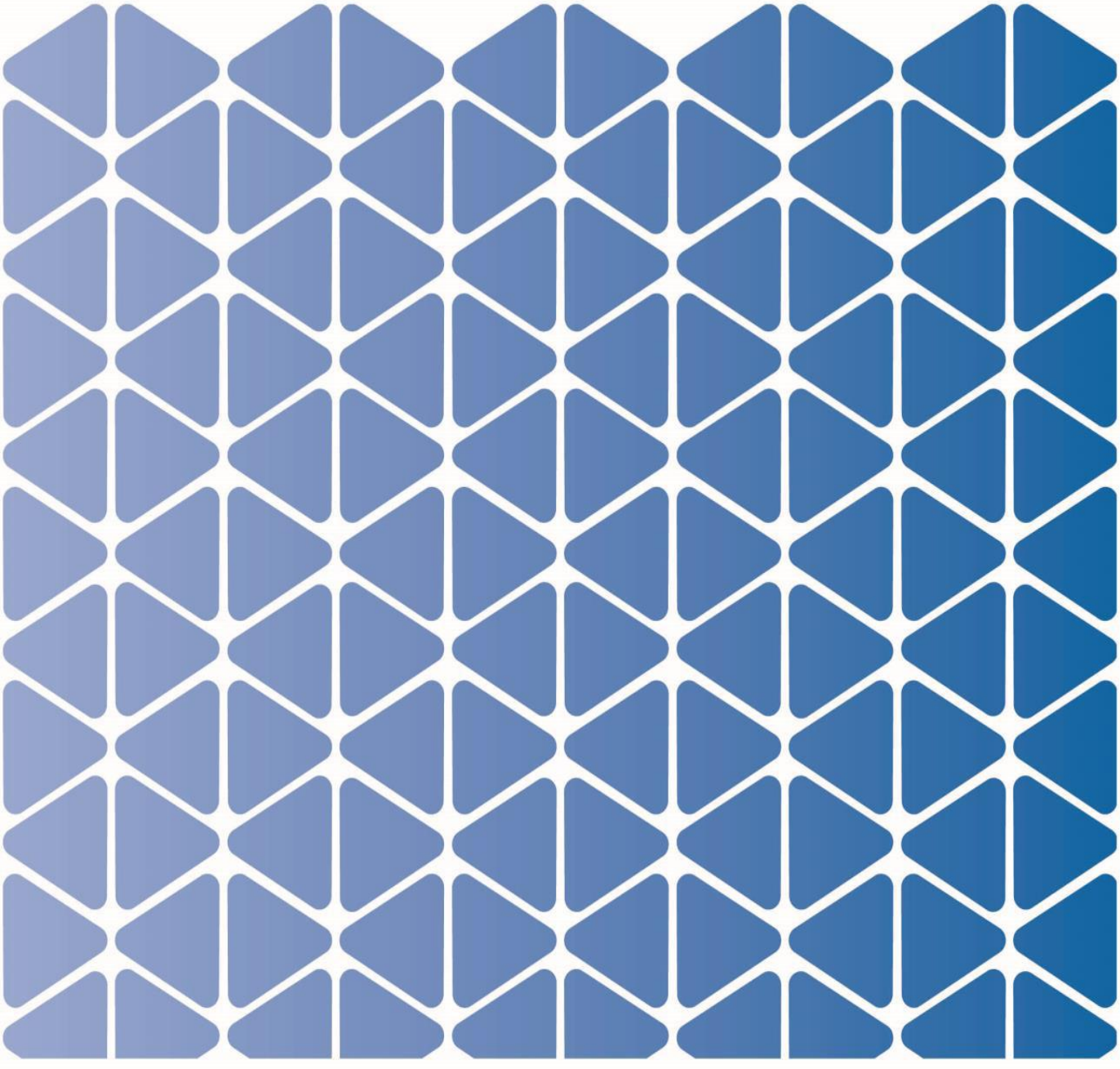
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

FLEXIBLE CYSTOSCOPY



Department of Urology

It has been recommended that you have a flexible cystoscopy.

This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

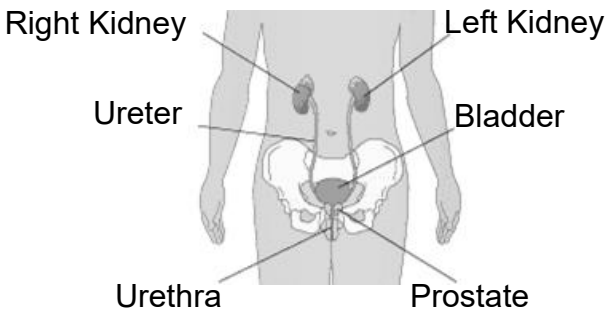
What is a cystoscopy?

Cystoscopy is a procedure that uses a special instrument, called a cystoscope, to examine the inside of your bladder. It may be carried out for a number of reasons – for example, to help make a diagnosis or to carry out minor surgery.

To understand cystoscopy it helps to look at the parts of your urinary system (waterworks).

Your bladder is a muscular bag, which, when full, is about the size of a grapefruit. It stores urine, which reaches it through the ureters (the tubes that connect your kidneys to your bladder). When the time comes to pass water, your muscle wall squeezes the urine out into your water pipe or urethra.

In women, the urethra is only about an inch long. In men, it is much longer and follows an s-shaped course from the bladder outlet, where it passes through the prostate gland, and down to the end of the penis. Both men and women have muscular valves called sphincters, which control the flow of urine. A woman's sphincter muscle lies around most of her short urethra while in the man the main sphincter is just below the prostate gland.



When you have a cystoscopy, a tube containing a miniature telescope is passed down the urethra so that the doctor can examine the inside of your bladder. It is usual to look at the urethra itself so the correct term “cystourethroscopy” is also used for the examination.

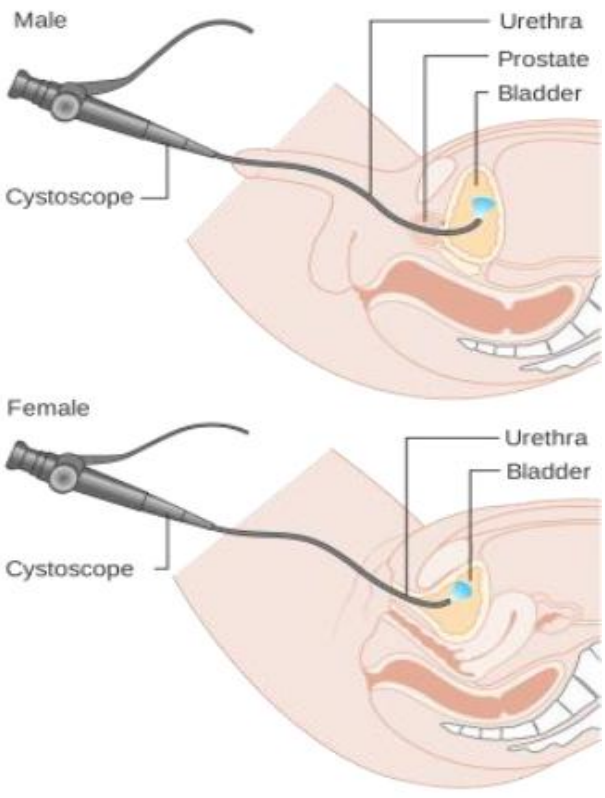
Why flexible cystoscopy?

The older telescopes used for cystoscopy are straight metal tubes containing tiny glass lenses. A general anaesthetic is often necessary to pass these instruments into the bladder, especially in men, where the natural curves of the urethra need to be straightened. A rigid instrument and general anaesthetic is necessary when the cystoscope is used to perform operations within the prostate and bladder, for instance, transurethral resection (TUR).

On the other hand, the lenses at each end of a flexible cystoscope are connected by a bundle of tiny glass fibres, which allows the telescope to bend freely. The flexible cystoscope adjusts itself to fit the curving male urethra. This allows it to pass through the urethra, painlessly avoiding the need for a general anaesthetic. The examination is usually done with the patient lying flat, in a comfortable position.

Why do I need a cystoscopy?

Some urinary symptoms are due to problems in your bladder or urethra. Sometimes the cause will be clear from X-rays, blood tests, or urine, but often the only way your doctor can be sure what is going on is to look inside with a cystoscope.



