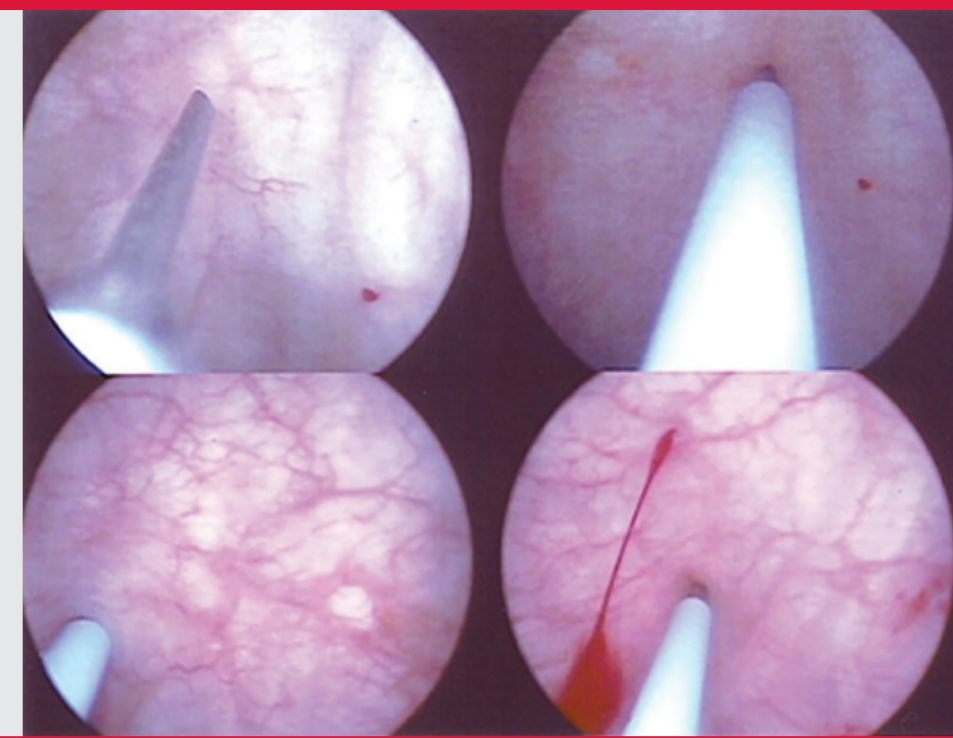


Nurse led flexible cystoscopy and injection of botulinum toxin A for patients within a UK spinal injuries outpatients setting

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This poster will describe the development of a nurse led service to administer botulinum toxin via flexible cystoscopy.

The demands on service provision have led to an increasing number of check flexible cystoscopies being performed by urology nurse specialists as opposed to doctors however within spinal injuries centres this is performed by a urologist or equivalent. At the current time in the UK there are a limited number of nurses who provide botulinum toxin via cystoscopy however none that provide this service to patients within a spinal cord injury setting. The Author was lead to develop this service due to an increasing demand for SCI patients who had the procedure and had to wait several months for repeat Botox due to high waiting list demands. This in turn had a significant effect on the SCI quality of life. By the very nature that the Botox wears off within several months there is need for a repeat procedure therefore this service will only grow expediently.

Botulinum toxin is a neurotoxin produced by *Clostridium botulinum*, a bacterium that causes food poisoning (botulism). There are seven known types of *C. botulinum* toxin, but only types A; and B are used as medical treatments.

Botulinum toxin A is licensed for use in the bladder for the treatment of idiopathic and neurogenic detrusor over activity. And advocated by NICE (national institute for clinical excellence)

This poster will describe the nurse led service, assessment criteria, contraindications and standard operating procedures and guidelines in place for providing botulinum toxin to patients within a spinal cord injury outpatient setting.

Purpose and hypothesis

Flexible cystoscopy utilizes a fibre-optic scope with a light source to examine the internal surfaces of the bladder and urethra. The procedure is undertaken to investigate and diagnose the cause of lower urinary tract symptoms. It is also used extensively to detect the recurrence of bladder tumor's in people diagnosed with transitional cell carcinoma of the bladder.

To perform injections of Botox a guidewire with a needle is passed through the flexible scope and 10-30 injections are administered in the bladder wall.

Materials and Methods

Training was undertaken following the BAUN (British Association of urology Nurses) and BAUS British Association of Urological Surgeons nationally agreed universal training package which enabled the nurse cystoscopist to develop the necessary skills and competencies.

Following commencement of the nurse led outpatient Botox service a prospective patient satisfaction questionnaire will be undertaken for new and subsequent administration.

This data will assist in the evaluation of waiting times, communication with health care professionals delivering the service as well as a rating of the service provided and comments for service improvement.

Contraindications

Botulinum toxin is strongly contra-indicated in pregnancy and breastfeeding as the effect on the foetus are unknown.

Known hypersensitivity to any constituents of the formulation.

Presence of urinary tract infection (unless prophylaxis has been discussed in advance).

When the patient has a generalised disorder of muscle activity, such as Myasthenia Gravis.

Patient's under-going anti-coagulation therapy or in patients with low platelet counts should have appropriate coagulation screen and discussed in advance.

If The patient is receiving Botulinum Toxin for other indications (e.g. cosmetic uses). The maximum does of Botox is 300/400 units in 3 months, if a different strain of botulinum toxin has been used advise will need to be taken to compare dosage.

STANDARD OPERATING PROCEDURE

DOCUMENT TITLE: Standard Operating Procedure for the administration of Botulinum Toxin via Cystoscopy.

This procedure has been introduced to ensure compliance regarding the administration of Botulinum Toxin via cystoscopy. Patients are identified for this treatment at an outpatient or inpatient consultation by the urologist.

Prior to the procedure

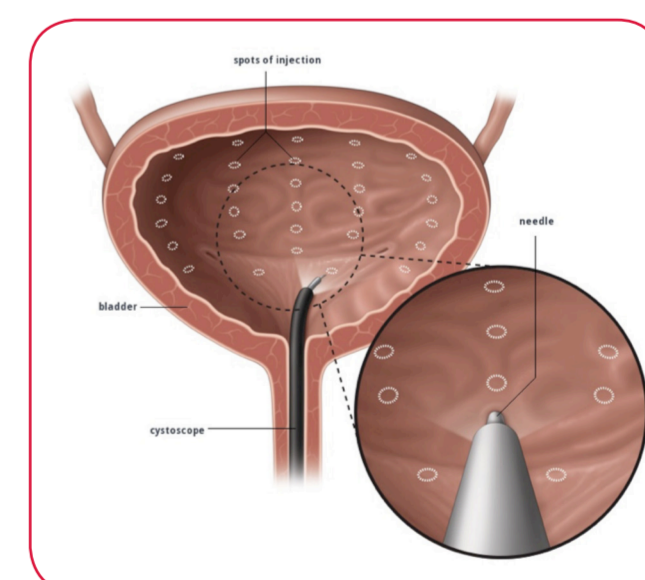
- The patient is informed of the benefits and risks of treatment by urologist or urology nurse specialist and this is supported by written information
- Contraindications are checked
- Base line BP – Autonomic Dysreflexia
- The patient verbally consents to treatment

The procedure

- The nurse checks the prescription and patient details
- The patient is made comfortable— ensuring privacy and dignity is maintained
- The cystoscope is inserted
- The botulinum toxin is administered in accordance with local policy and manufacturers' guidance

Post procedure

- The patient is given written and verbal advice of whom to contact if he/she has concerns and specific written advice is given as to what sign and symptoms to look out for and what action might be required.
- The patient is given a further appointment / relisted for Botox
- Specific advice regarding anticholinergics



Conclusion and future recommendations

The role of the nurse performing this task has clear implications on the delivery of a cost effective service to meet current financial demands. An analysis of the patients treated by the nurse cystoscopist will identify the financial benefits together with a patient satisfaction questionnaire on a rating of the service provided the clinic is due to commence in September 2016.

