

Patient Information

Cystoscopy and Urethroscopy

Further Enquiries

If you have any further questions or problems following your operation, help or advice can be obtained from:

Your GP

or

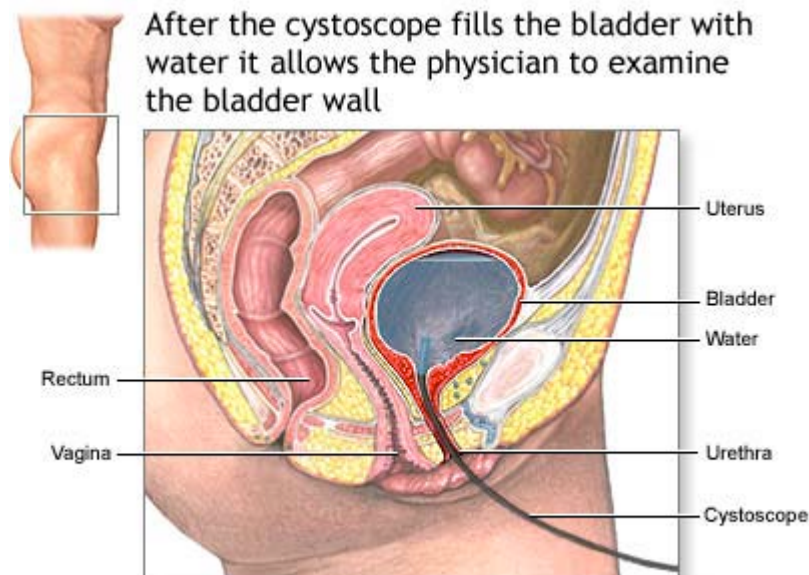
Antrim Area Hospital C3 ward (02894424000 ext 2183)

Introduction

This information leaflet is intended for the use of those patients undergoing cystoscopy and/or urethroscopy.

Definition

A Cystoscopy is a procedure that allows the inside of the bladder to be inspected with a telescope, A urethroscopy is a procedure that allows the inspection of the urethra (water pipe) with a telescope.



ADAM.

Responsibilities

You will not be able to eat or drink for approximately 6 hours before your operation. If you are having a local anaesthetic you may not have to starve.

An anaesthetist will see you before your operation and assess you for your suitability for anaesthetic. This will be discussed with you, but the anaesthetist has to make the final decision of which type of anaesthetic is the safest for you, taking any medical problems that you have into consideration.

Practical guidance

Before the operation

The procedure may be done as a day case, or as an inpatient, depending on your general health or on the anticipated outcome of the surgery. You will be given instructions on fasting and what to bring in with you. You will be given the opportunity to ask any questions that you may have during the clinic appointment and in hospital.

After the operation

On discharge from the hospital, you should arrange for an adult to be with you for the first 24 hours following your surgery. If this is not possible, please ensure that the nursing staff are aware. They may wish to arrange for a district nurse to visit if necessary.

Expectations/benefits

These procedures are performed in order to diagnose and treat disorders of the bladder and urethra. Your doctor may recommend cystoscopy for any of the following conditions:

- frequent urinary tract infections
- blood in your urine (haematuria)
- loss of bladder control (incontinence) or overactive bladder
- unusual cells found in urine sample
- need for a catheter to be inserted into the bladder
- painful urination, chronic pelvic pain or interstitial cystitis

Choice/alternatives

Certain x-rays, urine tests and external examinations may provide some idea of what is causing urinary tract symptoms. However they do not replace cystoscopy, which is a very direct way of seeing (and often treating) the problem in a single procedure. A “flexible” cystoscopy is a cystoscopy with a special flexible telescope that is usually done under a local anaesthetic, whereby anaesthetic gel is inserted into the urethra (water pipe) before the telescope is passed. This is an investigation (a look) and no cutting will take place during this procedure. A rigid cystoscopy or urethroscopy is performed under general anaesthetic. This allows a biopsy of the bladder to be performed if required. (Tissue sample)

Risks

Infection

Introducing anything into the bladder carries the risk of infection, no matter how sterile the procedure. Signs of infection are frequency, urgency and severe burning on passing urine. A temperature may well accompany these symptoms and some experience a bearing down sensation. You may feel the need to pass urine, even when there is no urine in your bladder.

If infection occurs during your stay in hospital, you will be treated with antibiotics. If you experience all or some these symptoms after discharge **and they persist**, please see your GP urgently to be assessed.

Please note that the first few times that you pass urine after the operation, you may find it quite sore and/or painful. Initially you will probably experience some frequency and urgency of passing urine.

Perforation

If any cutting is done within the bladder, or if any biopsies need to be taken, there is a small risk that urine could potentially leak in the pelvis. If this occurs a catheter is left inside until the hole has had time to heal.

Haemorrhage

If any cutting is done within the bladder, or if any biopsies need to be taken, there is a small risk of bleeding. If this occurs, fluid lost will be replaced via a drip and blood transfusions may be given if necessary.

This is very rare.

Acknowledgements

Adapted from Gloucester Trust Patient Information
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