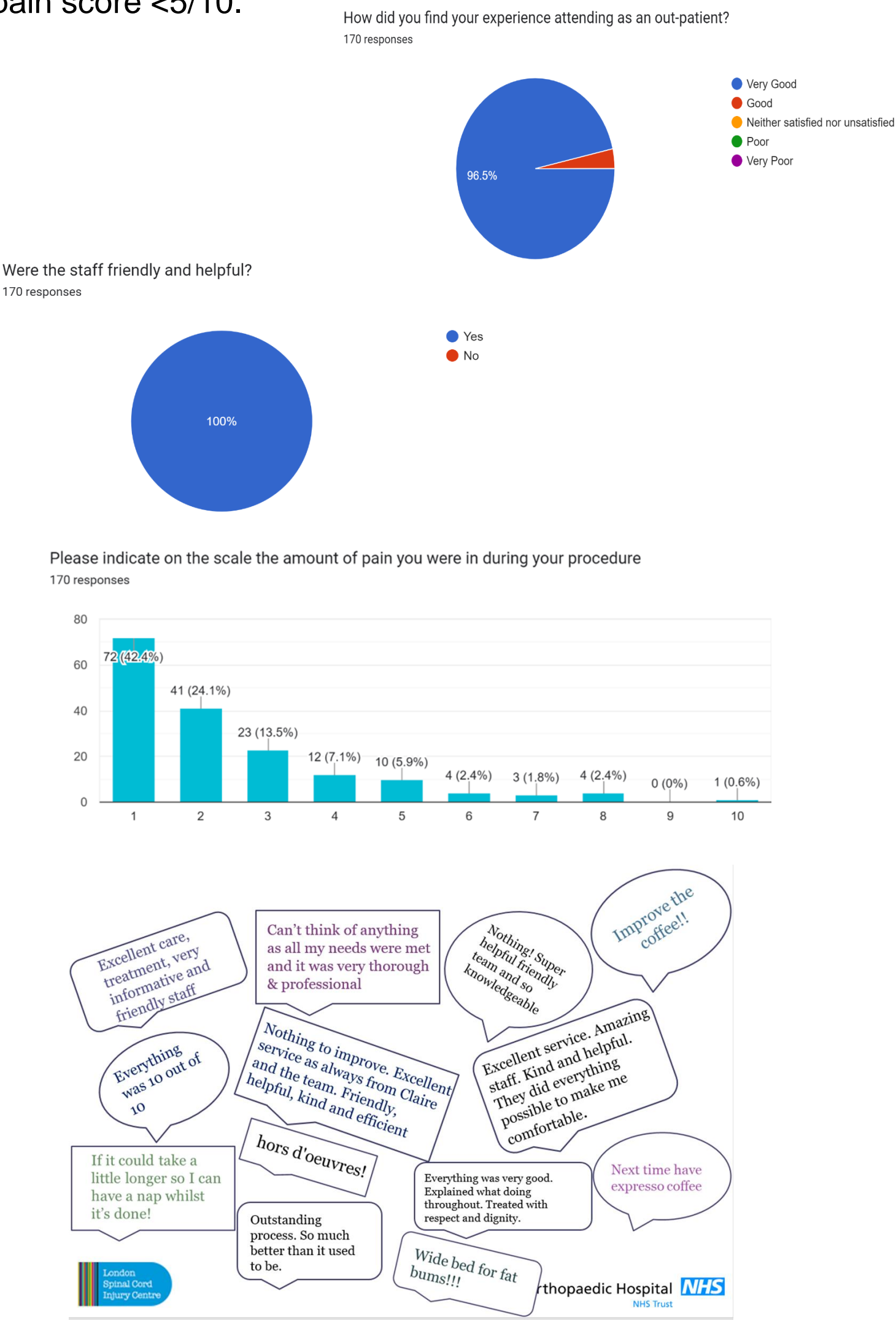
Figure 2. Google Docs QR Code

Questions

- Is this the first time you have had a Flexi-Cystoscopy as an out-patient procedure?
- How did you find your experience attending as an out-patient?
- How satisfied were you with the waiting time between being booked and your procedure?
- How did you find the procedure?
- Please indicate on the scale the amount of pain you were in during your procedure
- Did you prefer coming to clinic or would you prefer to have the procedure done in theatres?
- Were the staff friendly and helpful?
- If you answered no please state why
- Was the post-operative information provided to you clear and easy for you to understand?
- How would you rate your overall experience
- Please let us know if there is anything we can do to improve the patient experience

Results and interpretation

170 patients attended the outpatient based flexible cystoscopy clinic for diagnostic cystoscopy or intra-detrusor botulinum toxin injections. All 170 completed the questionnaire. Common themes from the results reported that 100% of the patients found attending as an outpatient very good/good. Furthermore, 97.6% of the patient found the overall procedure very good/good. We further asked the patients if they would prefer to have the procedure as an outpatient or in theatres and 97% of patient would prefer outpatients. 100% of the patients found the post operative information and points of contact clear. 100% patients found the staff friendly and helpful. We also questioned about patients pain; 87.1% patients had pain score <5/10.



Conclusions

Performing cystoscopy in an outpatient setting has clearly demonstrated improved patient satisfaction and experience compared to as an in-patient. It also has clear implications for delivering a more cost effective service to meet current financial demands, reduce waiting times in line with trust and national guidelines. It also enhances continuity of care. It is important to acknowledge that this is in-line with GIRFT and the benefits in transforming outpatient services.



References

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