

DIVERSIFYING A URODYNAMICS DEPARTMENT TO PROVIDE A COMPLETE BLADDER AND BOWEL FUNCTIONAL SERVICE

Hypothesis / aims of study

This paper describes a urodynamic department based in one of the largest Urology departments in the region that performs a wide range of treatments and investigations. It has recently become an Accredited Host Centre of the European Board of Urology for Female Urology and Incontinence. This is an international certification which recognises hospital departments that provide high standards and quality in specific areas of excellence. The department is also registered with the Improving Quality In Physiological Services (IQIPS) Programme.

The urodynamic department forms an integral part of the functional urology team and over the last few years it has expanded its roles and procedures in order to provide more holistic patient care.

The aim of this paper is to assess the economic, administrative and clinical benefits of a single department with multi-skilled and multidisciplinary staff providing multiple clinical services for bladder and bowel functional assessment.

Study design, materials and methods

The department has three rooms. One includes X-ray facilities, which are operated by department staff for video-urodynamics (VUDS), Whitaker tests and sacral nerve modulator (SNM) peripheral nerve evaluations. A motorised couch allows suprapubic catheter (SPC) insertion and botulinum toxin injection. Another room incorporates both urodynamic and anorectal manometry (ARM) machines. The third room is equipped for standard urodynamics (SUDS). Flexible cystoscopy and ambulatory urodynamics (AUDS) are provided in any of these rooms.

The clinical team and skill mix is shown in the table. There are seven doctors attached to the unit (four consultants, one research fellow, one senior clinical fellow and one speciality registrar) and regular functional MDT meetings. AUDS and SUDS are carried out by both doctor and non-doctor staff, a flows clinic is run by the urology outpatients team and an administration team manages clinic bookings and patient notes.

Flexible cystoscopy assisted local anaesthetic SPC insertion and intravesical Botox injections are performed by a doctor assisted by nursing staff. Following SPC insertion the first catheter change is done in the department at 12 weeks and in the community from then on. For intravesical Botox patients, they receive a telephone follow up by a specialist nurse within two to six weeks and all new patients receive a clinic appointment at 6 months. Regular patients can call to book further sessions once the effect of Botox wears off. Botox patients are funded on an individual basis.

The clinical scientist manages the department with the unit director, provides anorectal and hydrogen breath tests and runs a follow-up clinic for SNM patients.

Results

Staff	VUDS	SUDS	AUDS	SPC assist	SNM assist/ X-ray	Botox assist	ARM / GI	Flexi assist
Nurses (2)	Y	Y	Y	Y		Y		Y
Clinical Scientist (Uro/GI)		Y	Y	Y	Y		Y	
Clinical Engineer	Y	Y			Y			
Medical Technical Officer	Y	Y	Y	Y	Y			
Costings	£272	£272	£272 (+ £131 if outpatient apt same day)	£1,595	£1,160	-	£393	£438

Table 1: Breakdown of services and costing

Approximately 180 patients per month are seen in the department. The cost breakdown is provided in the table above. Efficient use of facilities and personnel is achieved by flexible use of rooms and staff with multiple skills working in a close team. Patients benefit from the capacity for comprehensive assessment.

Interpretation of results

We describe the staff, services, costings and facilities of a diverse department, making a case for a complete bladder and bowel functional clinical service. Advantages are seen in flexibility of service, comprehensive patient care, greater staff satisfaction and efficient use of resources.

Concluding message

We show how the combination of multifaceted rooms, multi-skilled staff and mixed disciplines offers a progressive model of service provision.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** NONE