

Cost- and Time-Effective Flexible Cystoscopy Under Local Anaesthesia in the Endoscopy Suite

A Prospective Service Improvement Proposal

🎯 OBJECTIVE

This proposal examines the feasibility of establishing a dedicated flexible cystoscopy service under local anaesthesia within the Endoscopy Suite. Suitable diagnostic and surveillance cystoscopies, together with ureteric stent removals, will be moved from the operating theatre into an outpatient setting.

The dual purpose is to improve convenience for patients and to release theatre capacity for more complex urological procedures that truly require general anaesthesia.

📋 METHODS

Design

Prospective service evaluation after formal pathway approval and implementation.

Population

Eligible patients listed for flexible cystoscopy or ureteric stent removal under local anaesthesia.

Data captured

Procedure time, direct costs, patient flow, cancellations, theatre utilisation and patient experience.

Volume & comparator

Target throughput 12–16 cases per week, compared against the current theatre / GA pathway.

📈 ANTICIPATED OUTCOMES

≈ 70%

Lower procedural cost
versus theatre / GA pathway

Shorter

Overall pathway time
Procedural and patient pathway time compared with theatre / GA

12–16

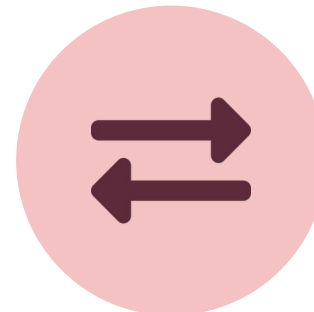
Procedures each week
in the Endoscopy Suite

🏥 EXPECTED SERVICE IMPACT



Less general anaesthesia

Selected patients avoid the risks, recovery time and resource use associated with GA.



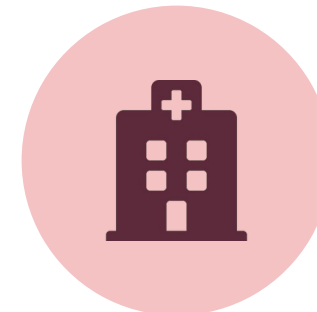
Improved patient flow

An outpatient pathway shortens the hospital journey and makes timing more predictable.



Fewer theatre cancellations

Diagnostic lists no longer compete with complex elective cases for scarce theatre slots.



Greater urological capacity

Released theatre time can be reallocated to higher-complexity reconstructive and oncological work.

✅ CONCLUSION

Flexible cystoscopy under local anaesthesia in the Endoscopy Suite represents a practical, safe and economical option for carefully selected patients. Once the pathway is approved and operational, prospective data collection will quantify the actual reduction in cost and pathway time and will document effects on patient experience and theatre utilisation.

The service is expected to deliver measurable efficiency gains while preserving high standards of clinical care and patient safety.

💡 KEY MESSAGE

Transferring appropriate flexible cystoscopies and stent removals into the Endoscopy Suite under local anaesthesia can reduce procedural costs by approximately 70%, shorten the patient pathway and free theatre capacity for complex work — without compromising safety or quality of care.

📅 NEXT STEPS

1

Pathway approval

Secure governance and clinical lead sign-off

2

Staff training

Brief endoscopy nursing team and urology clinicians

3

Pilot lists

Run 4–6 weeks of supervised sessions

4

Prospective audit

Collect cost, time and experience data

5

Full rollout

Embed service and report outcomes