

# Flexible Cystoscopy

## What is a flexible cystoscopy?

A cystoscopy is a procedure that is undertaken to examine the bladder visually, with the aim of determining the cause of your urinary symptoms. The bladder is examined using a flexible telescope.

There is no need for a general anaesthetic and no special preparation is required. If you wish, you can drive yourself to and from the hospital.

## What does the procedure involve?

Telescopic inspection of the bladder and urethra with bladder biopsy (if indicated); a stent can also be removed during this procedure.

## What are the alternatives to this procedure?

Alternatives to this procedure include cystoscopy under general anaesthetic (with you asleep) and no treatment.

## What should I expect before the procedure?

Please ensure that your bladder is comfortably full when you arrive. It is likely that we will need to obtain a urine specimen from you before the procedure.

When you arrive, you will be asked to pass urine before the examination. You will be asked to remove the garments on the lower half of your body and to put on a hospital gown.

Please tell your surgeon (before your procedure) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint



- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

### **What happens during the procedure?**

In order to perform the procedure, it is necessary to insert a flexible cystoscope into the bladder via the water pipe (urethra). We use local anaesthetic jelly to numb and lubricate the urethra. This makes introduction of the instrument into the bladder as comfortable as possible.

Men sometimes find passage of the instrument through the area of the prostate uncomfortable. Any such discomfort only last for a few seconds.

Once the instrument is in place, the examination takes a few minutes to complete. Attached to the instrument are a telescopic lens, a light source and some sterile water to fill the bladder so that all the lining can be inspected.

A nurse will remain with you during the examination and will explain anything you do not understand.

### **What happens immediately after the procedure?**

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the clinic staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.



Once the consultant or surgical care practitioner has completed the examination, he/she will remove the instrument and explain the findings. You will also be advised whether any further treatment is needed.

You will then be able to walk to the toilet to pass out the fluid that has been used to fill your bladder. Finally, you will be taken back to a cubicle where you can clean and dress yourself.

The average time spent in the hospital is one to two hours.

### **Are there any side-effects?**

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation.

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.

Hospital-acquired infection

- Colonisation with MRSA (1 in 110).
- Clostridium difficile bowel infection (1 in 10,000).
- MRSA bloodstream infection (1 in 5000).

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

### **What should I expect when I get home?**

When you are discharged from hospital, you should:

- be given advice about your recovery at home;



- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done or samples taken.

You should drink twice as much fluid as you would normally for the first 24 to 48 hours to flush your system through. Any stinging or blood in the urine usually settles rapidly if you continue to drink plenty of fluid.

### **What if there are problems at home following the procedure?**

Please contact the Urology Suite (01302 642535) if you:

- are in extreme pain
- have continuous or excessive bleeding
- pass blood clots
- have a raised temperature - 38°C (100.4F) or above
- have difficulty/inability to pass urine.

If it is out of normal working hours (Monday to Friday, 9am-5pm) and you think it is an emergency, please go straight to your nearest A&E department.

### **Are there any other important points?**

If biopsy samples have been taken during flexible cystoscopy, you and your GP will be informed of the results. If you have any continuing problems regarding the tests, you can telephone the specialist nurses or speak to your GP surgery.

### **Patient Experience Team**

The team are available to offer advice or information on healthcare matters. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. The team can visit inpatients on all Trust sites.

### **The contact details are:**

**Telephone:** 01302 553140 or 0800 028 8059

**Email:** pals.dbh@dbh.nhs.uk