

# Cystoscopy and hydrostatic bladder distension

## Urology Department

### Patient Information Leaflet

#### Introduction

This leaflet is for people who have been recommended to have a procedure called cystoscopy and hydrostatic bladder distension. It gives information on what this is, what it involves and what the benefits and risks of it are.

#### What is a cystoscopy and hydrostatic bladder distension?

A cystoscopy is a procedure to look inside the bladder using a thin camera called a cystoscope. A cystoscope is inserted into the urethra (the tube that carries urine out of the body) and passed into the bladder to allow a doctor or nurse to see inside.

Small surgical instruments can also be passed down the cystoscope to treat some bladder problems at the same time. In your case, the procedure will include bladder distension (stretching the bladder).

The doctor may also take a biopsy of the bladder during the procedure. A biopsy involves taking a small sample of body tissue so it can be examined using a microscope.

#### What are the benefits of the procedure?

It has had some success in reducing urinary frequency and giving pain relief to patients. Sometimes, the relief achieved by bladder distension is only temporary though. It may only last a few weeks or months.

If any abnormalities or bladder stones are found, the doctor may be able to remove these during the procedure.

#### What are the risks?

Most procedures have some risks. You should be reassured that, although all these risks are well-recognised, the majority of people do not suffer any problems after a urological procedure. The risks are:

##### Common risks

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter

## Occasional risks

- Infection of bladder requiring antibiotics
- There is no guarantee of relief of bladder symptoms

## Rare risks

- Delayed bleeding. If this happens, you may need to have further surgery, or blood clots removed
- Injury to the urethra causing delayed scar formation
- Damage to the bladder requiring open surgery to repair it, or a temporary urinary catheter (fine tube)

## What are the alternatives?

Possible alternatives include:

- Various medications taken orally (by mouth) or placed into the bladder.
- Bladder augmentation which is an operation to enlarge the bladder using a piece of the body's own tissue. This is usually the large or small intestine, but the ureters or even the stomach are sometimes used.
- Or you can decide not to have treatment.

## What happens before the procedure?

You will need to come to hospital the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

**Your admission letter will contain guidance about when you can eat and drink before your operation.**

## Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment. This is to assess your general fitness and to determine whether there are any reasons why you should not have the operation.

At this assessment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.

- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure.

Please be sure to tell your consultant before the 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 brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

### **Giving consent**

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

We may also ask you for your permission to remove an abnormality or stone if found, or to take a biopsy of it.

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

Normally, we use a full general anaesthetic where you will be asleep throughout the procedure, or a spinal anaesthetic where you will be awake but not able to feel anything from the waist down. Your anaesthetist will explain the anaesthetic options to you before your surgery. We may give you antibiotics by injection before the procedure. Therefore, please remember to tell your hospital doctor if you are allergic to any antibiotics.

The doctor will insert a telescope through your urethra to inspect both the urethra itself and the whole lining of the bladder.

The capacity of the bladder when full is measured and the bladder is then stretched gently with fluid, under slight pressure, to increase its capacity.

## What happens after the operation?

After your operation, you will normally go back to the urology ward. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

Your surgeon will inform you when you are likely to be able to go home after your operation. You will normally be able to go home once you have passed urine satisfactorily. If a catheter is left in place, this will normally be removed within 24 hours and you will be to leave hospital once you have passed urine satisfactorily. The average hospital stay is one day. **Please make sure you have a lift home available.**

## What should I do at home?

When you get home, you should drink twice as much fluid as you would normally for the next 24 to 48 hours to flush your system through. You may find that when you first pass urine, it stings or burns slightly and it may be lightly bloodstained.

About 60 per cent of patients have some discomfort, similar to cystitis, until the stent is removed. Painkillers such as paracetamol will usually help but there is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection. Occasionally, this pain can be severe enough for us to suggest early removal of the stent.

## What should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

## What happens next?

A follow-up appointment will be arranged before you leave hospital to assess the effects of surgery.

## Driving after surgery

It is your responsibility to ensure that you are fit to drive after your surgery. You do not normally need to notify the DVLA, unless you have a medical condition that will last for longer than three months after your surgery that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## Medication

Please make sure before you come into hospital that you have enough of your regular medication to take when you get home as it is unlikely that your regular medication will be changed. Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

## Can I find out more?

You can find out more from the following weblink:

### NHS Choices

<http://www.nhs.uk/conditions/cystoscopy/pages/introduction.aspx>

## Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or

mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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