

# Flexible cystoscopy (may include biopsy or stent removal)

## Urology Department

### Patient Information Leaflet

#### Introduction

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

#### What is flexible cystoscopy?

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 may include removal of a stent, if you have one and/or the doctor may 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?

Your doctor may have diagnosed a problem with your bladder and wish to investigate further. These conditions may include:

- Blood in your urine (haematuria)
- Loss of bladder control (incontinence) or an overactive bladder
- Unusual cells found in a urine sample
- Need for a bladder catheter
- Urinary blockage such as prostate enlargement or stricture (narrowing of the urethra)
- Painful urination and/or frequent urine infections
- Stone in the urinary tract
- Removal of stent

If you have seen blood in your urine, it is important that this is investigated thoroughly to determine where the blood is coming from and what is causing it. If blood appears in the urine, it could have come from anywhere along the urinary tract. This includes the kidneys, ureters (the tubes from the kidneys), the bladder or the prostate gland (in men). You may also need further investigation including scans or X-rays, blood tests and urine tests.

Often all the investigations prove to be normal and it can be reassuring that you do not have a problem that needs treatment.

## 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

### Occasional risks

- Infection of bladder requiring antibiotics

### Rare risks

- Delayed bleeding. If this happens, you may need to have further surgery, or blood clots removed
- Temporary insertion of a catheter

## What are the alternatives?

Possible alternatives include a cystoscopy using a general anaesthetic or you can decide not to have treatment.

## What happens before the procedure?

The procedure is usually carried out in the clinic at Corbett Outpatient Centre. You will find details about this on your appointment letter.

Please bring a book, magazine, paper and a drink with you, if you wish, as you may be at the hospital for up to two hours. Please note the hospital charges for parking so please bring some change. The pay machine is located in the main reception. We would advise you not to drive yourself home.

We will need to know if you take any tablets or medication regularly. It can be helpful to bring a list of medication with you.

At your appointment, we will give you a full explanation of what to expect during your visit. You will have an opportunity to discuss any concerns and ask any questions you may have.

A doctor or nurse will ask you about any symptoms you may have noticed at the time; and about any past medical and surgery problems.

## What happens during the procedure?

The doctor or nurse will insert a small, flexible telescope (cystoscope) through your urethra into the bladder.

The nurse will use a local anaesthetic jelly to numb and lubricate the urethra which makes passage of the instrument into the bladder as comfortable as possible. Men sometimes find passage of the instrument through the area of the prostate gland uncomfortable but this does not last long.

Once the instrument is in place, the examination will only take a few minutes to complete. A telescopic lens and a light source are attached to the instrument, and the nurse or doctor will put some sterile water through the telescope to fill the bladder so that all the lining of your bladder can be inspected.

A nurse will remain with you while the examination is taking place and will explain anything you do not understand.

## What happens after the operation?

Once the doctor or nurse has completed the examination, he/she will remove the instrument and will explain the findings. They will also let you know if you need for any further treatment.

You will then be able to go to the toilet to pass the fluid that has been used to fill your bladder and then get washed and dressed.

During this time, please:

- Let the medical staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the staff.
- Ensure that you are clear about what has been done and what is the next move.

## 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. If you continue to drink plenty of fluid, this discomfort and bleeding should clear up quickly.

## 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.

If no specific abnormality is found, you should keep a careful eye on your symptoms and report any further problems to your GP.

## What happens next?

We will send you a follow-up appointment by post if your consultant needs to see you again after the procedure.

## 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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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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