# Orchestrating Timely Check Cystoscopy after Radical Radiotherapy to the Bladder

**Descriptor:**

An audit template to acsertain number of patients undergoing check cystoscopy within a specific time period after radiotherapy.

**Background:**

Patients treated radically for muscle invasive bladder cancer have a high risk of recurrence. For those who have undergone radical radiotherapy (RT), post-RT cystoscopy facilitates prompt surgical salvage if appropriate. Appropriate timing of post-RT cystoscopy requires careful and timely communication between centre providing RT and peripheral urology services.

## The Cycle

**The standard:**

NICE guidelines advocate rigid cystoscopy within 3 months of completion of RT. (1)

**Target:**

All patients should undergo cystoscopy within 3 months of end of RT, unless evident why not indicated or unable to be performed within this time.

## Assess local practice

**Indicators:**

As above.

All patient should also have end-of-treatment letters sent to peripheral urology services, generated within 14 days of completion of RT.

**Data items to be collected:**

1. Radiotherapy department supply list of all patients who underwent radical radiotherapy to the bladder in given time period.

2. Hospital electronic notes checked to establish:

- Which peripheral peripheral urology clinic patient was referred from;

- End date of RT;

- Date end-of-treatment letter typed (and also dictated if available);

- If patient died before first cystoscopy was due, or if there were other reasons evident for not having the first cystoscopy on time or at all.

3. Lead urologist or clinical nurse specialist at peripheral urology service (usually NHS trust) emailed with list of patients they referred and RT end date, asking:

- Date underwent first cystoscopy post-RT;

- If >3 months after RT, to supply a reason for delay if possible.

**Suggested number:**

This depends on how many peripheal urology clinics refer to RT centre. More patients are required if there are more referring centres to ensure at least a handful of patients are audited from each urology centre.

**Suggestions for change if target not met:**

This will be specific to each radiotherapy department and urology network.

In our experience, delays can be due to a combination of reasons to do with the RT centre and peripheral urology clinic, and we suggest examining each in turn.

Measures such as standard end-of-treatment letters can cut down administration time at RT centre. Also, contacting urology centre with date cystoscopy required at time of RT booking allows more time to organise cystoscopy.

We found discussion at local urology network meeting useful, as local urology services will operate under different models.

One suggestion was to introduce dedicated uro-oncology cystoscopy lists, another was to generate a specific email address for each urology service for RT administration staff to send 'date cystoscopy required' email to at time of RT booking.

**Resources:**

No specific resources other than those mentioned above.

**References:**

1. <https://www.nice.org.uk/guidance/ng2> (accessed 17/02/2016

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