How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require an interpretation of this leaflet please contact 01296 316293
What is cystoscopy?
A cystoscopy is a procedure using a thin telescope (a cystoscope) to examine the lining of the bladder. Cystoscopy is useful in helping to find out the cause of recurrent urinary tract infection (UTI), urinary incontinence and blood or abnormal cells in your urine. It is also used to check your bladder and bladder wall for unusual growths, ulcers or stones.

There are two types of cystoscopy. (The doctor/nurse will "tick" the type of procedure offered):

- **Flexible cystoscopy:** A fibre-optic medical telescope which has a thin, flexible body and a tiny light. Your doctor passes it through your urethra (the tube that allows urine to pass from your bladder whilst urinating). The procedure is routinely performed under local anaesthesia. This means you will stay awake during the procedure.

- **Rigid cystoscopy:** A narrow, rigid telescope is passed through your urethra into the bladder. It is usually done under general or spinal anaesthesia.

Preparing for cystoscopy
At the hospital, your nurse will check your heart rate and blood pressure, and you will need to provide a urine sample for testing. In private you will be asked to put on a hospital gown and to undergo swabbing of your nose and throat to ensure that you are not carrying MRSA.

You will also see your surgeon and anaesthetist. You will be asked to sign a consent form giving permission for your operation to take place, showing that you understand what is to be done and ensuring that you wish to proceed. Please make sure that you ask any questions you may still have before signing the form.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
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Buckinghamshire
HP21 8AL
Useful Contact Numbers
Stoke Mandeville Hospital
Consultant Gynaecologists 01296 316239/316548
Ward 16B, SMH 01296 418110/418111
Cystoscopy Suite, SMH 01296 316293

Wycombe Hospital
Consultant Gynaecologists 01494 425009/425724

Please Note
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the Cystoscopy Suite on 01296 316293.

If you are having a general anaesthetic you will be asked to follow fasting instructions. This means not eating or drinking for at least six hours beforehand.

What happens during cystoscopy?
A cystoscopy may take anything from a few minutes to 20 minutes, depending on what your doctor needs to do.

Flexible cystoscopy: If you are having a flexible cystoscopy, your nurse will take you to the operating theatre and help you to lie on your back with your knees raised and apart. The doctor carrying out the procedure will clean your genital area with a mild antiseptic solution and then cover you with a sterile paper sheet.

A local anaesthetic gel is used to numb and lubricate the urethra. The tip of the flexible cystoscope is then inserted into the bladder via the urethra. Sterile water is run into the bladder through the cystoscope to fill the bladder and give a clearer picture. The examination will only take a few minutes to complete and you may be aware of slight discomfort, or an urge to urinate. If necessary, your doctor will take a biopsy, using special instruments passed through the cystoscope. Your nurse will remain with you whilst the examination is taking place to support and chat to you during the procedure.

Rigid cystoscopy: Rigid cystoscopy is usually done under general anaesthesia. This means you will be asleep during the procedure. Your doctor will carry out the procedure as mentioned above and, if necessary, take a biopsy.
Useful Contact Numbers
As with every procedure there are some risks associated with cystoscopy. The majority of patients do not suffer any problems after cystoscopy.

Common (greater than 1 in 10)
Mild burning or bleeding on passing urine for about 1-3 days after the operation.

Occasional (between 1 in 10 and 1 in 50)
Infection of the bladder requiring antibiotics. Reaction to the sedative or general anaesthesia – e.g. a skin rash or heart problems.

Rare (less than 1 in 50)
Urinary retention – an inability to pass urine because of swelling in your urethra leading to temporary insertion of a catheter. Injury to the bladder wall or urethra during the procedure.

What to expect afterwards
You may feel the need to pass urine or slight discomfort / stinging while passing urine, or blood in the urine after the procedure. This is normal and is due to irritation from insertion of the cystoscope. You will be given medication to relieve any discomfort you may have.

The doctor will explain the findings and you will be advised of the need for any further treatment and follow up. You will usually be able to go home when you feel ready. If you have had general anaesthesia, you may need to rest until the effects of the anaesthetic have passed. In that case, you will need to arrange for someone to drive you home.

If you have a biopsy, your results may be ready a few days later, but it can take up to three weeks. Results are usually sent to the doctor who carried out the cystoscopy or the doctor who referred you for the procedure.

Recovering from cystoscopy
Once home, it is sensible to take it easy for the rest of the day. We advise that you increase the amount of fluid that you are drinking for 24-48 hours to reduce the risk of urinary tract infection. Most people have no problems after a cystoscopy, but you should contact your GP or local A&E if you develop any of the following symptoms:

- Persistent or severe pain with an inability to pass urine
- Fever
- An unpleasant smell to your urine
- Blood or blood clots in your urine.

The anaesthetic may make some patients clumsy, slow and forgetful for about 24 hours. You will also feel tired and ‘run down’ for a couple of days. You should avoid any strenuous exercise or heavy lifting. You may bathe or shower as normal. Sexual intercourse may be resumed when you feel ready. You can resume driving after 48 hours as long as you are able to perform an emergency stop comfortably. Ask your doctor or your nurse for advice on returning to work.