

## PATIENT INFORMATION

# Cystoscopy and retrograde studies: procedure-specific information

### What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

### What does the procedure involve?

This procedure involves the taking of X-rays of the kidney and/or ureter ( the tube that takes urine from the kidney to the bladder) by injection of dye through a telescope placed into bladder

### What are the alternatives to this procedure?

Other forms of X-ray, MRI scan, CT scan or ultrasound.

### What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

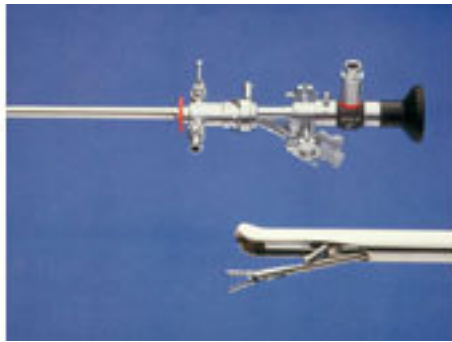
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body

- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

## **What happens during the procedure?**

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.



A telescope is inserted through the water pipe (urethra) to inspect both the urethra itself and the whole lining of the bladder. A catheter is then inserted into the ureter, using the telescope, under X-ray guidance. Dye is injected into the catheter to outline the ureter and the kidney. X-ray pictures are usually taken at the time of surgery in the operating theatre. Occasionally, the imaging may be performed in the X-ray Department, through a small catheter left in place up to the kidney, after you have woken completely from the anaesthetic.

## **What happens immediately after the procedure?**

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 once you have passed urine satisfactorily.

The average hospital stay is 2 days.

## **Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

### **Common (greater than 1 in 10)**

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter

### **Occasional (between 1 in 10 and 1 in 50)**

- Infection of the bladder requiring antibiotics
- Occasionally we cannot pass the tube into the ureter requiring alternative treatment
- Temporary insertion of a soft plastic tube (ureteric stent) placed between the kidney and the bladder if thought necessary with the need for subsequent local anaesthetic removal
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found

### **Rare (less than 1 in 50)**

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation

### **Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))**

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

### **What should I expect when I get home?**

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly bloodstained.

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

## **What else should I look out for?**

If you develop a fever, pain in the area of the affected kidney, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

## **Are there any other important points?**

A follow-up appointment will be arranged before your discharge from hospital and may involve an outpatient clinic appointment or further treatment, depending on the findings of the X-ray studies. If you have any concerns about the timing of further treatment, please discuss this with your named nurse or Consultant.

## **Is there any research being carried out in this field?**

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

## **Who can I contact for more help or information?**

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

## **Other contacts**

**Chaplaincy** - Telephone: 01284 713486

## **What should I do with this form?**

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....