

Certification in Urogynaecology (CU) Directly Observed Procedural Skills (DOPS) Ureteric Stenting



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Formative ..Summative

Trainee Name: Date:

Assessor Name: Training Supervisor Consultant

Second Assessor Name Training Supervisor
Consultant
(If applicable, for example preoperative and operative assessors)

CU Year Level of Training: Year 1 Year 2 Year 3

Hospital:

Clinical Details:

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Case Complexity: Low Medium High

Number of times previously performed this procedure: 0-3 3-6 6-10 10+

Please indicate how you rate this Trainee by ticking the appropriate box.

Procedural skills under observation:	Performance Scale				
	1	2	3	4	N/A
	Able to perform the skill(s) under supervision	Able to perform the skill(s) with minimal supervision (needed occasional help)	Competent to perform the skill(s) without supervision (required help when complication arose)	Competent to perform the skill(s) without supervision (did not require help when complication arose)	
Appropriate patient selection, with review of indication for carrying out the ureteric stenting procedure (not regarded as appropriate to perform routinely for all gynaecology procedures).					
Discussion of the procedure with the patient and provision of adequate information to achieve informed consent.					
Ensures that the necessary equipment and disposable items are available for the case and that theatre staff understand the requirements for patient positioning.					
General or regional anaesthesia, antibiotic prophylaxis.					
Cystoscopy with adequate sized sheath (21 or 22Fr) and 30deg lens cystoscope. Full inspection of the bladder, identification of both ureteric orifi. Remove the cystoscope to test the catheter passage within the sheath.					
Trial Insertion of ureteric catheter (usually 4-6Fr size) into the side port of the sheath, through the soft nipple, ensuring easy passage of the catheter right down the length of the cystoscope before then withdrawing the catheter back into the sheath.					
Re-inserting the cystoscope into the urethra, identification of the ureter and advancing the catheter so that it enters the ureter and passes without resistance. Note the length of catheter inserted by the markings on the catheter (in most cases 20cm of catheter within the ureter will almost reach the kidney). Repeat for the other ureter, if required.					
If any resistance is encountered, withdraw the catheter and insert a guide wire instead. If this passes easily, then the catheter can be placed over the guide wire and gently advanced to see that it passes easily. If there is resistance to passage of the guide wire, then use of imaging and contrast fluoroscopy will be necessary to clarify the position of the wire.					

Once catheter(s) are in position, carefully remove the cystoscope from the bladder and slide it back over the catheter without inadvertently removing the catheter from the ureter(s). Secure the proximal ends of the ureteric catheters with tape, or by bringing out through the side of, and suturing to, the urethral catheter. Or if ureteric stent required to remain in situ, a pig tail stent is used and position noted.					
Gently remove the ureteric catheters when they are no longer required. Or arrange for return to OT for cystoscopic removal of stent as appropriate.					

Global rating (Overall impression of professional behaviours)	Below Expectation	Just Meets Expectation	Meets Expectation	Well Above Expectation
** The global rating is separate to the procedural skill score				

Aspects of the procedure that were performed well:

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Aspects of the procedure where improvement is required:

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Recommendations:

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Please tick this box if the trainee is deemed competent.
(Trainee must achieve a score of 3 or 4 against each of the listed criteria and a minimum Global rating of 'Meets Expectation' to be deemed competent)

Assessor signature: Date:

Trainee signature: Date: