Introduction/background

These guidelines detail the scope and organization of the nurse led clinic service offered by the uro-oncology nurses at the Royal Free London. It sets out the agreed pathway and process to which all members of the nursing team work in order to ensure the delivery of high quality patient focused care.

Nurse led follow up clinic

Leibovich low risk (equivalent) group

**Initial post-op visit with consultant**
- Clinical review
- Pathology + follow up explained
- BAUS data form completed

**Intermediate risk group**
- Clinical review consultant led for first two years

**Follow up as per SMDT protocol with CNS**
- Review follow up imaging (min 2-3 days prior to clinic if any concerns discuss with consultant)
- BAUS follow up
- Renal profile bloods
- Holistic needs assessment

No concerns

Concerns

Discuss with consultant
Post nephrectomy follow up schedule for RCC

<table>
<thead>
<tr>
<th>MAYO-Leibovich score</th>
<th>Within four weeks post op</th>
<th>Six months</th>
<th>Six-24 months</th>
<th>Annually years 2-5</th>
<th>Five-10 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk 0-2</td>
<td></td>
<td>CT CAP</td>
<td>US KUB</td>
<td>US KUB</td>
<td>Discharge after 5 yrs</td>
</tr>
<tr>
<td>RR: 7.5%@ 10 yrs</td>
<td></td>
<td>Bloods BP, urine dip GFR</td>
<td>CXR Bloods BP, urine dip GFR</td>
<td>Yearly</td>
<td></td>
</tr>
<tr>
<td>RN/PN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate risk</td>
<td></td>
<td>CT CAP</td>
<td>CT CAP</td>
<td>US KUB</td>
<td>US KUB</td>
</tr>
<tr>
<td>3-5</td>
<td></td>
<td>Bloods BP, urine dip GFR</td>
<td>Bloods BP, Urine dip GFR</td>
<td>CXR Bloods BP, urine dip GFR</td>
<td>Yearly</td>
</tr>
<tr>
<td>RR: 36%@ 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yearly</td>
</tr>
<tr>
<td>All treatments</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>High risk</td>
<td></td>
<td>CT CAP</td>
<td>CT CAP</td>
<td>CT CAP</td>
<td>CT and US/CXR</td>
</tr>
<tr>
<td>&gt;6</td>
<td></td>
<td>Bloods BP, urine dip GFR</td>
<td>Bloods BP, urine dip GFR</td>
<td>Bloods BP, urine dip GFR</td>
<td>Alternate yrs</td>
</tr>
<tr>
<td>RR: 76%@ 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bloods BP, urine dip GFR</td>
</tr>
<tr>
<td>All treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Individually tailored follow up for bilateral and familial disease
- The metastatic risk may differ with histology other than clear cell
- Surgeons may require tailored follow up regimes for post op partial nephrectomy patients
Aim of clinic

The aim of the clinic is to offer a seamless service for renal cancer patients by providing a high quality appointment based consultation with a urology clinical nurse specialist to:

- establish a clear patient pathway
- improve continuity of care
- reduce clinic waiting times
- offer a comprehensive holistic needs assessment

Benefits to patients

1. Improved patient waiting times.
2. QOL assessment and close monitoring of their disease will be done collectively at one appointment.
3. Patient information given by a dedicated renal cancer nurse specialist who will be available as a point of contact for any problems between clinic visits.
4. Consistent clinician who can build a rapport with patients.
5. Direct access to a urology/oncology consultant if necessary.

Benefits to the trust

1. Offer high quality patient service.
2. Free up oversubscribed consultant outpatient slots, reduces waiting times.
4. Reduces number of outpatient clinic as symptoms management can be undertaken in one clinic.

Operational issues for clinic

a. All patients informed clinic review is undertaken by a nurse
b. Patients assessment recorded on pro-forma, (appendix 1).
c. Offer holistic needs assessment
d. Answer any questions the patient may have.
e. Discuss any abnormal findings with urology consultant prior to clinic and/or refer to other departments/multi-disciplinary team members as required.
Resources

- One consulting room/clinic.
- Phlebotomy service.
- Assessment pro-forma
- Macmillan information service.

Eligibility

Band 7 or above clinical nurse specialist in urology/oncology

Responsibilities of uro-oncology nurse

1. To practice in accordance with the standards set by the Nursing and Midwifery Council in the Code of Professional Conduct.2008.
2. To be accountable for their own practice.
3. To be responsible for having the necessary skills and abilities required for lawful, safe and effective professional practice without direct supervision.
4. To refer patients appropriately.
5. To follow current procedures and directives for the clinic.

Quality indicators

1. Patient satisfaction questionnaire
2. Reduced waiting times.
3. One stop service.
4. Direct referral as appropriate.
5. Audit:
   - Clinical notes
   - Practice
   - Follow-ups
Discussion or referral back to consultant.

1. Any signs/symptoms or results from investigations that are indicative of disease progression or relapse.
2. Hematuria requiring cystoscopy.
3. Any deterioration in renal function.
4. At the request of the patient
5. Any question the CNS is unable to answer.
Renal cancer nurse led follow up clinic

Affix address label here
Name: __________________________
MRN: __________________________
D.O.B __________________________
Referring hospital _________

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Procedure and date</th>
<th>Staging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>G pT</td>
</tr>
</tbody>
</table>

Recent imaging

Concerns

BAUS

Bloods

U+Es  Creatinine:  eGFR:

FBC

Follow up scan  Date of scan  Type of scan

Comments:
CNS name: Signature Date: