



**Royal Berkshire**  
NHS Foundation Trust

A general anaesthetic requires your child to be starved beforehand. On the day of the operation

..... (date) your child should not have anything to eat (including chewing gum), or milk to drink from ..... (time).

They may have only water or weak squash up to ..... (time). If breastfeeding, the last breast feed can be given at ..... (time).

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

# Cystoscopy (examination of bladder)

## Information for parents

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This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

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### What is a cystoscopy?

A cystoscopy is an investigation where a small telescope is passed into your child's bladder via the water passage (urethra). This enables the whole of the bladder to be examined.

It may be essential to have a cystoscopy in order to diagnose some bladder conditions. Your doctor will explain the benefits and risks of having a cystoscopy, and will also discuss the alternatives to the procedure.

### Why does my child need a cystoscopy?

A cystoscopy is often performed to help with diagnosis - to help to find the cause of symptoms such as: frequent urinary tract infections, blood in your urine (haematuria), incontinence, persistent pain when passing urine or difficulty in passing urine.

### What does surgery involve?

The operation is carried out under general anaesthetic and lasts for about 30 minutes. Once your child is asleep, the surgeon will insert the cystoscope into the bladder, and may take some photographs. A biopsy (sample of tissue) may also be taken.

### What are the alternatives?

Depending on your child's symptoms and circumstances, it may be possible to examine the bladder using ultrasound (an imaging technique using sound waves).

### What are the risks?

Most cystoscopies are done without any problem. For 24 hours your child may have a mild burning feeling when they pass urine and feel the need to go more often than usual. Also, the urine may look pink due to mild

bleeding, particularly if a biopsy was taken. Occasionally, a urine infection develops shortly after a cystoscopy. This can cause a fever (high temperature) and pain when you pass urine. Rarely, the cystoscope may damage or perforate the bladder. Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

### What shall I bring?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

### What happens on admission?

The surgeon will explain the procedure to you in the outpatients department and again on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (EMLA local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

### What happens afterwards?

After the operation your child will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain.

Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists.

### When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount. Your child will also need to pass urine before being discharged.

### Advice following a cystoscopy:

#### At home

- Your child will need regular Paracetamol (e.g. Calpol) after the operation – please make sure you have some, and follow the instructions that are given on the packaging.
- Please encourage your child to drink plenty of water or weak squash in order to

relieve the stinging sensation that may occur when they go to the toilet.

- Your child will need the following day off school after the procedure but they may resume normal activities providing they feel up to it.
- Please contact the ward or your GP if the pain or bleeding is severe, any pain or bleeding lasts longer than two days or your child develops symptoms of infection (e.g. fever, irritability).

If you have any further questions, contact either:

Pre-op nurse: 0118 322 7518

Kempton DDBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

Paediatric Unit, July 2018

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