

Project Title: UTI Rate Following Office Cystoscopy in the Florida VA System After Implementation of New Standardized Handling and Storage Practices

Faculty Mentor Name, Email, Phone Number:

Benjamin K. Canales, MD

Benjamin.canales@urology.ufl.edu

352-273-8236

Faculty Mentor Department:

Department of Urology

Research Project Description: Flexible office cystourethroscopy (or cystoscopy) is the most common urology office procedure with over 3 million performed annually in the US. Prior to 2010, national guidelines recommended that any office cystoscopy be performed using sterilized flexible cystoscopes (the instruments used to view the bladder) along with sterile drapes, sterile prepping, and sterile gloves. In 2010, the guidelines were changed to “highly disinfected” cystoscopes with new recommendations on handling and storage, including ventilated cabinets for scope storage and clean (out of a box) rather than sterile gloves. The Malcolm Randall VA facility implemented these changes in 2011, and to date, the clinical result of these recommendations on patient outcomes has not been assessed.

We hypothesize that the rate of symptomatic urinary tract infection (UTI) after flexible cystoscopy is similar in patients using sterile technique compared to “highly clean” technique with the benefit of less cost. To prove this, we have an IRB-approved, retrospective study reviewing the rates of UTI in two cohorts of veterans: those treated with the sterile technique (2007-2010, n=2,000 patients) compared to those using “highly clean” techniques (2012-2015, n=2,000) at the Malcolm Randall facility. Additionally, a cost analysis comparing the techniques during the time period will be performed.

Student Role: Students selected for this project will learn the basics of hypothesis-driven clinical outcomes research, including structured ways to collect and manage primary data, methods/tools for data analysis and interpretation, and dissemination of research by abstract and publication.