



Having a flexible cystoscopy: examining your bladder

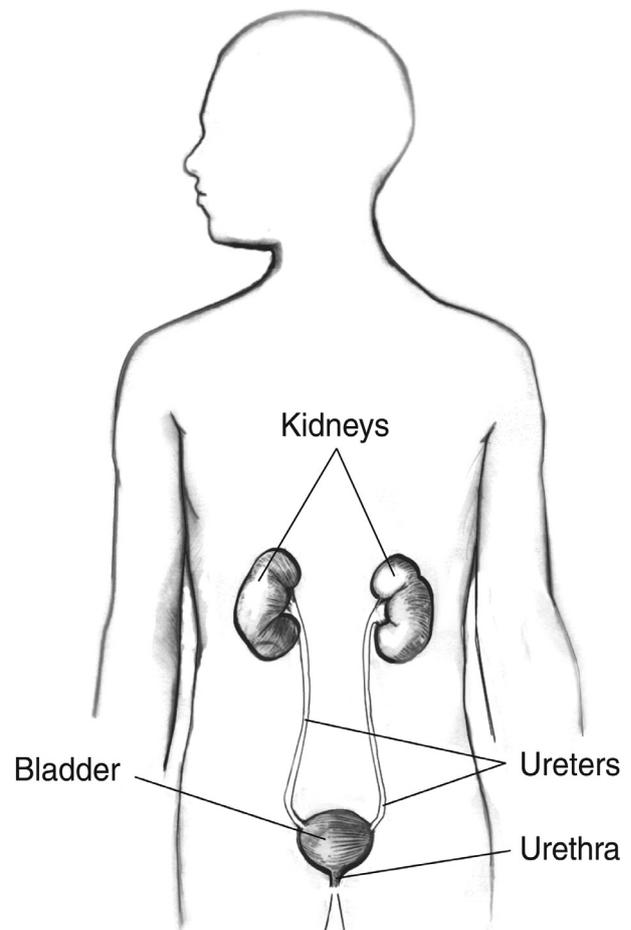
Information for patients from the Urology Department

This leaflet aims to answer your questions about having a flexible cystoscopy. It explains the benefits, risks, and alternatives, as well as what you can expect when you come to hospital. If you have any further questions, please speak to the doctor or nurse caring for you.

What is the urinary system?

The urinary system is made up of the:

- kidneys
- ureters – the tubes that link the kidney and bladder
- bladder
- urethra – the tube that urine passes through from the bladder before leaving the body.



Source: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health



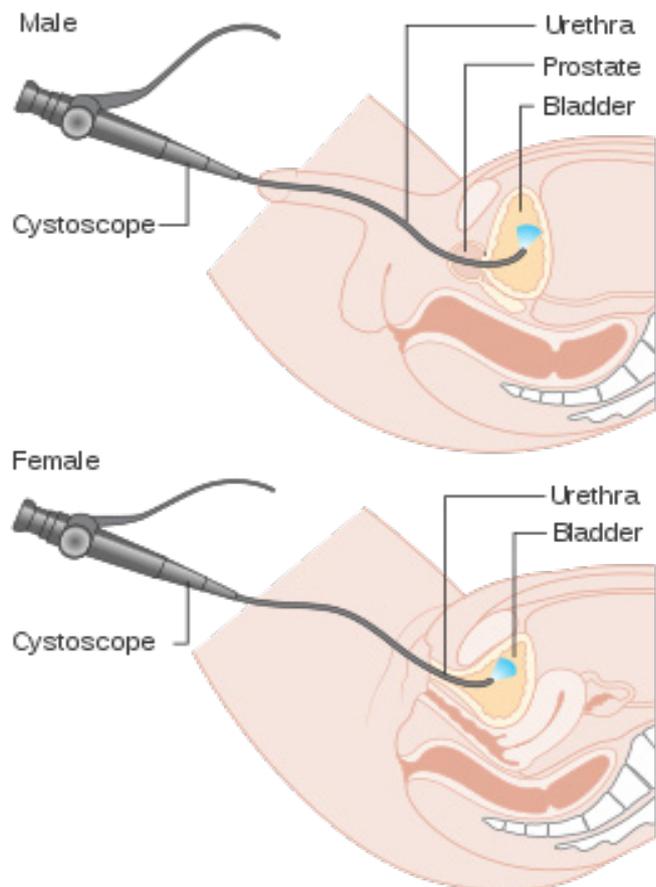
What is a cystoscopy?

A cystoscopy is a procedure that looks at the bladder and other parts of the urinary system. It involves inserting a special tube, called a cystoscope, into the urethra and then passing it through to the bladder.

There are two types of cystoscope: rigid and flexible.

- A **rigid cystoscope** is a solid, straight tube with a light at one end and is often used to take samples, or carry out surgery under a general anaesthetic.
- Your examination will use a **flexible cystoscope**, using a local anaesthetic and is a fibre-optic tube that can move around bends in the urinary system. It is about the thickness of a pencil and has a tiny video camera on one end, so the doctor can view an image of your urinary system on a screen.

