Royal Cornwall Hospitals
NHS Trust

Pre-Operative Urine Testing in Gynaecology Patients Undergoing Cystoscopic Management or Ureteric Instrumentation Clinical Guideline

V1.0

October 2025

1. Aim/Purpose of this Guideline

1.1. This document provides guidance to all staff who are involved with gynaecology patients undergoing inpatient and outpatient urological investigation or treatment at RCHT.

1.2. This includes patients having diagnostic cystoscopy (flexi and rigid cystoscopy), bulkamid and botox instillation, elective ureteric stent insertion, ureteric catheterization, insertion of indocyanine green (ICG) in order to visualize the ureters and ureteric resection and anastomosis.

1.3. This guideline will ensure all relevant patients have the correct urine tests preoperatively and antibiotic prophylaxis when appropriate and guide those responsible in managing the results appropriately. This will help reduce the risk of postoperative infection and sepsis, as well as reducing the chance of cancellations on the day of surgery.

1.4. This document aims to bring pre and perioperative practice in line with urology colleagues for increased consistency and safe practice.

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

2. The Guidance

Gynaecological surgery can involve investigation and treatment to the urinary tract. This can range from simple diagnostic cystoscopy to treatments for incontinence such as bulkamid and botox instillation to ureteric catheterisation and insertion of ICG to help visualise the ureters during laparoscopic surgery. Endometriosis and oncology patients may need more invasive procedures such as ureteric stenting, ureteric resection and anastomosis.

There is evidence that pre-operative positive urine cultures increase the risk of post-operative morbidity, sepsis and death if unrecognised and untreated.

2.1. Gynaecology and uro-gynaecology patients undergoing **diagnostic cystoscopy** (including procedures being performed in outpatients or main theatres).

2.1.1. All gynaecology patients that are due a diagnostic cystoscopy in should have a urine dipstick on the day of the procedure.

2.1.2. If the patient has signs or symptoms of a urinary tract infection or a positive urine dip, consideration should be made to postpone the procedure or continue with caution with antibiotic cover depending on the clinical urgency.

2.1.3. Prophylactic antibiotics are not required except for high-risk patients having rigid cystoscopy.

2.2. Uro-gynaecology patients undergoing **operative cystoscopy** procedures such as bulkamid or botox instillation (including procedures being performed in outpatients or main theatres).

2.2.1. All gynaecology patients that are due a cystoscopic **operative procedure** should have a pre-operative mid-stream urine (MSU) test for microscopy +/- culture 7-10 days prior to admission, and a urine dipstick on the day of surgery.

2.2.2. All patients should receive notification in their TCI (to come in) letter that a urine sample is required 7-10 days at their GP surgery prior to their procedure.

2.2.3. For patients that attend Preoperative Assessment (POA) clinic prior to general anaesthesia the POA team will arrange the MSU and will review the results.

2.2.4. It is also the responsibility of the admitting team (CNS (Clinical Nurse Specialist) team or responsible consultant) to ensure the MSU is negative.

2.2.5. If the MSU demonstrates a urinary tract infection it is the responsibility of the admitting team to ensure antibiotics are prescribed to the patient. It is recommended that the MSU is repeated 3 days after receiving antibiotics to ensure the infection has been adequately treated.

2.2.6. When reviewing the results, the history of the patient should be considered including comorbidities, immune status, symptoms and whether the patient is catheterised or not.

2.2.7. If the patient has signs or symptoms of a urinary tract infection or a positive urine dip, consideration should be made to postpone the procedure or continue with caution with antibiotic cover depending on the clinical urgency.

2.2.8. Prophylactic antibiotics are not routinely indicated unless clinically indicated.

2.3. Gynaecology patients undergoing investigation and treatment to the **ureteric tract.**

2.3.1. All patients that are due gynaecological surgery involving invasive procedures of the urinary tract (i.e. stents, ICG instillation, ureteric resection) should have a pre-operative MSU 7-10 days prior to their surgery and a urine dipstick on the day of surgery.

