

Patients guide to having a cystoscopy

A Cystoscopy is a telescopic inspection of the bladder and urethra (the tube that carries urine out of your body from your bladder) with a special telescope called a cystoscope. In Men we can also examine the prostate and bladder neck.

Why do I need a cystoscopy?

The most common indications are to investigate:

- Frequent urinary infections
- Blood in the urine- either visible or microscopic amounts
- Abnormal cells in your urine (cytology) which may indicate cancer
- Incontinence
- Persistent pain when passing urine
- Difficulty in passing urine (this may be due to enlarged prostate (male patients) or a narrowing of the urethra)
- To monitor conditions such as superficial bladder cancer
- To gain access to the kidneys to treat tumours, stones or blockages or take x-rays
- Remove polyps or tumours from the lining of the bladder (TURBT)
- Insert a JJ stent (a small tube) into a narrowed ureter to help the flow of urine and relieve pain, infection or kidney failure

Mr Boustead will decide if you need a flexible telescopic examination, which is done under local anaesthetic or sedation, or in some cases a rigid telescope is used which normally requires a general anaesthetic. You will need someone to collect you, take you home and look after you for the first 24 hours after the procedure.

What does the procedure entail?

You will be given instructions on starving before your investigation. The surgeon and anaesthetist will see you and you will sign a consent form. You will be able to ask any questions you may have at this time. Your urine is checked for infection prior to going to theatre.

A thin telescope is then passed via the urethral tube into the bladder and the examination is carried out. Sometimes a biopsy sample may be taken from the bladder lining.

You are then transferred to the operating suite for your procedure. The nurse on the ward will give you an indication of the time you will go to theatre but please be patient as operating lists change for a multitude of reasons.

What happens after the procedure?

You are taken to the recovery area and once you are fully awake you are transferred back to your room. You will have something to eat and drink and required to pass urine before going home.

Mr Boustead will come around to see you once you are fully awake and discuss your results and plan further management. If he is stuck in theatre or you miss him on the day, or if you are very drowsy, he will write to you with the findings and the next follow up appointment. You will usually go home with some antibiotics for 3 days afterwards to prevent any infections.

You will need to drink a bit more water for a week or so to 'flush' the system through. Levels of discomfort vary depending on what's done. Most patients will have little stinging of the urine and sometimes a small amount of blood in the urine for the first 24.

The anaesthetic may make you drowsy or forgetful for about 24 hours. If you have had a GA, you can resume driving after 48 hours as long as you are able to perform an emergency stop comfortably. Mr Boustead or your nurse will give you advice on returning to work.

Are there any risks or complications?

The most common complications are:

- bleeding
- urinary infection
- discomfort or irritation passing urine
- bladder spasms

This will almost always be self limiting within a few days but please ring the ward if are concerned

Rarely you may experience:

- Urine retention
- Clot retention
- High fever, chills or rigors

Who should I contact if I have problems?

Ring the Hospital where you had your investigation done:

Pinehill Hospital 01462 422822

Or the Lister Hospital 01438 781042

Or Spire Harpenden 01582 763191

Or call Mr Boustead's private secretary on 01462 456788 in office hours.