

Having a cystoscopy (outpatients)

This booklet has been designed to give you information and answer some of the questions that you may have about undergoing a cystoscopy in the Urology Procedures department. If you have any further worries or questions about the procedure, please contact the nursing staff via the Urology Clinical Admin Team (CAT3a) on 0118 322 8629.

What is a cystoscopy?

This is an examination of the bladder using a cystoscope (telescope) that is passed up into the bladder via the urethra (water passage).

The cystoscopy will be performed under a local anaesthetic using a gel in the water pipe. If for any reason (e.g. a biopsy is needed) the doctor is unable to carry out the procedure using local anaesthetic you may need to come back in for a general anaesthetic (asleep) - the doctor will discuss with you if this is the case.

Why do I need a cystoscopy?

A cystoscopy may be done to help to find the cause of symptoms such as:

- Frequent urinary tract infections.
- Blood in your urine (haematuria).
- Unusual cells found in a urine sample.
- Persistent pain when you pass urine.
- Difficulty in passing urine (which may be due to prostate enlargement or a narrowing of the urethra).

Cystoscopy may also be done to monitor progress of conditions. For example, some people have a routine cystoscopy every now and then after treatment for a bladder tumour. This helps to detect any early recurrence, which can be treated before it spreads further.

The doctor may also take the opportunity during the examination to remove any small areas of abnormality using diathermy (high frequency electric burn) or to remove an existing JJ stent (plastic tube to protect/keep the waterways open) but this will have been discussed with you.

Often a cystoscopy is normal. But this may help to rule out certain causes of your symptoms.

Having a cystoscopy under local anaesthetic

This is normally performed as an outpatient in the Urology Procedures Department on Level 1, Centre Block. No special preparation is necessary and you will be asked to empty your bladder before the examination takes place. A specimen of urine is needed to ensure no infection is present before the procedure. Sometimes the procedure is postponed until the infection is cleared. A specimen bottle will be provided for this on arrival at the department or you may bring a specimen in a clean container. If you think you might have an infection please consult your GP to check.

The doctor or nurse performing the examination will gently insert some anaesthetic jelly into your water passage (urethra) in order to pass the telescope, which is thin and bendy (fibre optic).

If the doctor is carrying out diathermy or removing a JJ stent you may experience some discomfort for a very short time.

When the examination is complete, the instrument is gently withdrawn, and you can get dressed and go home.

The doctor or nurse will explain the results of the examination to you immediately and you will be given a letter with it written down for your own records. This will also be sent to your GP.

After the procedure

- You may have some discomfort and notice blood when passing urine, but this should settle within a couple of days and is quite normal after this procedure.
- You may be given antibiotics to take home after the examination.
- Drink plenty of fluids. A glass an hour (approximately 6 pints in 24-hrs) and eat normally.
- Take a painkiller, such as paracetamol, if necessary.
- Should you have persistent burning or stinging when you pass your water; develop a shivery/shaky attack or a high temperature, these may be signs that you have an infection and you should contact your GP.
- 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 department or sent in the post.

What are the risks of this procedure?

Most cystoscopies are done without any problem although, as with all operations, there are risks that you may develop allergic reaction to drugs or anaesthetic.

For the next 24-hrs you may have a mild burning feeling when you pass urine, and feel the need to go more often than usual. Also, the urine may look pink due to mild bleeding.

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.

After you have had a cystoscopy, contact your GP if:

- Pain or bleeding is severe.
- Any pain or bleeding lasts longer than two days.
- You develop symptoms of infection.
- You are unable to pass water.

Useful contacts

Prostate Research Campaign UK

Tel: 020 8877 5840 www.prostate-research.org.uk

Charity providing accurate and up-to-date information on every type of prostate disease.

Continence Foundation

Helpline: 0845 345 0165 www.continence-foundation.org.uk

Personal and confidential advice for problems with bladder control.

Cystitis and Overactive Bladder Foundation

Tel: 01908 569169 www.cobfoundation.org

Charity providing information and support to sufferers of bladder problems

British Association of Urological Surgeons www.baus.org.uk

There is a list of publications and consent documents for download.

Useful numbers

The Urology Procedures Department can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team 0118 322 8629 or Hopkins Ward on 0118 322 7771 at other times.

Royal Berkshire Hospital: 0118 322 5111

West Berkshire Community Hospital: 01635 273492

www.royalberkshire.nhs.uk

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

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