Stepping Hill Urology

Everyone Matters

NHS
Tameside and Glossop Integrated Care
NHS Foundation Trust

CYSTOSCOPY

AN INFORMATION LEAFLET

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What Is A Cystoscopy?

This procedure is usually carried out under a general anaesthetic (when you are put completely to sleep) or a spinal anaesthetic (numbing from the waist down via a needle inserted in your back). It involves a cystoscope (fibre optic camera) being inserted into the bladder via the urethra (tube leading from the bladder which carries urine to the outside of the body). This allows the doctor to look at the inside of your bladder and urethra, to check for any abnormalities. It is usually performed as a day case (meaning that you can go home the same day as your operation) or may require a one night stay.

What Are The Benefits?

The procedure enables views of your bladder to help obtain a diagnosis for symptoms you may have experienced (e.g. pain passing urine or bladder pain, recurrent urinary infections, blood in the urine) or can determine whether or not you have a recurrence of bladder cancer.

Are There Any Risks Involved?

- Bleeding – It is usual to see blood when you pass urine. This should subside within five days.
- Frequency and urgency – You may feel an urgent need to pass urine after the procedure, which is normal and is due to irritation from the insertion of the cystoscope.
- Pain passing urine -.You may find that when you first pass urine it stings or burns slightly. You should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through as this will relieve the discomfort.
- Infection – It is normal to have some discomfort on passing urine immediately after the procedure. If this lasts for more than one to two days or if you feel feverish and/or generally unwell, you may have an infection requiring antibiotics.
- Temporary insertion of a catheter (hollow, plastic tube inserted into the bladder via the urethra which drains urine). This is usually removed either the same day or within 1 day of the operation and you will be able to go home when you are passing urine satisfactorily.
- Further treatment may be required if cancer or other abnormalities are found on looking inside the bladder.
- Delayed bleeding requiring admission to hospital to irrigate bladder or surgery to remove blood clots.
- (Rarely) Injury to the urethra causing scar formation or false passageway.

- (Rarely) Perforation of the bladder requiring insertion of a catheter or an operation to repair.
- **Hospital-acquired infection**
    - Colonisation with MRSA (0.9% - 1 in 110)
    - Clostridium difficile bowel infection (0.01% - 1 in 10,000)
    - MRSA bloodstream infection (0.02% - 1 in 5000)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What Are The Alternatives?

A flexible cystoscopy may be performed under a local anaesthetic (numbing of the urethra) as an outpatient. However, this type of cystoscope does not give as clear a view as the one which can be used under general anaesthetic.

What Should I expect before the Operation?

You will normally receive an appointment for the pre-op assessment clinic to screen for the carriage of MRSA infection and to perform some baseline investigations to assess your general fitness.

What Happens To Me When I Arrive At The Ward?

Your operation will be performed at Stepping Hill Hospital, Stockport.
You will be met by the nursing staff looking after you and an anaesthetist will talk to you about your anaesthetic.

On The Day of the Procedure

You will have nothing to eat or drink for several hours before the operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

Before going to the operating theatre, you will be asked to change into a theatre gown.

Any make-up, nail varnish, jewellery (except your wedding ring), dentures and contact lenses must be removed.

You will usually be given an antibiotic injection before the procedure, after checking for any allergies.

What Happens After The Procedure?

On your return to the ward, you will be required to stay in bed until the effects of the anaesthetic have worn off.

You may eat and drink when you feel ready to do so.

You should be able to go home when you are well enough and have passed urine satisfactorily, either that same day or the day after. If a catheter has been inserted, this will normally be removed within 24 hours and you will be discharged home once you have passed urine satisfactorily.

Discharge Arrangements

It is necessary to arrange for a responsible adult to collect you from hospital and transport you home.

Any new medications will be given to you on discharge and a sick note may be obtained to cover your stay in hospital. Further sick notes can be obtained from your GP.

You should be notified of any further follow-up, investigations or treatment required before going home and any necessary appointments will be sent to you via a letter to your home address.

Day To Day Living

It is important that in the first twenty four hours of having a general anaesthetic you should **avoid;**

- Being left in the house alone, or looking after young children
- Driving (it is advisable to check with your insurance company as to how long your insurance is invalid following general anaesthetic.
- Operating machinery: this includes cookers and other domestic appliances.
- Making any important decisions or sign any legal document.
- Drinking alcohol.

