

Department of Urology

Flexible Cystoscopy (+/- Biopsy or stent removal) in the Day Procedure Unit

You have been asked to attend for a flexible cystoscopy in order to investigate urinary symptoms. This information sheet is designed to give you some additional information regarding the procedure.

Why you need a cystoscopy

Some urinary symptoms are due to problems in the bladder or the urethra (water pipe). Sometimes the cause will be clear from x-rays or tests on the blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder. If you have a ureteric stent in place a cystoscopy will be performed to remove the stent.

What is a cystoscopy?

Cystoscopy is an examination of the inside of your bladder and urethra. The doctor performs this examination using a narrow, flexible telescope (cystoscope). It is also possible to take biopsies of the bladder if indicated.

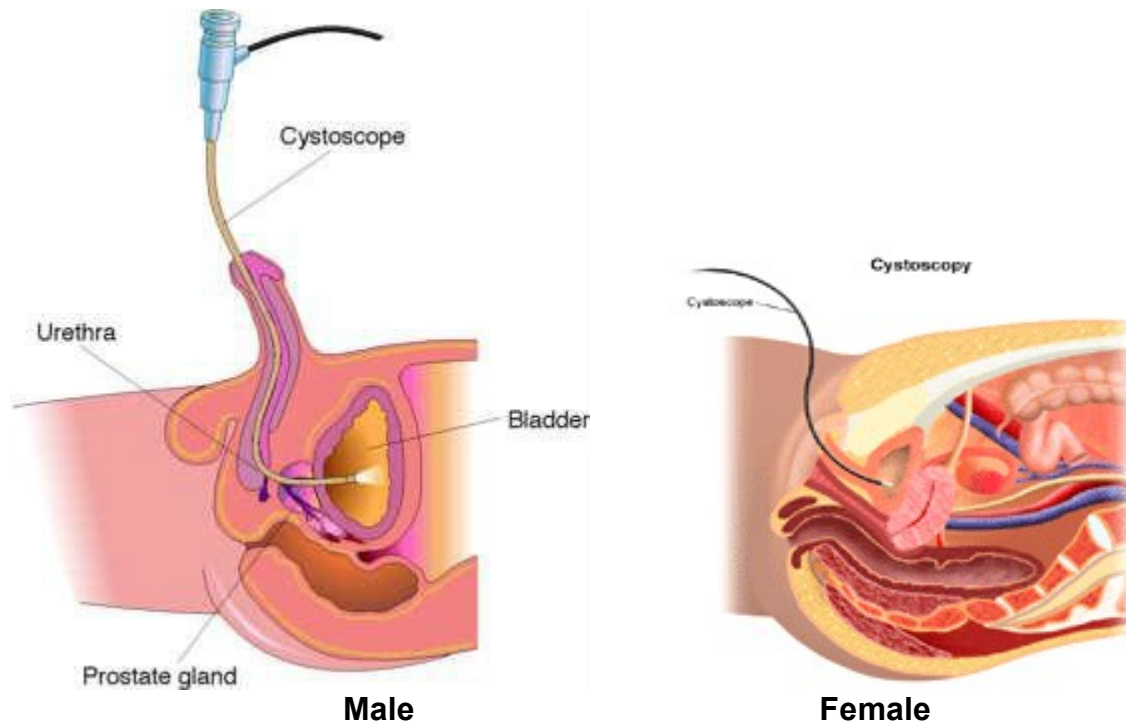
It may be uncomfortable but it is not usually a painful procedure and it only lasts three to five minutes.

Before the procedure

You may eat and drink as normal. Please ensure you take any medication as normal. Please have a shower or bath before attending for this examination.

Please ensure that your bladder is comfortably full when you arrive because we will need to obtain a urine specimen from you before the procedure or alternatively you can bring a fresh sample in with you.

You **may** be asked to undergo swabbing of your nose and groin to ensure that you are not carrying MRSA.



What actually happens?

Before the cystoscope is inserted into the bladder, the genital area is cleaned with a gentle antiseptic solution. Some local anaesthetic lubricating jelly is squeezed into the urethra. This may sting a little initially, and then the cystoscope is passed inside. Men often find passage of the cystoscope through the area of the prostate gland uncomfortable but this is momentary. During the examination some water is flushed into the bladder and you may feel the need to go to the toilet. You will be able to do so as soon as the examination is over. A nurse will remain with you whilst the examination is taking place and will explain anything you don't understand. You will be told the results of the examination immediately and whether further treatment or tests are needed.

After the examination

At the end of the examination you will be able to go home as usual, by public transport or car (you may drive yourself). Please bring a companion or escort if you live in a residential or nursing home, or if you think you might need some assistance afterwards.

Discharge Advice following flexible cystoscopy

You may find that when you first pass urine it stings or burns slightly and you may pass a little blood in your urine, this is quite normal. It is important that you drink at least 2 litres (2000mls or 4-5 pints) of fluid during the first 24 hours to help keep your urine clear and help reduce infection.

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding you should contact your GP.

If you are waiting for any further test results you will either be informed by post or be sent an appointment for out patients. You may not need any follow up but if you are unsure please contact your consultant's secretary.

Are there any side effects?

Most procedures have a potential for side effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation
- Biopsy of abnormal areas in the bladder (this may require a further procedure under a general anaesthetic)

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics

Rare (less than 1 in 50)

- Temporary insertion of a catheter
- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse

Contact Telephone Numbers

Waiting List Coordinator for Urology 01603 289386

If you require further information about the procedure prior to your treatment, please contact the Urology nurse practitioners on 01603 289386, between the hours of 08.30 to 16.30 or leave a message on the answer machine.