A cystoscopy may be carried out to diagnose the cause of symptoms such as:

- frequent urinary tract infections,
- blood in your urine (haematuria),
- incontinence (partial or total loss of control of the bladder),
- unusual cells found in a urine sample,
- persistent pain when you pass urine, or
- difficulty in passing urine, which may be due to prostate enlargement or a stricture (narrowing) of the urethra.

Other conditions that a cystoscopy may be used to detect or monitor include:

- bladder stones,
- problems with the ureters (tubes that connect the kidneys to the bladder).

Procedures carried out using a cystoscopy

Because you are awake, only painless operations can be done during flexible cystoscopy. Often the flexible cystoscope will only be used to look; if something more needs to be done you will be asked to come back. However, it is possible to perform the following:

- stent removal (to remove the small tube put into your narrowed ureter to help the flow of urine).
- taking biopsies (or specimens) from the lining of the bladder without discomfort.
- diathermy (to burn off small growths without the need to be admitted to hospital).

Sometimes tubes or fine catheters may also be passed into the ureters to take x-rays of the kidneys (retrograde ureterograms).

How do I prepare for my flexible cystoscopy?

No special preparation is required. On the day of the investigation you can eat and drink as normal. You simply turn up for your appointment, have your Cystoscopy and then leave the clinic. There is no need to rest afterwards.

Occasionally, you may be given an injection to help you relax if you are particularly apprehensive. It is unsafe to drive after this type of injection, so do take a friend along with you to give you moral support and to be able to take you home afterwards if necessary.

When you get to the clinic you may be asked to change into a hospital gown. This is to stop your clothes getting wet during the procedure. You will then be asked to empty your bladder. The nurse will give you a container and instructions if a urine specimen is to be provided.

The flexible cystoscopy

The Specialist Nurse or Doctor will clean the genitals with a mild disinfectant and then surround the area with a paper sheet. Try not to touch it with your hands.

The flexible cystoscope is taken from the chemical used to disinfect it and carefully washed in sterile water (do not be alarmed at the sight of it – only the flexible tip goes inside your bladder). We will then gently insert the tip of the instrument into the urethra (we may have to stretch the opening of the urethra to enable us to pass the cystoscope - this is called urethral dilatation).

Men may be asked to try to pass urine when the instrument reaches the sphincter below the prostate gland. In trying to pass urine the sphincter naturally relaxes and the cystoscope can pass through more easily. Do not worry; no urine will actually come out

while the cystoscope is in the urethra. There may be momentary stinging as the sphincter opens.

The flexible cystoscope has a control device, which allows it to be steered by bending its tip. Once the end of the instrument is in the bladder, twisting the instrument and steering it in this way brings the whole of the lining into view.

When the bladder is empty, there are folds in the lining. Sterile water or saline is run into the bladder through the cystoscope to stretch out these folds and fill the bladder. This enables us to see the whole of the lining of the bladder. It is therefore natural at the end of the examination to feel as if you need to pass urine again.

It is usual for a nurse to stay with you throughout the examination, which will take about five to 10 minutes, if it is being done to simply look inside your bladder. However, it will take longer if we have to take a biopsy (small tissue sample) from the bladder lining, or are doing a stent removal (the small tube used in a narrowed ureter to help the flow of urine). You may experience some slight discomfort, but it will not last long.

What are the after-effects of flexible cystoscopy?

Most patients have no trouble after a flexible cystoscopy. You may have a mild burning when passing urine, which usually gets better after a day or so. Drinking extra water can help. A little bleeding is common especially if a biopsy specimen has been taken. An occasional problem after flexible cystoscopy is a water infection. If you have a temperature, pain, persistent burning or bleeding, contact your doctor.

Finally

Relax and listen to what we tell you. There are advantages to being awake for your cystoscopy. If you are getting more discomfort than you think you should have, tell the nurse or doctor. If you have any questions, ask them. You can expect to be told the result of your examination straight away.

Benefits of the procedure

The aim of your procedure is to diagnose and monitor any abnormalities within the bladder and urethra.

Flexible cystoscopy can also be used to carry out minor procedures without the need for a general anaesthetic and hospital admission.

Serious or frequent risks

- Everything we do in life has risks. This procedure generally is very safe although there are some risks associated with it. The general risks include problems with:
  - mild burning or bleeding on passing urine for short period after operation;
  - occasionally infection of bladder requiring antibiotics;
  - urine retention (the inability to pass urine).

  Rarely the following may occur:
  - temporary insertion of a catheter;
  - delayed bleeding requiring removal of clots or further surgery;
  - injury to urethra causing delayed scar formation.

  Sometimes, more surgery is needed to put right these types of complications.

- Most people will not experience any serious complications from the procedure.

- You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Sometimes we may be able to offer X-rays or tests of the blood or urine, as an alternative. However, it may be essential to have a cystoscopy in order to diagnose some bladder conditions. Your Specialist Nurse or Doctor will discuss these options with you if appropriate.

Another form of cystoscopy, using a rigid rather than a flexible instrument can be used for giving treatment to the bladder and urinary tract. This would be done under a general anaesthetic and would require a stay in hospital.

On the day of your operation

When you arrive on the day of your procedure we will welcome you to the outpatient department and check your details. We may fasten an armband containing your hospital information to your wrist.

We will usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you.

Your anaesthetic

We will carry out your flexible cystoscopy under local anaesthetic.

The urethra needs to be prepared with anaesthetic jelly, this being squeezed gently into it from a tube or syringe. The jelly numbs the urethra and lubricates it. It may also contain an antiseptic. Men may be asked to stop the jelly escaping after it goes in by gently squeezing the tip of the penis for a minute or so, or we may apply a penile clamp to do this for you.

When the jelly has had time to work, it is time for the flexible cystoscopy.

Your normal medicines
Continue to take your normal medicines up to and including the day of your procedure. If we do not want you to take your normal medication, your doctor will explain what you should do. It is important to let us know when you arrive if you are taking anticoagulant drugs (for example, dabigatran, apixaban warfarin, aspirin or clopidogrel).

Your procedure
When it is time for your procedure, a member of staff will take you from the waiting area to the treatment room.

Pain relief after procedure
You should not have any serious pain following this procedure.

After your procedure
We will usually take you from the treatment room back to the waiting area. The nurses will give you a drink and ask you to empty your bladder before leaving the department.

Following the procedure, we encourage you to drink at least 1.5 litres of fluid (preferably water).

Leaving hospital

- **Length of stay**

  How long you will be in hospital varies depending on whether this is your first visit or a follow up procedure. You will usually go home on the same day

- **Convalescence**

  Following a cystoscopy, you should recover quite quickly.

  For about a day or so after the cystoscopy, you may experience some mild discomfort and have a slight burning sensation when you pass urine. You will possibly need to urinate more frequently and may pass a little blood in your urine (turning it slightly pink in colour) particularly if a biopsy was taken. Sometimes, the after effects of a cystoscopy may last a little longer.

Occasionally, after a cystoscopy, you may develop a urine infection. You should tell you GP if, after having a cystoscopy, you have:

- pain or severe bleeding;
- pain or bleeding that lasts longer than two days; or
- you develop symptoms of infection, such as a high temperature.

❖ Diet

You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

❖ Exercise

There is no need to avoid exercise following your procedure.

❖ Sex

You can continue your usual sexual activity as soon as you feel comfortable.

❖ Work

You may return to work immediately.

❖ Follow up appointment

Before you leave hospital we may give you a follow-up appointment, if not we will send it to you in the post.

❖ Driving

You are able to drive after the procedure.

❖ Analysing the biopsy taken

If a biopsy has been taken, we send it to a special laboratory in the hospital for tests. We will usually let you have the results by post or alternatively may make a follow-up appointment.

Contact details.

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

- Birch Unit (opening times 7am-8pm Monday to Friday)
  Tel: 01527 505786

- Ward 17
  Tel: 01527 512046

- Ward 18
  Tel: 01527 512106

- Urology Intervention Unit (opening times 8am – 5pm Monday to Friday)
  Tel: 01527 512016

- Urology CNS helpline 01905 760809 (single point of access)

- Sarah Holloway Survivorship CNS 01905 760809

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
  Information fact sheets on health and disease

- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk
  On-line health encyclopaedia

- www.worcestershirehealth.nhs.uk/acute_trust
  Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.