Manchester
Urology

Cystoscopy

An Information Leaflet (*Written May 2008*)

Manchester Urology: 0800 656 9616
www.manchesterurology.org.uk

What is a cystoscopy?

This procedure is usually carried out under a general anaesthetic (when you are put completely to sleep) or a spinal anaesthetic (numbing from the waist down via a needle inserted in your back). It involves a cystoscope (fibre optic camera) being inserted into the bladder via the urethra (tube leading from the bladder which carries urine to the outside of the body). This allows the doctor to look at the inside of your bladder and urethra, to check for any abnormalities. It is usually performed as a day case (meaning that you can go home the same day as your operation) or may require a one night stay.

What are the benefits?

The procedure enables views of your bladder to help obtain a diagnosis for symptoms you may have experienced (e.g. pain passing urine or bladder pain, recurrent urinary infections, blood in the urine) or can determine whether or not you have a recurrence of bladder cancer.

Are there any risks involved?

- *Bleeding*. It is usual to see blood when you pass urine. This should subside within five days.
- *Frequency and urgency.* You may feel an urgent need to pass urine after the procedure, which is normal and is due to irritation from the insertion of the cystoscope.
- *Infection.* It is normal to have some discomfort on passing urine immediately after the procedure. If this lasts for more than one to two days or if you feel feverish and/or generally unwell, you may have an infection requiring antibiotics.
- Further treatment may be required if an abnormality is found on looking inside the bladder.

What are the alternatives?

A flexible cystoscopy may be performed under a local anaesthetic (numbing of the urethra) as an outpatient. However, this type of cystoscope does not give as clear a view as the one which can be used under general anaesthetic.

What happens to me when I arrive at the ward?

You will be met by the nursing staff looking after you and an anaesthetist will talk to you about your anaesthetic.

On the day of the procedure

You will have nothing to eat or drink for several hours before the operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

Before going to the operating theatre, you will be asked to change into a theatre gown.

Any make-up, nail varnish, jewellery (except your wedding ring), dentures and contact lenses must be removed.

What happens after the procedure?

On return to the ward, you will be required to stay in bed until the effects of the anaesthetic have worn off. You may eat and drink when you feel ready to do so and should be able to go home, either that same evening or the day after, depending on when you are well enough.

Discharge arrangements

It is necessary to arrange for a responsible adult to collect you from hospital and transport you home.

Any new medications will be given to you on discharge and a sick note may be obtained to cover your stay in hospital. Further sick notes can be obtained from your GP.

Your will be notified of any further follow-up or treatment required before going home and any necessary appointments will be sent to you via a letter to your home address.

Day to day living

It is important that in the first twenty four hours of having a general anaesthetic you should avoid;

- Being left in the house alone, or looking after young children
- Driving (it is advisable to check with your insurance company as to how long your insurance is invalid following general anaesthetic.
- Operating machinery: this includes cookers and other domestic appliances.
- Making any important decisions or sign any legal document.
- Drinking alcohol.

Other treatments or procedures which may be performed at the time of your cystoscopy

Urethral dilatation

A urethral dilatation involves slight stretching of the urethra via the insertion of instruments of increasing size. This is done for a narrowed urethra, which may have caused symptoms such as recurrent urine infections, reduced urinary flow or difficulty completely emptying your bladder.

Pre-operative preparations, length of stay, recovery time, risks and discharge arrangements are no different from having a cystoscopy only, although it may be necessary for the procedure to be repeated in the future due to recurrence of the narrowed urethra and subsequent symptoms.

Cystodiathermy

This procedure is used to treat recurrent bladder cancer and involves the burning away of tumours present in the bladder. It usually requires a one night stay after the operation.

Sometimes it is necessary to insert a catheter via the urethra (tube draining urine from the bladder into a bag). This may be removed a few hours after the operation. The nurses on the ward will want to ensure that you are able to pass urine effectively before you are allowed home. If you have any difficulty passing urine after the catheter's removal and it needs to be re-inserted, you will usually still be allowed to go home the same day but will be required to attend a clinic at your local Urology department for another trial without the catheter.