Other Treatments or Procedures Which May Be Performed at the Time of Your Cystoscopy

Bladder Biopsy

A small sample of tissue can be taken from the bladder during a cystoscopy. This may be done if an abnormality has been found within your bladder on flexible cystoscopy or during an ultrasound scan or x-ray or if you have been receiving treatment for bladder cancer.

The tissue sample is sent to the pathology laboratory for analysis and the results may take between 2 to 3 weeks to come through. You will be informed of the results and any further treatment, investigation or surgery which may be required, either by letter or at an outpatient clinic follow-up appointment.
The risks, preparations and discharge arrangements are the same as having a cystoscopy only.

Urethral dilatation

A urethral dilatation involves slight stretching of the urethra via the insertion of instruments of increasing size.
This is done for a narrowed urethra, which may have caused symptoms such as recurrent urine infections, reduced urinary flow or difficulty completely emptying your bladder.

Pre-operative preparations, approximate length of stay, recovery time and risks are no different from having a cystoscopy only. However it is more usual for a catheter (tube draining urine from the bladder into a bag) to be inserted into your bladder whilst in theatre. This may stay in place for around 7 days. You can go home with the catheter and will be taught how to care for it and told when it will be removed. The catheter aids healing of the urethra and prevents recurrence of the narrowing although there is a risk that the operation has to be repeated in the future due to recurrence of the narrowed urethra and subsequent symptoms. In order to further prevent the narrowing occurring again and to keep the water passageway open, you may also need to be taught how to intermittently pass a catheter into the urethra.

Cystodiathermy

This procedure is used to treat recurrent bladder cancer and involves the burning away of tumours present in the bladder. It usually requires a one night stay after the operation.

Sometimes it is necessary to insert a catheter via the urethra. This may be removed a few hours after the operation. The nurses on the ward will want to ensure that you are able to pass urine satisfactorily before you are allowed home. If you have any difficulty passing urine after the catheter is removed and it needs to be re-inserted, you will usually still be allowed to go home the same day with the catheter in place, and arrangements will be made for you to undergo another trial without the catheter.

The risks, pre-operative preparations and discharge arrangements are the same as having a cystoscopy only, although you will require continued monitoring of your bladder cancer. A follow-up appointment for a further cystoscopy will be sent via a letter to your home address.

Cystodistension

This procedure involves filling the bladder with fluid via the cystoscope to measure its capacity and then gently inserting more fluid under slight pressure.

The aim of the operation is to increase the amount of urine the bladder can hold and/or to reduce symptoms such as urgency (a sudden urge to pass urine which is difficult to control) or frequency (passing urine often) although there is no guarantee that this procedure will relieve your bladder symptoms.

It may also be used to treat bladder pain or to diagnose the cause of the pain. Following the procedure, symptoms of bladder pain may temporarily worsen for the first day or two after distension, but should improve within two to four weeks. If the procedure is carried out for this reason, a bladder biopsy may also be taken and/or diathermy applied to any abnormal areas.

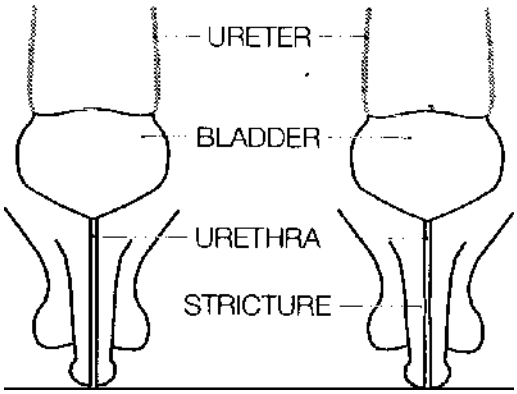
The other risks, preparations and discharge arrangements are the same as having a cystoscopy only, although occasionally you may experience some difficulty passing urine. If this occurs, it may be necessary to have a catheter inserted temporarily.

Urethrotomy

This is carried out when a stricture (narrowing) in the urethra has occurred, usually due to scar tissue. It involves the surgeon looking into the urethra with a cystoscope and making an incision at the point of the stricture using a special surgical knife or laser.

