

Laser fibre handling during endoscopic procedure

Department / Service:	Urology	
Originator:	Vincent Koo	Consultant Urologist
Accountable Director:	Louise Stanley	Directorate Manager
Approved by:	Urology Directorate Meeting	
Date of Approval:	6 th June 2024	
Review Date:	6 th June 2027	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Urology / SCSD	
Target staff categories	Urology/SCSD theatre staff	

Plan Overview:

This is a direct result of a potential never-event, whereby a broken piece of laser fibre was unknowingly left in the working channel of an endoscope. This document outlines the SOP on laser fibre handling in endoscopic procedure to minimise the risk of reoccurrence.

Key amendments to this Document:

Date	Amendment	By:
16 th March 2019	New document approved	Urology Directorate meeting
16 th March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
7 th July 2021	Document approved for 3 years with no amendments	Urology Directorate meeting
6 th June 2024	Document approved for 3 years with no amendments	Dr Vincent Koo

Prior to laser procedure commencement:

- 1) Length of laser fibre should be checked. Measuring tape can be employed but can be difficult especially when it is not sterile. Alternatively, sterile marker pen can be used to mark where the fibre tip is in the sheath and where the rubber insert ends in the opposite end. Resheathing the fibre to original position to compare for any length discrepancy can be made easily.
- 2) When using “ball-tip” fibre – its integrity should be checked.
- 3) The intensity of light beam should be checked and noted.
- 4) The integrity of the whole fibre should be inspected for damage.

During procedure:

- 5) During every “standby” of laser – condition of laser tip and light beam intensity should be noted.
- 6) The tip of laser fibre can be expected to erode especially with long laser procedure – but it should not be shorter than 2cm by the end of procedure.

Completion of procedure:

- 7) Endoscopist should remove laser fibre completely from scope to hand back safely to scrub nurse.
- 8) Endoscopist to check (both by visual confirmation and tactile feedback when removing laser fibre from scope) that laser fibre is not broken.
- 9) Scrub nurse should check integrity of fibre by visual confirmation of fibre tip condition and fibre length. If the ball-tip integrity is still intact or when the clear/colourless tip is still intact, measurement of laser fibre length is not required.
- 10) When there is a suspicion of broken fibre, a standard 0.0039 guidewire should be passed into all working channels of the scope, and a note to double check by CSSD should be made.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Page 2	Any DATIX report of laser fibre breakage within scope issues	Un-announce spot-checks of compliance of practice	Annually	Theatre charge nurse	Urology Governance Lead / Clinical Director.	Annually

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Urology Directorate
SCCD Directorate

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Urology Directorate meeting

Supporting Document 1 – Equality Impact Assessment form



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Vincent Koo
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Vincent Koo	Consultant	v.koo@nhs.net
Date assessment completed	6/6/24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Laser Fibre Handling During Endoscopic Procedure			
What is the aim, purpose and/or intended outcomes of this Activity?	SOP to outline protocol when dealing with laser fibre			
Who will be affected by the development & implementation	X <input type="checkbox"/>	Service User Patient	X <input type="checkbox"/>	Staff Communities

Procedure

of this activity?	<input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Other _____ <input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	From near-miss incident	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Urology directorate / Div of Surgery Governance	
Summary of relevant findings		

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		There is no impact to all groups
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	n/a			
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	3 yrs			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	VKoo
Date signed	6/6/24
Comments:	
Signature of person the Leader Person for this activity	VKoo
Date signed	6/6/24
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval