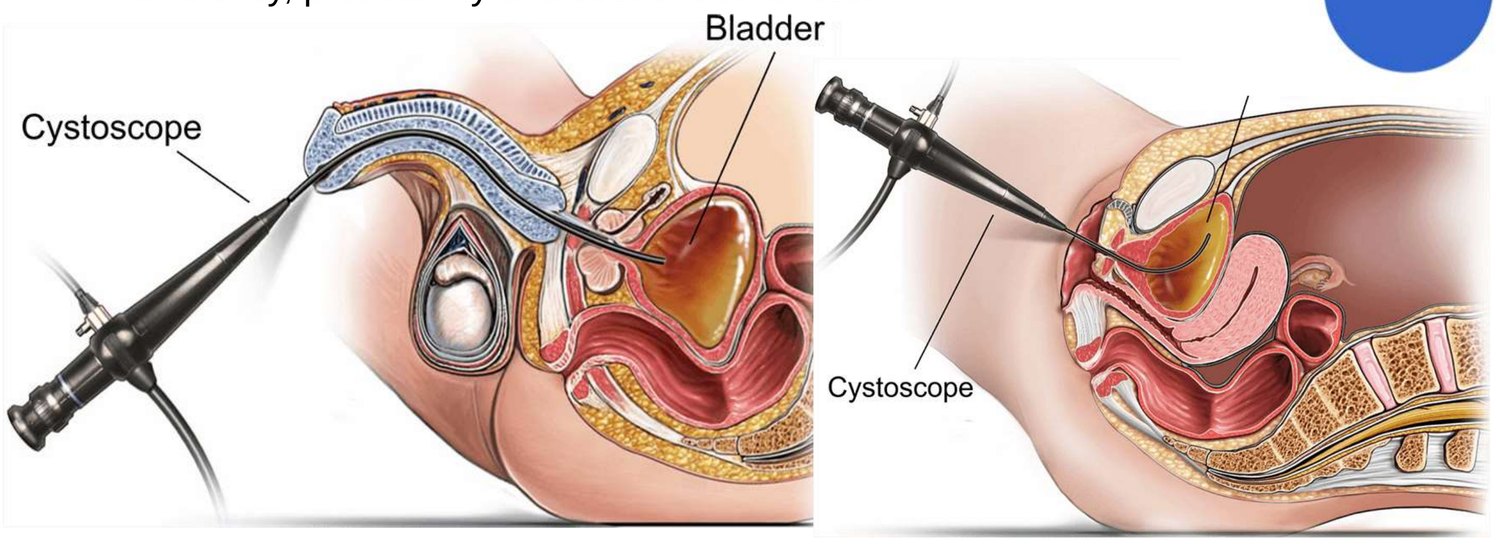
Flexi-cystoscopy and Injection of Botulinum Toxin A for patients with Spinal Cord Injury in the outpatient setting – service evaluation and patient experience.

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Introduction

Patients with spinal cord injury (SCI) may require investigatory cystoscopy because of the increased incidence of recurrent urinary tract infections, stone formation or haematuria. Moreover, intradetrusor botulinum toxin A injections are often used to manage neurogenic detrusor overactivity (NDO). Historically, these procedures would require an admission into hospital to be performed in a theatre setting with a general anaesthetic using a rigid cystoscope. The rationale for developing an outpatient service was influenced by service factors; reduced medical cover, increasing patient population, theatre access, and long waiting lists. Furthermore, patients who had to wait long for treatment were oftentimes forced to return to oral medication for prolonged periods. Setting up an outpatient list not only allows patients to access treatment quicker, but reduces the requirement for hospital admission and helps increase efficiency, productivity and cost-effectiveness.