FIGURE A: NORMAL URETHRA

FIGURE B: URETHRA WITH A STRICTURE



A catheter (tube draining urine from the bladder into a bag) will be inserted in theatre and usually stays in place for around 7 days. You can go home with the catheter and will be taught how to care for it and told when it will be removed. The catheter aids healing of the urethra and prevents recurrence of the narrowing although there is a risk that the operation has to be repeated in the future due to recurrence of the stricture and subsequent symptoms caused by the formation of scar tissue from the incision made during the urethrotomy.

In order to prevent further scarring occurring and to keep the water passage open, you may need to learn how to intermittently pass a catheter up the urethra, to stop it narrowing again.

The other risks of this procedure, as well as preparation procedures and discharge arrangements are all the same as having a cystoscopy only, although it can very occasionally cause a decrease in the quality of your erections.

Bladder Stone Removal (Cystolithopaxy)

Occasionally calcium crystals in the urine can form stones (calculi) in the bladder. This may be due to long-standing stagnant urine caused by difficulty emptying the bladder (e.g. due to an enlarged prostate causing obstruction) or dehydration (regularly losing too much water from your body or not drinking enough fluids which can cause the urine to be too concentrated) or you may have been

born with a tendency to form stones.

These bladder stones are usually removed via the cystoscope, by either taking them out whole or if they are too large to do this, by crushing them up into smaller pieces or disintegrating them using a laser. If the stone is too large to remove via the urethra, an operation involving an open incision (cut) in your abdomen may be necessary to remove it.

A catheter is placed in the bladder following the procedure and is usually removed after about twelve to twenty four hours. This is to ensure that the urethra stays patent and does not get blocked by any stone fragments. Once the catheter is removed and you are passing urine satisfactorily, you will be able to go home.

Occasionally, the stones form due to an enlarged prostate gland, which has caused obstruction to the bladder and urethra, therefore causing bladder emptying problems and stone formation due to stagnant urine. In this case, further treatment in the form of medication or prostate surgery may be required to avoid further stones forming.

You may need x-rays before being discharged home to ensure that all pieces of the stone have been removed.

There is a risk that recurrent stones may form or there may be residual stone fragments after the operation. You may need x-rays when you attend for your follow-up outpatient appointment if you are still having symptoms.

The other risks, preparations and discharge arrangements are the same as having a cystoscopy only.

Retrograde Studies

This procedure involves the taking of X-rays of the kidney and/or ureter (the tube leading from the kidney to the bladder) following an injection of dye during the cystoscopy.
A catheter (a hollow plastic tube) is inserted into the ureter, using the cystoscope, under X-ray guidance. Dye is injected into the catheter to outline the ureter and the kidney and x-ray pictures are either taken at the time of surgery in the operating theatre or in the X-ray Department after you have woken completely from the anaesthetic, with the catheter still in place.
You will normally be allowed home once you have passed urine satisfactorily. If a catheter is left in place, this will normally be removed within 24 hours and you will be discharged home when you have passed urine satisfactorily.

Occasionally it is not possible to pass the catheter into the ureter and so an alternative method of investigation has to be arranged.
If it is thought necessary by the surgeon, a JJ stent (a special perforated tube placed in the ureter between the kidney and bladder) is inserted and left in place to ensure that the ureter remains open to allow drainage of urine from the kidney to the bladder after the procedure. This is removed a few weeks after the procedure in the outpatient clinic using a flexible cystoscope, under a local anaesthetic.
Otherwise, the risks, pre-operative preparations and discharge arrangements are the same as having a cystoscopy only.

If there is a Problem?

If you experience any problems following any of the procedures, please contact your GP immediately or your local urology department, within office hours, for advice.

Other Useful Contacts or Information

If you have any questions you want to ask, you can use this space below to make notes to remind you.

Source

In compiling this information leaflet, a number of recognised professional bodies have been used, including the British Association of Urological Surgeons. Accredited good practice guidelines have been used.

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Health Information Centre on 0161 922 5332

If you would like any further information please telephone the Urology Nurse Specialists at your local Urology Department on:

Stepping Hill	0161 419 5695
Tameside	0161 922 6696/6698
Macclesfield	01625 661517

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