Royal Cornwall Hospitals
NHS Trust

Rapid Discharge of Urology Post-Operative Patients Following Trial Without Catheter (TWOC) via the Urology Clinic Standard Operating Procedure

V1.0

September 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

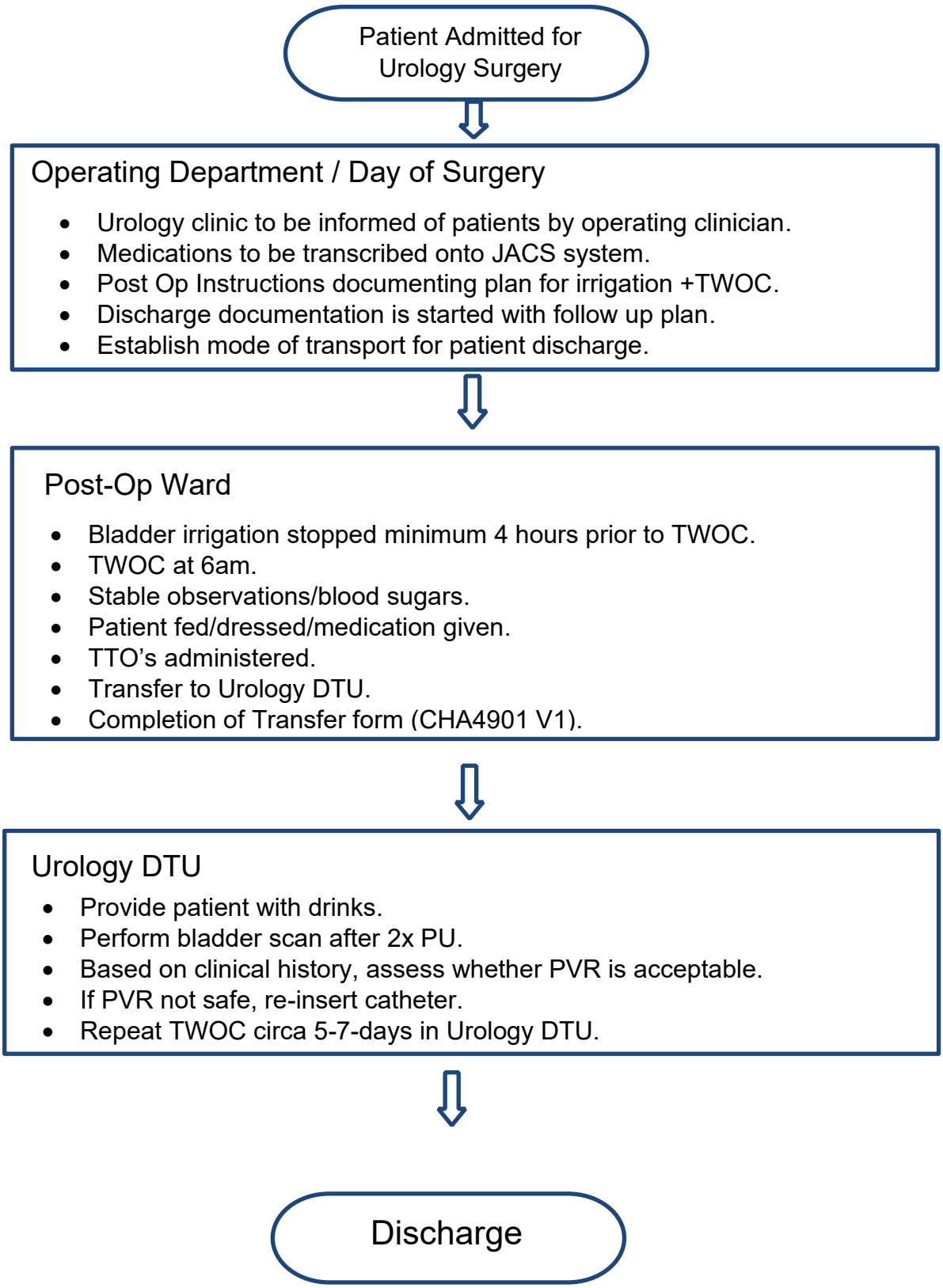
The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

Summary


Patient Admitted for Urology Surgery
Operating Department / Day of Surgery
Urology clinic to be informed of patients by operating clinician.
Medications to be transcribed onto JACS system.
Post Op Instructions documenting plan for irrigation +TWOC.
Discharge documentation is started with follow up plan.
Establish mode of transport for patient discharge.
Post-Op Ward
Bladder irrigation stopped minimum 4 hours prior to TWOC.
TWOC at 6am.
Stable observations/blood sugars.
Patient fed/dressed/medication given.
TTO's administered.
Transfer to Urology DTU.
Completion of Transfer form (CHA4901 V1).
Urology DTU
Provide patient with drinks.
Perform bladder scan after 2x PU.
Based on clinical history, assess whether PVR is acceptable.
If PVR not safe, re-insert catheter.
Repeat TWOC circa 5-7-days in Urology DTU.
Discharge

1. Introduction

1.1. Urology patients who stay overnight following their surgery do not get discharged promptly. This presents problems for ward admissions the following day. Moving the patients from their IP ward to the Urology DTU, (from where they will be discharged) will improve patient flow.

1.2. Definitions / Glossary

- IP In-patient.
- OP Outpatient.
- DTU Diagnostic Treatment Unit.
- PVR Post Void Residual.
- PU Passed Urine.
- TUR Trans-urethral Resection.
- TWOC Trial Without Catheter.
- TTO Tablets to Take Out (Discharge).