Flexible cystoscopes are generally used to help make a diagnosis or to see if a treatment has been successful.



Source: Wikipedia
(<https://en.wikipedia.org/wiki/Cystoscopy>)

Why do I need a cystoscopy?

Your doctor has recommended you have a flexible cystoscopy as it is a quick and easy way to diagnose any problems, using a local anaesthetic (where you are awake) rather than general anaesthetic (where you are asleep) which carries higher risks.

Some urinary symptoms – such as those outlined below – are due to problems in the bladder or urethra. Sometimes the cause of your symptoms will be clear from x-rays or tests of your blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder.

A cystoscopy can help to diagnose the causes of symptoms such as:

- blood in your urine (haematuria)
- frequent urinary tract infections
- difficulty or pain when urinating (passing urine)
- incontinence (inability to control when you urinate).

What are the risks to the procedure?

There are risks associated with most procedures. Your doctor will explain the potential complications of a cystoscopy before asking for your verbal consent to go ahead with the procedure (we will be moving towards asking for written consent from patients in the near future). Please ask questions if you are uncertain.

A cystoscopy is usually performed with no problems whatsoever but possible side effects can include the following.

- **Discomfort** – you may feel a stinging sensation when you urinate, but this should only last a day or two. Taking your usual pain-relieving medicine as prescribed on the packet may help. If the pain is severe and lasts for more than two days, please contact us or your GP.
- You may have a **small amount of bleeding** from the cystoscope being passed up the urethra. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after this procedure. Drinking plenty of water (two to three litres spaced out over 24 hours) can help to clear the urine. If your urine remains pink after a few days, please contact us or your GP.
- A **urine infection** can cause a fever and pain when you pass urine. The risk of this can be reduced by drinking plenty of water after the procedure.

Rare risks

- **Temporary insertion of a catheter** may be needed if you are unable to pass urine normally following the procedure.
- **Delayed bleeding** requiring further surgery.
- **Injury to your urethra causing delayed scar formation** which may need more surgery in the future to widen the urethra.

Are there any alternatives?

A cystoscopy is the only way to have a close enough look at your urinary system to diagnose certain bladder conditions. If there are any alternatives, your doctor will discuss them with you.

What happens before my examination?

The procedure is carried out in either the Urology Suite at Kent and Canterbury Hospital or at the Derry Unit at the Royal Victoria Hospital, Folkestone (check your appointment letter for more details).

You will have a short consultation with your doctor or specialist nurse before the procedure, when you can ask any last minute questions.

Can I eat and drink before the procedure?

You can eat and drink as usual before your examination.

It is advisable that you empty your bladder before the procedure.

What should I bring to my appointment?

- You will be asked to change into a hospital gown before the procedure, so please bring in a dressing gown and a bag to keep all your clothes in.
- Please bring in a list of all your medications.
- You also need to bring a urine specimen to your appointment. Please make sure that the container you use is clean - if there are signs of bacteria in the sample then the procedure will be rescheduled; this will be discussed with your doctor at your appointment.

Collect your urine sample as close to your appointment time as possible; leave no longer than four hours between collecting the sample and bringing it to your appointment at the hospital.

What happens during the examination?

You will be asked to lie down on your back (women will be asked to lie down as if they were having a smear test). The opening of the urethra and surrounding area will be cleaned. Some local anaesthetic 'jelly' will be squeezed gently into your urethra using a syringe (no needle). This can produce a 'stinging or mild burning sensation' but it reduces the discomfort when the cystoscope is inserted into the urethra.

Once the cystoscope has been gently passed into the bladder, the doctor will fill your bladder with sterile water using the cystoscope; this is to help your doctor see the lining of your bladder. You may feel water in your genital area. It may make your bladder feel full, so you may feel like you need to urinate. This may be mildly uncomfortable.

How long will I be in hospital for?

This examination is carried out as a clinic procedure and will take about five minutes.

When will I get the results?

Your doctor will be able to tell you the results of the cystoscopy straight after the procedure and arrange the appropriate follow-up.

Will I need a follow-up appointment?

If you need a follow-up appointment, we will arrange this with you before you go home.

What do I need to do when I get home?

You will be able to return to normal activities on the same day as the procedure. You will be able to take a bath or shower and eat and drink normally.

You can drive after the procedure.

You should drink plenty of water (at least two litres per day) to flush out your bladder and clear any bleeding.

What if there are problems at home following the procedure?

Please contact your GP if you:

- are in extreme pain
- have continuous or excessive bleeding
- pass blood clots
- have a raised temperature (38°C (100.4°F) or above)
- have difficulty passing urine.

If you think it is an emergency, please go straight to your nearest accident and emergency (A&E) department.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 or 01227 864314, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation