

Patient information

Having a rigid cystoscopy: examining your bladder

This information sheet has been given to you to help answer some of the questions you may have about having a rigid cystoscopy. If you have any questions or concerns, please do not hesitate to speak to your doctor or nurse.

What is a cystoscopy?

A cystoscopy is a procedure that looks at the bladder and other parts of the urinary system. The urinary system is made up of the kidneys, ureter (tube which links the kidneys and the bladder), bladder and urethra (tube that passes from the bladder to the outside world). A cystoscopy involves inserting a special tube, called a cystoscope, into the urethra and then passing it through into the bladder.

There are two types of cystoscope: flexible and rigid. A flexible cystoscope is a fibre-optic tube that can move around bends in the urinary system. It is about the thickness of a pencil and is generally used to make a diagnosis or to see if treatment has been successful.

For your examination, a rigid cystoscope will be used. It is a solid, straight tube, with a light at one end. Although both types of cystoscope have side channel where other instruments can be inserted, a greater variety of instruments can be used with the rigid cystoscope.

The rigid cystoscope is often used to:

- Take biopsies
- Carry out minor procedures, such as destroying abnormal tissues with heat (diathermy)
- Remove bladder stones or repair bleeding vessels

Why should I have a cystoscopy?

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 the blood or urine, but often the only way your doctor can be sure what is going on is to look inside the 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
- Incontinence (inability to control when you urinate)
- Unusual cells found in a urine sample

What are the possible complications?

Cystoscopies are usually performed with no problems what so ever. However, there are risks associated with any procedure. Your doctor will explain these risks to you in more detail before asking you to sign a consent form. Please ask questions if you are uncertain.

The specific risks for a cystoscopy include:

Bruising and swelling: you may get some bruising and swelling around your urethra from the cystoscope being inserted. This should clear up after a few days.

Damage to the bladder: It is possible to damage or tear your bladder with the cystoscope when taking a biopsy. This can lead to bleeding and infection, which may require further surgery or temporary insertion of a catheter.

Bleeding: you may have a small amount of bleeding from the cystoscope being passed up the urethra or from any biopsies taken. 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 (about 3 litres spaced out over 24 hours) can help to clear your urine. If your urine remains pink after a few days, please contact your GP.

Infection: there is a risk that you will develop a urine infection after your cystoscopy, which could result in a fever and pain when you pass urine. Drinking plenty of water after the procedure will reduce the likelihood of this.

Are there any alternatives?

Having a cystoscopy is the only way to diagnose bladder conditions. Your doctor will discuss any alternatives with you.

When will I get the results?

The doctor may be able to tell you the results after the procedure. However, if you have had any biopsies taken, these will need to be sent away for testing.

Will I have a follow up?

You will be given a follow-up appointment if the doctor feels you need one to discuss the biopsy results or the procedure. Sometimes a follow up isn't necessary. You will be sent the follow up appointment in the post if you need one.

On your return home

You might feel dizzy and tired when you go home after the examination. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic. The anaesthetic can take 24 - 48 hours to wear off, although you do not need to stay in bed for this time. Gently moving around will help.

You may feel a stinging sensation, or have difficulty passing urine for the first day or two. You should drink extra fluid for the first 24 hours after the procedure to help with this. If the pain is severe and lasts for more than two days, please contact your GP.

Will I need any dressings?

You may want to wear a pad the day after your cystoscopy to protect your clothing from the small amount of bleeding you may have.

Medication

You may be prescribed antibiotics to reduce the risk of infection and it is important that you complete the whole course. You must not drink any alcohol until you have finished the antibiotics and your symptoms have completely gone. You should not have sexual intercourse until any swelling or bleeding has cleared - again, to reduce the risk of infection.

What if there are problems?

Please contact the ward if you still have the following symptoms a couple of days after the operation:

- Extreme pain
- Continuous or excessive bleeding
- Passing blood clots
- A raised temperature of 38 degrees (100.4F) or greater
- Excessive swelling
- Difficulty passing urine

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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