2.3.2. All patients should be referred for POA where the preop MSU and review of the results will be arranged.

2.3.3. It is also the responsibility of the admitting team (CNS team or responsible consultant) to ensure the MSU is negative.

2.3.4. When reviewing the results the history of the patient should be considered including comorbidities, immune status, symptoms and whether the patient is catheterised or not.

2.3.5. If the patient has signs or symptoms of a urinary tract infection or a positive urine dip, consideration should be made to postpone the procedure or continue with caution with antibiotic cover depending on the clinical urgency.

2.3.6. If the MSU demonstrates a urinary tract infection it is the responsibility of the admitting team to ensure antibiotics are prescribed to the patient. It is recommended that the MSU is repeated 3 days after receiving antibiotics to ensure the infection has been adequately treated.

2.3.7. All patients should be given prophylactic antibiotics at the time of the anaesthesia induction as per Trust protocol (usually gentamicin IV 3-5mg/kg, plus amoxicillin (teicoplanin if penicillin allergic) and metronidazole if patient also have hysterectomy or extensive endometriosis surgery as part of the procedure.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy.
Lead	Miss Farah Lone, Clinical Lead for Urogynecology and Mr. Tom Smith- Walker, Clinical Lead for Endometriosis
Tool	Review of on the day cancellations due to untreated MSU's. Review of post operative urinary tract infections through gynaecology clinical governance team.
Frequency	Quarterly.
Reporting arrangements	Report to gynecology clinical governance.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Discussed at clinical governance. Clinical lead, governance lead and Line managers will act on recommendations.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned following discussion at governance. A lead member of the team will be identified to take changes forward where appropriate. Lessons will be shared with all the relevant clinical and administrative staff within gynecology.

4. Equality and Diversity

4.1. 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.

4.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Pre-Operative Urine Testing in Gynaecology Patients Undergoing Cystoscopic Management or Ureteric Instrumentation Clinical Guideline V1.0
This document replaces (exact title of previous version):	New document
Date Issued/Approved:	October 2025
Date Valid From:	October 2025
Date Valid To:	October 2028
Directorate /Department responsible (author/owner):	Miss Farah Lone, Clinical Lead for Urogynecology and Mr. Tom Smith-Walker, Clinical Lead for Endometriosis.
Contact details:	01872 253162
Brief summary of contents:	Guidance for managing pre operative MSU testing for gynaecology patients undergoing cystoscopic and ureteric investigation or treatment in the inpatient or outpatient setting.
Suggested Keywords:	Gynaecology, MSU, pre-operative.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology Business and Governance Meeting
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Gynaecology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025	V1.0	Initial issue	Miss Farah Lone, Clinical Lead for Urogynecology and Mr. Tom Smith-Walker, Clinical Lead for Endometriosis.

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:	Pre-Operative Urine Testing in Gynaecology Patients Undergoing Cystoscopic Management or Ureteric Instrumentation Clinical Guideline V1.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Gynaecology Business and Governance Group
Contact details:	01872 253162

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)	This document provides guidance to all staff who are involved with gynaecology patients undergoing inpatient and outpatient urological investigation or treatment at RCHT. This includes patients having diagnostic cystoscopy (flexi and rigid cystoscopy), bulkamid and botox instillation, elective ureteric stent insertion, ureteric catheterization, insertion of indocyanine green (ICG) in order to visualize the ureters and ureteric resection and anastomosis.
2. Policy Objectives	This guideline will ensure all relevant patients have the correct urine tests preoperatively and antibiotic prophylaxis when appropriate and guide those responsible in managing the results appropriately. This will help reduce the risk of postoperative infection and sepsis, as well as reducing the chance of cancellations on the day of surgery. This document aims to bring pre and perioperative practice in line with urology colleagues for increased consistency and safe practice.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate management of patients.

Information Category	Detailed Information
4. How will you measure each outcome?	Audit/multidisciplinary team weekly discussion/incidents/risk management.
5. Who is intended to benefit from the policy?	Gynaecology 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:** Gynaecology Business and Governance Group.
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	Any information provided should be in an accessible format for the parent/carer/patient's needs- i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/carer/patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
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: Gynaecology Business and Governance Group.

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