

The impact of a nurse led urinary Memokath™ stent follow up clinic

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Methods:

As a result of expanding workload, we introduced an experienced clinical nurse specialist (CNS) to work within the endourology team.

Part of the CNS's remit included setting up a nurse led clinic for patients who have Memokaths™ inserted. These are semi-permanent, segmental, metallic, nickel titanium alloy stents with a thermal memory, effective for treating upper or lower urinary obstruction.

Previously patients were seen in our stone clinic as there was no dedicated clinic for them to attend. By providing a nurse led follow up clinic we aim to ensure patients are reviewed in a timely manner and have a designated point of contact. We look at the positive impact of this clinic on services for our patients.

Objectives:

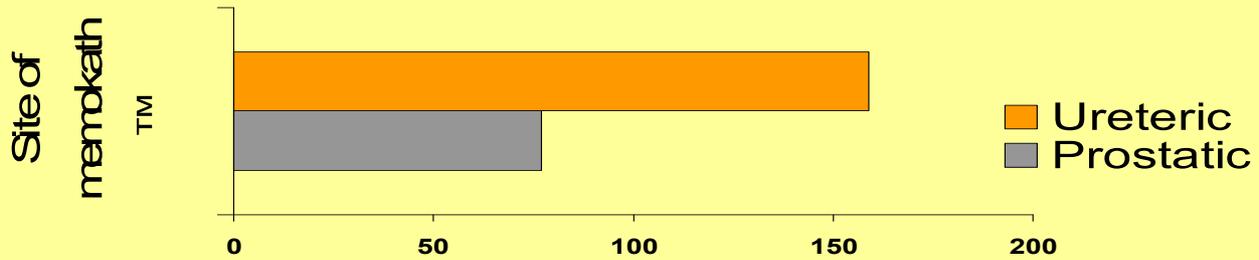
Patients attend clinic for review by the CNS working to a protocol. Patients with ureteric stents have an x-ray, which the CNS compares to previous images to ensure the stent is in the correct position. For prostatic stents, the patient will undergo a flow rate and residual scan, which is compared to previous traces.

Patients are seen at 6 weeks, 3 months, 6 months, 1 year, then annually following insertion of the Memokath™.

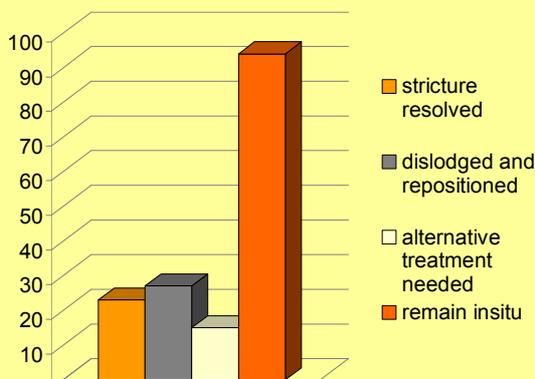
Patients whose stent remains in the correct position and are not displaying any symptoms of obstruction are given a follow up appointment as per protocol. Symptomatic patients and patients whose stent is dislodged on x-ray are either booked for further investigations to assess the degree of obstruction or added to the theatre list for intervention following discussion with a doctor.

Results:

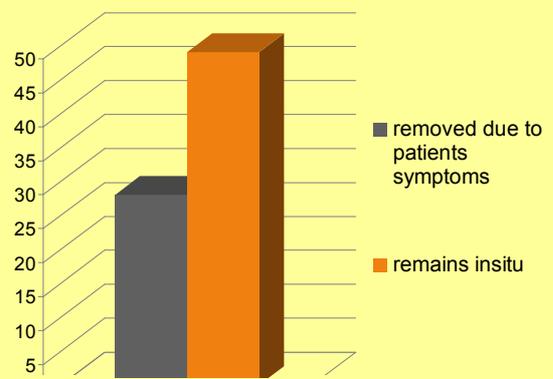
To date, our endourologists have placed 236 stents. 159 of which are ureteric and 77 prostatic stents.



Following assessment and review of the x-ray by the CNS:
 •23 ureteric stents went on to be removed as the ureteric stricture had spontaneously resolved
 •27 stents were dislodged on x-ray and the patient was subsequently taken back to theatre for repositioning
 •15 were removed as the patient required alternative treatment



Of the prostatic stents 28 were removed due to patient symptoms.



Conclusions:

By implementing this clinic, patients are given ample time to discuss any issues, with the CNS forming a readily available port of call. The CNS provides an important role in ensuring patients are followed up correctly and that effective treatment plans are made for patients who require intervention.

12 patients are seen bimonthly freeing up slots in the stone clinic for doctors to see new patients. These extra new slots generate an additional income of approximately £46 000 per year for our trust.

This practice also promotes further development and expansion of a CNS role, which is beneficial for patients' care.