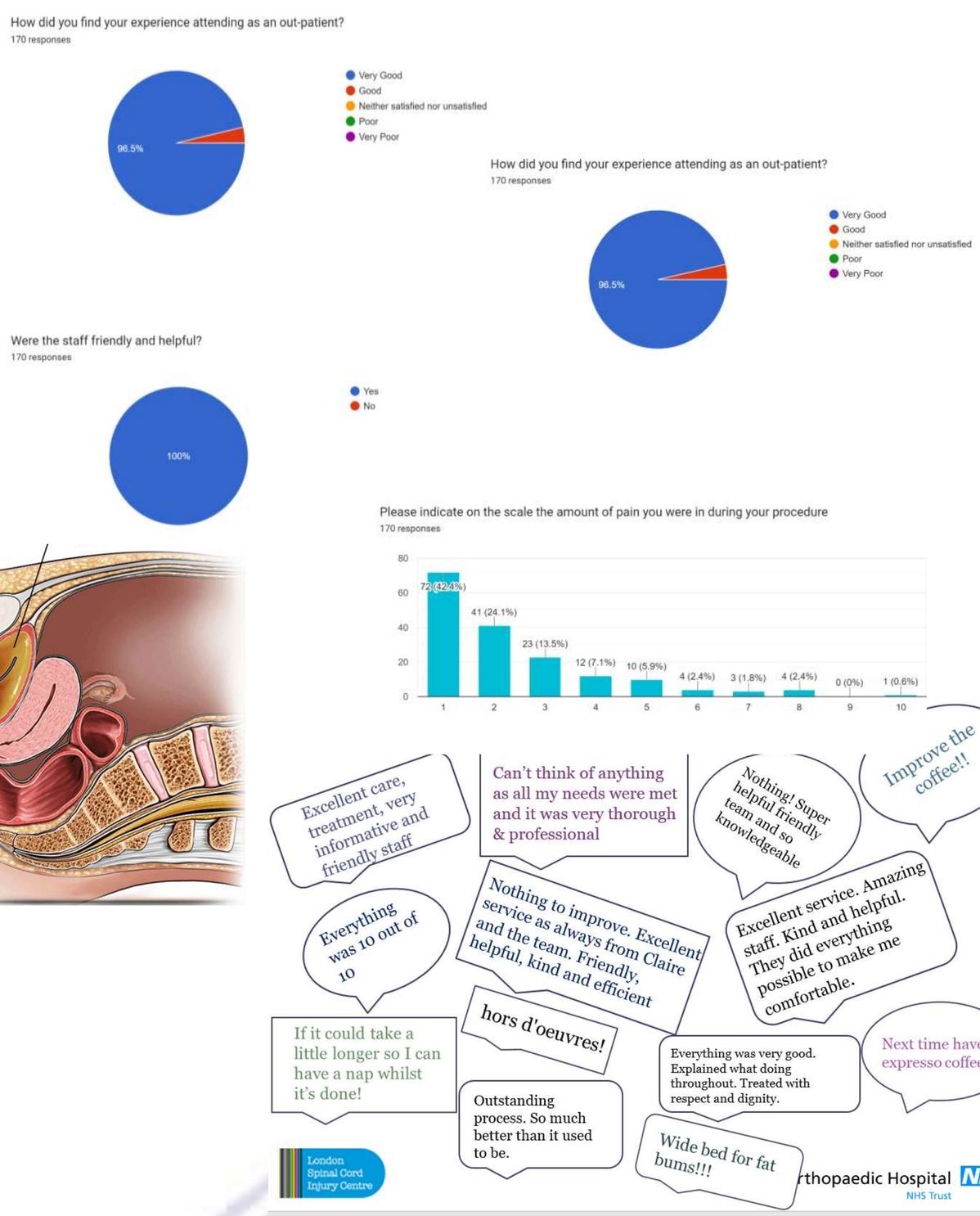
Methods

170 patient attended the flexi-cystoscopy outpatient clinic for diagnostic cystoscopy or intradetrusor botulinum toxin injections. Post procedure they were given the opportunity to complete a patient satisfaction survey which consisted of 11 questions. This was performed via a QR code scanned on a smart device that linked to GoogleDocs.



Results

11 questions were formulated. 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.



Interpretation and Conclusions

Performing this procedure in an outpatient setting has clearly demonstrated improvement in patient satisfaction and experience. It also has clear implications and responsibility for delivering a 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 inline with GIRFT and the benefits in transforming outpatient services.

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