The risks, pre-operative preparations and discharge arrangements are the same as having a cystoscopy only, although you will require continued monitoring of your bladder cancer. A follow-up appointment for a further cystoscopy will be sent via a letter to your home address.

Urethrotomy

This is carried out when a stricture (narrowing) in the urethra has occurred, usually due to scar tissue. It involves the surgeon making an incision inside the urethra, at the point of the stricture.
A catheter (tube draining urine from the bladder into a bag) will be inserted in theatre and may be removed a few hours after the operation. The nurses on the ward will want to ensure that you are able to pass urine effectively before you are allowed home. If you have any difficulty passing urine after the catheter's removal and it needs to be re-inserted, or if the catheter needs to stay in place for longer than a few hours, you may still be allowed to go home the same day but will be required to attend a clinic at your local Urology department for another trial without the catheter.

The risks of this procedure, as well as preparation procedures and discharge arrangements are all the same as having a cystoscopy only, although further strictures may occur due to the formation of scar tissue from the incision made during the urethrotomy. If this happens, a repeat procedure may be necessary in the future.

In order to prevent further scarring occurring and to keep the water passage patent, you may need to learn how to intermittently pass a catheter up the urethra, to stop it narrowing again.

Bladder Stone Removal (Lithopaxy)

Occasionally calcium crystals in the urine can form stones (calculi) in the bladder. This may be due to dehydration (regularly losing too much water from your body or not drinking enough fluids) which can cause the urine to be too concentrated, or you may have been born with a tendency to form stones.

These bladder stones are usually removed via the cystoscope, by either taking them out whole or if they are too large to do this, by breaking them up into smaller pieces.

A catheter is placed in the bladder following the procedure and is usually removed after about twelve to twenty four hours. This is to ensure that the urethra stays patent and does not get blocked by any stone fragments. Once the catheter is removed and you are passing urine normally, you will be able to go home.

The risks, preparations and discharge arrangements are the same as having a cystoscopy only, although occasionally the stone is too large to remove via the urethra and an open incision (cut) in your abdomen may be necessary to remove it. Occasionally, the stones form due to an enlarged prostate gland, which has caused obstruction to the bladder and urethra, therefore causing bladder emptying problems and stone formation due to stagnant urine. In this case, further treatment in the form of medication or prostate surgery may be required to avoid further stones forming.

You may also need x-rays when you attend for your follow-up outpatient appointment, to ensure that all pieces of the stone have been removed or that no new stones have formed.

If there is a problem?

If you experience any problems following the procedure, please contact your GP or your local urology department for advice.

For further information or to arrange an appointment with a consultant, please call: 0800 656 9616

Adebanji A.B. Adeyoju

Alexandra Hospital
Mill Lane, Cheadle, Cheshire SK8 2PX

Ryley Mount
432 Buxton Road, Hazel Grove, Stockport SK2 7JQ

a.adeyoju@manchesterurology.org.uk

Gerald Collins

Alexandra Hospital
Mill Lane, Cheadle, Cheshire SK8 2PX

Spire Regency Hospital
West Street, Macclesfield, Cheshire SK11 8DW

g.collins@manchesterurology.org.uk

Richard Brough

Alexandra Hospital
Mill Lane, Cheadle, Cheshire SK8 2PX

Highfield House
442 Buxton Road, Stockport SK2 7JB

Spire Regency Hospital
West Street, Macclesfield, Cheshire SK11 8DW

r.brough@manchesterurology.org.uk

Neil Oakley

Alexandra Hospital
Mill Lane, Cheadle, Cheshire SK8 2PX

Thornbury Hospital
312 Fullwood Road, Sheffield
S10 3BR (South Yorkshire)

n.oakley@manchesterurology.org.uk

Stephen Brown

Alexandra Hospital
Mill Lane, Cheadle, Cheshire SK8 2PX

Ryley Mount
432 Buxton Road, Hazel Grove, Stockport SK2 7JQ

s.brown@manchesterurology.org.uk

Patrick O'Reilly

Highfield House
442 Buxton Road, Stockport SK2 7JB

p.oreilly@manchesterurology.org.uk