

Cystoscopy

Introduction

This leaflet aims to provide information for women who are having a cystoscopy under a general anaesthetic.

If there is anything you do not understand or if you have any other questions, please ask the clinic nurse or telephone us on the numbers at the end of this leaflet.

What is a cystoscopy?

Cystoscopy is a way of examining the inside of the bladder with a small telescope (cystoscope). It is an essential part of the investigation of blood in the urine (haematuria) and it may also be helpful in the investigation of other urinary symptoms such as frequency, urgency and poor flow.

What are the alternatives to a cystoscopy?

There are no good alternatives to this procedure and your consultant has recommended a cystoscopy under a general anaesthetic as being the best option. An ultrasound may sometimes be used but may not give a definitive diagnosis.

How is the cystoscopy performed?

In this department, cystoscopy is usually performed under a general anaesthetic (you will be asleep). Once you are asleep, a telescope is gently inserted and the bladder filled with a sterile fluid so that the inside can be seen properly. Occasionally, a biopsy (tissue sample) of the bladder lining may be taken to help make a diagnosis. At the end of the procedure, the fluid is drained off. The whole thing does not usually take more than about five minutes.

Within gynaecology, cystoscopies are done as day cases under a general anaesthetic (you will be able to go home later the same day).

What are the risks of cystoscopy?

Cystoscopy is a simple, safe procedure with very few risks.

Approximately 5% of patients (1 in 20) will develop a bladder infection (cystitis) after a cystoscopy. We normally give you an injection of an antibiotic during the procedure to try and prevent this. However, if you do get an infection, it usually causes pain on passing urine and

a fever. In this situation you should seek medical help from your GP who will test your urine and, if necessary, give you some more antibiotics.

The benefits of cystoscopy

Cystoscopy lets your surgeon directly visualise the lining of your bladder. This is very important in helping to find a cause for your bladder symptoms. If appropriate, a tissue sample (biopsy) can be taken through the cystoscope.

Sometimes bladder conditions can also be *treated* through a cystoscope eg bladder stones can be removed and sensitive bladders can be filled with fluid to stretch and desensitise them.

What might I expect after surgery?

Bladder discomfort – you may experience some discomfort on passing urine after a cystoscopy. This usually settles in a day or two. If it doesn't improve, or the pain gets worse, it may mean you have developed a bladder infection (cystitis) and you should see your GP. Cystitis will get better on antibiotics.

Time off work – you should be able to go back to work after a couple of days. If required, we can provide a sick certificate for your employer. You will need to ask for this when you arrive on the ward so that the certificate can be prepared in time for your discharge later in the day.

Drink lots and pee often! – in the first 24 hours after the cystoscopy, drink plenty of fluids (at least 2 litres or 4 pints) and pass urine every two hours or so. This will flush out any “bugs” and help reduce the chance of cystitis.

After a general anaesthetic, you must also arrange for a responsible adult to look after you for at least 24 hours following your discharge home.

We would recommend that you have a supply of your normal analgesia (paracetamol, ibuprofen) available to take at home.

Aftercare at home

Anaesthetic drugs remain in the body for 24-hrs and gradually wear off. During this period you are under the influence of these drugs so it is essential that you follow these instructions:

- Do not drive a car or any other vehicle including bicycles.
- Go straight home and rest.
- Do not operate machinery or appliances such as cookers or kettles.
- Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you.
- Do not make any important decisions or sign legal paperwork.
- Drink plenty of fluids. A glass an hour (approximately 6 pints in 24-hrs) and eat a light diet.
- Take painkillers, as necessary.
- Take things easy the day after your operation and do not work with machinery or take strenuous exercise.

- Should you have persistent burning or stinging when you pass water; develop a shivery/shaky attack or a high temperature, these may be signs that you have an infection. If these symptoms occur within the first 48 hours please contact Sonning Emergency Clinic on 0118 322 7181 for further advice. After 48 hours contact your GP Surgery
- You can resume sexual activity when you feel comfortable.

Follow up appointment

Please keep any appointments made for you. These will either be given to you on leaving the ward or sent in the post. The doctor will discuss the result of your operation and any biopsy results or the possibility of any further treatment. It may also be necessary to have repeat examinations at regular intervals.

Contact us

If you have any concerns or questions regarding your operation, you can contact us on:
Sonning Ward: 0118 322 7181 / 0118 322 8204

Where can I get more information?

- NHS Choices www.nhs.uk
- Continence Foundation www.continence-foundation.org.uk
- Cystitis and Overactive Bladder Foundation www.cobfoundation.org
- British Association of Urological Surgeons www.baus.org.uk
- Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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