

Cystoscopy

What is cystoscopy?

A cystoscopy is a procedure using a thin telescope (a cystoscope) to look at the lining of the bladder and urethra. 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 (anaesthetic gel). 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 have swabs taken from your nose and throat to make sure that you are not carrying MRSA (methicillin-resistant *Staphylococcus aureus* bacteria).

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, that you understand the risks of the procedure and make sure that you want it to be carried out. Please make sure that you ask any questions you may still have before signing the form.

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 notice slight discomfort, or an urge to urinate. If necessary, your doctor will take a biopsy (sample of body tissue) 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 if appropriate/if you would like.

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 same procedure as mentioned above and, if necessary, take a biopsy.

What are the risks?

All medical procedures have risks, but the majority of patients do not suffer any problems after cystoscopy.

Common (greater than 1 in 10)

Mild burning or bleeding when passing urine for about 1-3 days after the operation.

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder that will need antibiotics.
- Reaction to the sedative or general anaesthesia – e.g. a skin rash.

Rare (less than 1 in 50)

- Urinary retention – you are not able to pass urine because of swelling in your urethra, and you will need a temporary catheter inserted (a flexible tube to empty the bladder).
- Injury to the bladder wall or urethra during the procedure.

What to expect afterwards

You may feel the need to pass urine or have slight discomfort / stinging while passing urine, or blood in the urine after the procedure. This is normal and you will be given medication to help with this.

The doctor will explain the findings and you will talk to you about 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. Please arrange for someone to drive you home.

If a biopsy is taken, 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

When you get home, take it easy for the rest of the day. Please try to have extra drinks for 24-48 hours as this will help 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 and you are not able 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.

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
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Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor or the Cystoscopy Suite on 01296 316293.

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Gynae Guidelines Group: Jan 2014 (Chair's action) V2 Dec 2017, V3 Nov 2022

Directorate Board/O&G SDU: Mar 2014, V2 April 2018, V3 6.12.22

Clinical Guidelines Subgroup: Apr 2014, V2 Aug 2018

Equality Impact Assessment: Completed, V3 Sep 2022

Patient Experience Group: Oct 2014, V2 not required, V3 April 2023