

## Laser fibre handling during endoscopic procedure

<b>Department / Service:</b>	Urology	
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<b>Approved by:</b>	Urology Directorate Meeting	
<b>Date of Approval:</b>	16/03/2019	
<b>Review Date:</b>	16/03/2022	
<b>This is the most current document and should be used until a revised version is in place</b>		
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	Urology / SCSD	
<b>Target staff categories</b>	Urology/SCSD theatre staff	

**Plan Overview:**

This is a direct result of a potential never-event, whereby a broken piece of laser fibre was unknowingly left in the working channel of an endoscope. This document outlines the SOP on laser fibre handling in endoscopic procedure to minimise the risk of reoccurrence.

**Key amendments to this Document:**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
16th March 2019	New document approved	Urology Directorate meeting

**Prior to laser procedure commencement:**

- 1) Length of laser fibre should be checked. Measuring tape can be employed but can be difficult especially when it is not sterile. Alternatively sterile marker pen can be used to mark where the fibre tip is in the sheath and where the rubber insert ends in the opposite end. Resheathing the fibre to original position to compare for any length discrepancy can be made easily.
- 2) When using “ball-tip” fibre – its integrity should be checked.
- 3) The intensity of light beam should be checked and noted.
- 4) The integrity of the whole fibre should be inspected for damage.

**During procedure:**

- 5) During every “standby” of laser – condition of laser tip and light beam intensity should be noted.
- 6) The tip of laser fibre can be expected to erode especially with long laser procedure – but it should not be shorter than 2cm by the end of procedure.

**Completion of procedure:**

- 7) Endoscopist should remove laser fibre completely from scope to hand back safely to scrub nurse.
- 8) Endoscopist to check (both by visual confirmation and tactile feedback when removing laser fibre from scope) that laser fibre is not broken.
- 9) Scrub nurse should check integrity of fibre by visual confirmation of fibre tip condition and fibre length. If the ball-tip integrity is still intact or when the clear/colourless tip is still intact , measurement of laser fibre length is not required.
- 10) When there is a suspicion of broken fibre, a standard 0.0039 guidewire should be passed into all working channels of the scope, and a note to double check by CSSD should be made.

# Procedure

## Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
Page 2	Any DATIX report of laser fibre breakage within scope issues	Un-announce spot-checks of compliance of practice	Annually	Theater charge nurse	Urology Governance Lead / Clinical Director.	Annually

**Contribution List**

This key document has been circulated to the following individuals for consultation;

Designation
Urology Directorate
SCCD Directorate

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Urology Directorate meeting

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Age	No	
	• Disability	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race	No	
	• Religion or belief	No	
	• Sex	No	
	• Sexual orientation	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/a	
7.	<b>Can we reduce the impact by taking different action?</b>	N/a	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval