

Having a flexible cystoscopy: examining your bladder

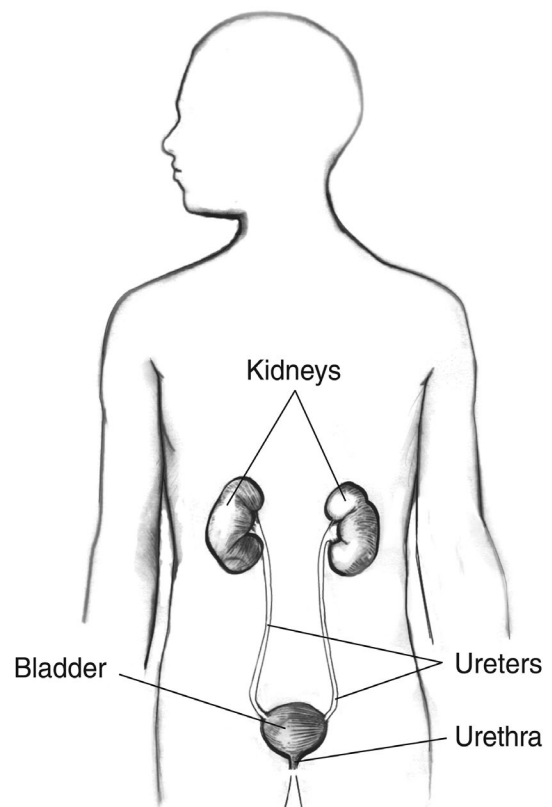
Information for patients

This leaflet aims to answer your questions about having a flexible cystoscopy. It explains the benefits, risks, and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please speak to the doctor or nurse caring for you.

What is the urinary system?

The urinary system is made up of the:

- kidneys
- ureters – the tubes that link the kidney and bladder
- bladder
- urethra – the tube that urine passes through from the bladder, before leaving the body.



Source: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health



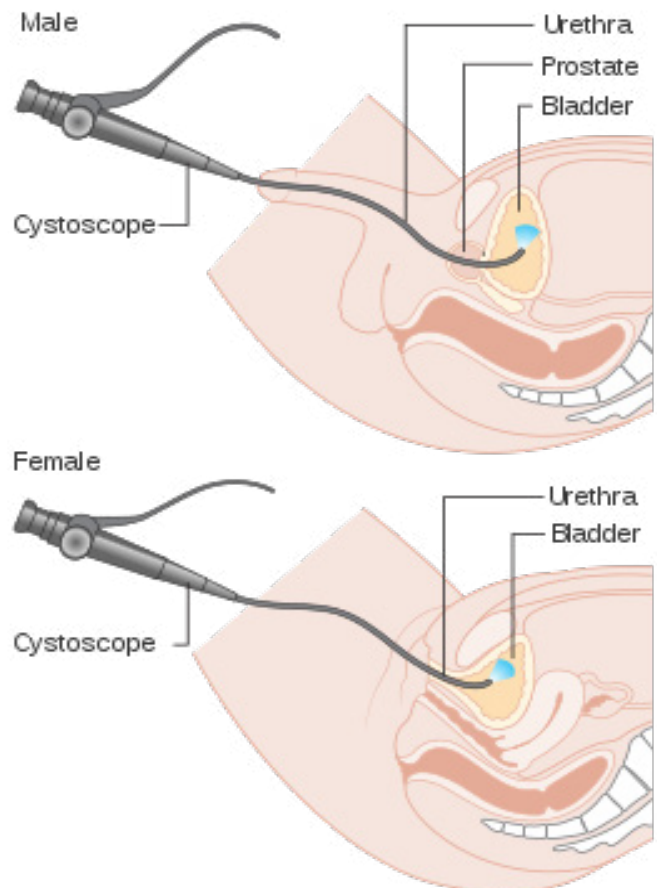
What is a cystoscopy?

A cystoscopy is a procedure that looks at the bladder and other parts of the urinary system. It involves inserting a special tube, called a cystoscope, into the urethra and then passing it through to the bladder.

There are two types of cystoscope: rigid and flexible.

- A **rigid cystoscope** is a solid, straight tube with a light at one end and is often used to take samples, or carry out surgery under a general anaesthetic.
- Your examination will use a **flexible cystoscope**, using a local anaesthetic and is a fibre-optic tube that can move around bends in the urinary system. It is about the thickness of a pencil and has a tiny video camera on one end, so the doctor can view an image of your urinary system on a screen.

Flexible cystoscopes are generally used to help make a diagnosis or to see if a treatment has been successful.



Source: Wikipedia

<https://en.wikipedia.org/wiki/Cystoscopy>

Why do I need a cystoscopy?

Your doctor has recommended you have a flexible cystoscopy as it is a quick and easy way to diagnose any problems, using a local anaesthetic (where you are awake) rather than general anaesthetic (where you are asleep), which carries higher risks.

Some urinary symptoms – such as those outlined below – are due to problems in the bladder or urethra. Sometimes the cause of your symptoms will be clear from x-rays or tests of your blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder.

A cystoscopy can help to diagnose the causes of symptoms such as:

- blood in your urine (haematuria)
- frequent urinary tract infections
- difficulty or pain when urinating (passing urine)
- incontinence (inability to control when you urinate).

What are the risks to the procedure?

There are risks associated with most procedures. Your doctor will explain the potential complications of a cystoscopy before asking for your verbal consent to go ahead with the procedure (we will be moving towards asking for written consent from patients in the near future). Please ask questions if you are uncertain. Remember you can withdraw your consent for treatment at any time.

A cystoscopy is usually performed with no problems whatsoever but possible side effects can include the following.

- **Discomfort** – you may feel a stinging sensation when you urinate, but this should only last a day or two. Taking your usual pain-relieving medicine as prescribed may help. If your pain is severe and lasts for more than two days, please contact the Urology Suite or your GP.
- You may have a **small amount of bleeding** from the cystoscope being passed up your urethra. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after their procedure. Drinking plenty of water (two to three litres spaced out over 24 hours) can help to clear your urine. If your urine remains pink after a few days, please contact the Urology Suite or your GP.
- A **urine infection** can cause a fever and pain when you pass urine. You can reduce the risk of this happening by drinking plenty of water after your procedure.

Rare risks

- **Temporary insertion of a catheter** may be needed if you are unable to pass urine normally following your procedure.
- **Delayed bleeding** which may need further surgery.
- **Injury to your urethra causing delayed scar formation** which may need more surgery in the future to widen your urethra.

Are there any alternatives?

A cystoscopy is the only way to have a close enough look at your urinary system and diagnose certain bladder conditions. If there are any alternatives, your doctor will discuss them with you.

What happens before my examination?

The procedure is carried out in either the Urology Suite at Kent and Canterbury Hospital or at the Derry Unit at the Royal Victoria Hospital, Folkestone (check your appointment letter for more details).

You will have a short consultation with your doctor or specialist nurse before your procedure. Use this time to ask any last minute questions.

Can I eat and drink before my procedure?

Yes, you can eat and drink as normal before your examination.

We advise you to empty your bladder before your procedure.

What should I bring to my appointment?

- Please bring in a list of all your medications.
- You also need to bring a urine specimen to your appointment. Please make sure that the container you use is clean - if there are signs of bacteria in the sample then your procedure will be rescheduled; this will be discussed with your doctor at your appointment.

Collect your urine sample as close to your appointment time as possible; leave no longer than four hours between collecting your sample and bringing it to your appointment at the hospital.

What happens during my examination?

You will be asked to lie down on your back (women will be asked to lie down as if they were having a smear test). The opening of your urethra and surrounding area will be cleaned. Some local anaesthetic 'jelly' will be squeezed gently into your urethra using a syringe (no needle). This can produce a 'stinging or mild burning sensation' but it reduces the discomfort when the cystoscope is inserted into your urethra.

Once the cystoscope has been gently passed into your bladder, the doctor will fill your bladder with sterile water using the cystoscope; this is to help your doctor see the lining of your bladder. You may feel water in your genital area. It may make your bladder feel full, so you may feel like you need to urinate. This may be mildly uncomfortable.

How long will I be in hospital for?

This examination is carried out as a clinic procedure and will take about five minutes.

When will I get my results?

Your doctor will be able to tell you the results of your cystoscopy straight after your procedure and arrange the appropriate follow-up. You should also get a letter confirming your results, which may take slightly longer. If anything is unclear, please do not hesitate to speak with the Urology team or your GP.

Will I need a follow-up appointment?

A follow-up appointment will be given to you to discuss your examination, the results of any biopsies, and whether any further procedures are needed. Your GP will also be sent your results.

If you need further follow-up investigations, this will be discussed with you before you leave the hospital.

Will I need any dressings?

You may want to wear an incontinence pad the day after your cystoscopy, to protect your clothing from the small amount of bleeding you may have. If you have any bleeding that will not stop, please contact your GP or the Urology team for advice.

Why have I been given antibiotics?

If you are prescribed antibiotics to reduce the chance of an infection, it is important that you complete the whole course of tablets. You must not drink any alcohol until you have finished the antibiotics and your symptoms have completely cleared.

What do I need to do when I get home?

- You will be able to return to normal activities on the same day as your procedure.
- You will be able to take a bath or shower and eat and drink normally.
- You can drive after your procedure.

You should drink plenty of water (at least two litres per day) to flush out your bladder and clear any bleeding.

When can I have sex again?

You should not have sexual intercourse until any swelling or bleeding has cleared, to reduce the risk of infection.

How will I feel after my procedure?

For the next 24 hours you may feel a mild burning when you pass urine, and feel the need to pass urine more often.

Your urine may look pink due to mild bleeding, particularly if you had a biopsy. The bleeding should settle within 24 hours of your examination.

What if I have problems at home following my procedure?

Please contact your GP if you:

- are in extreme pain
- have continuous or excessive bleeding
- pass blood clots
- have a raised temperature (38°C (100.4°F) or above)
- have difficulty passing urine; or
- feel your symptoms are persisting and you need additional care.

If you think it is an emergency, please go straight to your nearest Emergency Department.

What if my original symptoms continue, even though I have been given the 'all-clear'?

Despite the flexible cystoscopy giving you the 'all-clear', if you feel the symptoms you came to the hospital with are still causing you problems, please contact your GP.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation