Department of Urology
Nova Scotia Health Authority

Principles of providing ambulatory cystoscopy services during COVID-19

Ensure that **high priority** patients have access to timely care.

**At present this includes:**
1. Patients with malignancy requiring assessment or biopsy to stage the disease and guide treatment
2. Patients with a high suspicion of malignancy based on imaging/clinical exam
3. Patients with **gross hematuria** who have a history of bladder cancer. (Patients with gross hematuria who have a history of prior TURP or pelvic radiation can be delayed)
4. Patients with chronic indwelling stents who require replacement and have a history of stent encrustation
5. Patients who require stent removal following endoscopic procedures. (It is encouraged to utilize tethered stents when at all possible at the time of the initial endoscopic procedure)

- Minimize the risk of exposure of healthcare providers to symptomatic/asymptomatic patients infected with COVID-19. Limit the number of individuals in the room.
- No nursing changes during procedure unless absolutely necessary
- Trainees **will not** be permitted to perform cystoscopy until further notice
- Ensure that patients undergo COVID-19 pre-screening in keeping with NSHA directives
- Ensure appropriate use (as per NSHA protocol) personal protective equipment (PPE) to preserve supplies
- Ensure social distancing in the waiting areas and recovery areas
- Limit the number of urologists entering the units each day. We should be looking to share patients and help each other out.
- Allow extra time to move the patient through the unit and complete the procedures
- A limit of one support person (family, friend, driver) will be permitted to accompanying the patient to the endo unit only if required (eg mobility issues). Visitors must comply with the NSHA Visitor Restriction Guidelines. Only essential companions may enter clinic area.