2. Purpose of this Standard Operating Procedure

This procedure intends to clearly define the structure and pathway for patients who undergo IP surgery under Urology and will be discharged from the Urology DTU after receiving TWOC on their post-op ward.

3. Ownership and Responsibilities

3.1. Role of the Consultant Urologists

Consultant Urologists are responsible for:

- Communicating to the post-op ward that the patient should be following the “TWOC + discharge from Urology Clinic”.
- Clear instructions in the operation notes documenting timing of TWOC / irrigation down, or contraindication to rapid discharge via urology clinic.
- Discharge documentation should be started on Maxims.

3.2. Role of the Urology Junior Doctors

The Urology junior doctors are responsible for:

- Post- op medication should be prescribed on JACS prior to return to the ward.
- Completing the discharge summary.

3.3. Role of Ward Staff

The ward staff are responsible for:

- Confirming transport home for next day.

- Ensuring home situation is safe for discharge.
- Stopping irrigation at Midnight if urine is clear or rose.
- Initiating TWOC at 6am, unless contraindicated (frank haematuria, post op instructions).
- Checking vital signs (and Blood glucose if appropriate).
- Facilitating the patient to be out of bed and dressed at time of breakfast.
- Administering medications prior to arrival in Urology Clinic.
- Discharge paperwork finished other than outcome of TWOC.
- Any TTO's should be given to patient.
- Completion of Transfer form (CHA4901).
- Escort patient to Urology DTU or calling 2284 / 2220 to see if there is someone available to escort patient on transfer.

3.4. **Role of Urology DTU Staff**

- Provide patients with beverages.
- Perform bladder scan after each void (min 150mls voided).
- Based on clinical history, assess whether PVR is acceptable. If PVR not safe, re-insert catheter and arrange repeat TWOC circa 5-7-days in Urology DTU.
- Patient is safe to discharge.
- Mark discharge summary as complete print + provide discharge letter, ensure patient has all belongings and TTO's (if provided).

4. Standards and Practice

4.1. Inclusion Criteria

4.1.1. Adult Urology Patients.

4.1.2. Clinically Stable.

4.1.3. Independently mobile/suitable to sit in a chair for >4hrs.

4.1.4. Safe to be discharged home.

4.1.5. To arrive at Urology DTU no later than 09:00am.

4.2. Exclusion Criteria

4.2.1. Persistent Haematuria.

4.2.2. Uncontrolled diabetes.

4.2.3. Bed Bound. Unable to self-care.

4.2.4. Clinically unstable:- NEWS should be ≤1.

4.2.5. Weekends and Bank holidays. Urology DTU is not open.

5. Dissemination and Implementation

5.1. The document will be shared at the Urology Governance meeting, so all surgeons are aware of the new SOP. For clinicians who are unable to attend, the flow diagram and attached document will be sent electronically.

5.2. The document will be circulated via e-mail to the senior nurses on the wards used for Urological surgery. It will then be cascaded to all the nursing staff of those wards. The flow diagram will be printed so each ward can display as a visual reminder.

5.3. The document will be published from the governance team on the trust wide bulletin

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Inappropriate referrals. If clinicians are sending patients who do not meet referral criteria.
Lead	Tim McEvoy
Tool	A record of all patients will be retained. Any patients inappropriately referred will be circulated to stakeholders.
Frequency	Monthly
Reporting arrangements	Urology governance meeting
Acting on recommendations and Lead(s)	Urology governance meeting
Change in practice and lessons to be shared	Required changes to practice will be identified on a monthly basis, and reviewed at Urology governance meeting. They will be actioned within 4weeks. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This document will be reviewed no less than every three years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Rapid Discharge of Urology Post-Operative Patients Following Trial Without Catheter (TWOC) via the Urology Clinic Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document
Date Issued / Approved:	July 2025
Date Valid From:	September 2025
Date Valid To:	September 2028
Author / Owner:	Tim McEvoy, Surgical Care Practitioner Urology
Contact details:	07464 658352
Brief summary of contents:	Discharging patients from Urology DTU the day after undergoing IP Urology surgery
Suggested Keywords:	Post-operative discharge, Urology, TWOC, catheter.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Urology Clinical Governance
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	None required

Information Category	Detailed Information
Related Documents:	• Adult Urinary Catheterisation. RCHT Policy V6.0 August 2022. • Management of acute urinary retention in men (RMS guideline- 2023). • Healthcare-associated infections: prevention and control in primary and community care. NICE CG 139.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Urology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2025	V1.0	Initial issue	Tim McEvoy, Surgical Care Practitioner Urology

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Rapid Discharge of Urology Post-Operative Patients Following Trial Without Catheter (TWOC) via the Urology Clinic Standard Operating Procedure V1.0
Department and Service Area:	General Surgery and Cancer, Urology
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Tim McEvoy, Surgical Care Practitioner Urology
Contact details:	07464 658352

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Post-op Urology patients who have had an overnight stay
2. Policy Objectives	To provide guidance on the process of post-op Urology patients being discharged from Urology DTU (after their TWOC), rather than the ward
3. Policy Intended Outcomes	Moving the patients from their IP ward to the Urology DTU, (from where they will be discharged) will improve patient flow.
4. How will you measure each outcome?	Recording each patient who comes to Urology DTU (from a ward) prior to their discharge

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Post-op urology patients who will moved out of the ward environment be discharged sooner. There will be increased capacity for elective surgical patients
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Urology DTU. Eden Ward. Urology Consultants. Matron for Surgery (Sally Dale).
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Tim McEvoy, Surgical Care Practitioner Urology.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis