

PATIENT INFORMATION

Cystoscopy and injections of bulking material at the bladder opening: 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 involves telescopic examination of the urethra and bladder and injection of collagen or silicone around the urethral sphincter to add bulk for urinary control

What are the alternatives to this procedure?

Observation, drugs, physiotherapy, pads, colposuspension, slings, artificial urinary sphincter.

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:

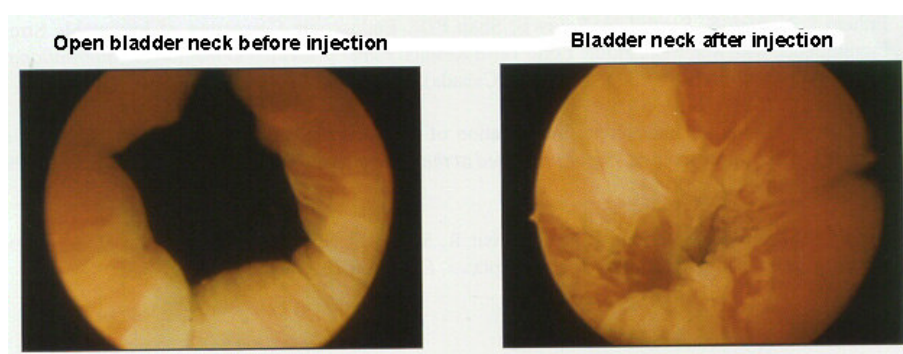
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt

- 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.

What happens immediately after the procedure?



The average hospital stay is 2 days.

A catheter will be placed in the bladder overnight following surgery. In men, a suprapubic catheter may be required (inserted into the bladder through the lower abdomen).

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
- No guarantee of long term control
- Infection of the bladder requiring antibiotics
- Failure to improve urinary incontinence
- Recurrence of urinary incontinence at later time

Need for repeat procedure

Rarely, inability to pass urine requiring a catheter or use of self catheterisation

Occasional (between 1 in 10 and 1 in 50)

Sensitivity reaction to the injectables causing irritation or infection

Reaction to collagen or silicone that might cause unknown medical problems

Rare (less than 1 in 50)

None

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?

You may require pain-killing tablets at home for a day or two and it may take a day or two at home to become comfortably mobile.

You should avoid driving for 24 hours, and it may be longer before this is possible.

If you work, you will need a day or two off, and it may be longer. If your work involves physical activity.

Sexual intercourse should be avoided for at least a week.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

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 find it increasingly difficult to pass urine, or If you develop symptoms of a urine infection (burning, frequency and urgency), you should see your doctor promptly.

Are there any other important points?

A follow-up outpatient appointment will be arranged at about 6-8 weeks after surgery.

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.....