

PATIENT INFORMATION

Cystoscopy and Optical Urethrotomy

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

What is a Cystoscopy and Optical Urethrotomy?

This involves a telescopic inspection of the urethra and bladder, to reduce the narrowing in the urethra with a telescopic knife or laser.

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 telescopic incision of the stricture, a catheter will be inserted.

After the operation

The urine may be blood stained.

The catheter is removed 24-48 hours after surgery.

You will be asked to urinate into the bottles provided so that the nursing staff can keep a record of volumes passed. You will be discharged once you have passed adequate volumes.

The average hospital stay is between 2 and 3 days.

Following discharge you will be reviewed in the outpatient clinic, an appointment will be sent to you in the post.

Are there any side effects?

Common

- Mild burning or bleeding on passing urine for a short period after the operation.
- Temporary insertion of a catheter.
- Need for self-catheterisation to keep the stricture from reforming (you will be taught how to do this if necessary).

Occasional

- Infection of your bladder requiring antibiotics.
- Permission for telescopic removal/biopsy of bladder stone/abnormality if found.
- Recurrence of stricture necessitating further procedures or repeat incision.

Rare

- Decrease in quality of erections requiring treatment.

Alternative therapies

Observation, urethral dilatation, open (non-telescopic) repair of stricture.

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 pain in your penis associated with burning and frequency when passing urine but this will usually settle 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.