

PATIENT INFORMATION

Cystoscopy and Urethral Dilation in Women

This information should supplement what your doctor has already discussed with you.

What is a Cystoscopy and Urethral Dilation?

This procedure involves telescopic inspection of the bladder and urethra with gentle dilatation of the urethra and occasionally bladder biopsy or removal of abnormal areas with the use of a heat diathermy device.

Indications

Relief of urinary obstruction and improvement of urinary flow.

Before the procedure

Approximately 2 weeks prior to your operation you will be seen and examined in the pre assessment clinic at the West Suffolk Hospital.

You will be admitted either the day before or on the day of your surgery. After admission you will meet your anaesthetist who will discuss your anaesthetic needs with you. You will also see a member of the urology team.

You will be asked not to eat for 6 hours before surgery. However, you may drink water only up to 3 hours prior to your surgery.

During the operation

The operation will be performed using either a full general or spinal anaesthetic. If a general anaesthetic is used you will be asleep for the whole operation.

During a spinal anaesthetic you will be awake but will have no sensation or pain below the waist.

After dilating your urethra with a special instrument your bladder and urethra will be examined using a telescopic instrument.

After the operation

You may or may not have a catheter.

When you are passing adequate volumes of urine you will be discharged home.

An outpatient appointment will be sent to you separately in the post.

Are there any side effects?

Common

- Mild burning or bleeding on passing urine for a short period after the operation.
- Difficulty in passing urine may require temporary insertion of a catheter.

Occasional

- Infection of bladder requiring antibiotics.
- Recurrence of narrowing or symptoms necessitating further procedures and/or need for self-catheterisation.

Rare

- Very rarely, perforation of bladder requiring a temporary urinary catheter or open surgical repair.
- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation.

Alternative therapy

Open surgery, Observation, Incision of stricture (narrowing).

What should I expect when I get home?

Avoid driving to start with and slowly build up your time and distances over the next few weeks.

You may initially notice some burning, blood in your urine and frequency but this usually settles over the next few days.

If you experience increasing severe frequency, burning, fever or difficulty passing urine you may have a urinary infection and should see your GP.

Most patients have a comfortable and uneventful hospital stay.