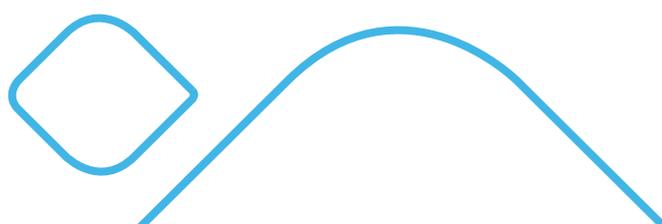


Having a Rigid Cystoscopy

This leaflet explains:

- What is a cystoscopy?
- Why do I need a cystoscopy?
- Before the operation
- Day of your operation
- How long will the operation take?
- What happens after the operation
- Risks and side effects of a rigid cystoscopy
- At home
- Contact details



What is a cystoscopy?

A cystoscopy is a telescopic examination of the inside of the bladder. A scope is passed via your urethra into your bladder.

Why do I need a cystoscopy?

There are several reasons for having a cystoscopy:

- You have urinary tract symptoms which require investigation by looking at the inside of your bladder.
- You have had a flexible cystoscopy which has revealed a suspicious area in the bladder which requires biopsy.
- You have previously had treatment for tumours in the bladder and require follow up surveillance after treatment (e.g. BCG)
- You require distension of your bladder for treatment of urinary tract symptoms.
- You have urinary symptoms which may require you to have your urethra examined and possibly dilated.

Before the operation

You will need to attend for a pre-op assessment appointment approximately 7-10 days before your surgery, having already filled out a health screening questionnaire. This is to check that you are fit and well enough to have your operation. You may have blood tests as well as other investigations such as heart tracings (ECG) or chest x-ray at this appointment.

You will need to bring a list of your regular medications with you to this appointment.

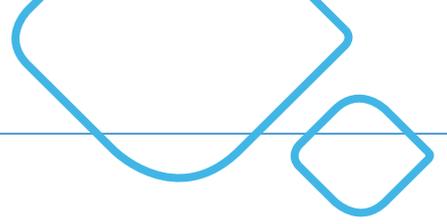
If you take Warfarin, you may need to come into hospital a few days before your operation or change the Warfarin over to an injection for a few days before you are admitted. You will be advised about this.

Day of your operation

You will usually be admitted on the day of your operation. You will receive a letter telling you what time to come into hospital and where to go. This letter will also advise you when you need to stop eating and drinking prior to your operation.

You will be advised whether to take your regular medications. You will see the anaesthetist and the surgeon in the morning before your operation whilst waiting for a bed to become available.

The ward staff will show you round the ward so that you are familiar with the facilities. They will also prepare you for your operation. You will be asked to put on a theatre gown and wear special stockings to reduce the risk of developing blood clots (DVT) in your lower legs.



How long will the operation take?

The operation usually takes about 15-30 minutes depending on the findings inside your bladder. Sometimes it is necessary to do biopsies of the lining of the bladder wall or to cut out a tumour found in the bladder.

What happens after the operation?

You will wake up from your operation in the recovery room of theatres (although you may not remember this). The recovery room staff will look after you until you are ready to return to the ward.

You will have intravenous fluids (drip) into your arm which will give you fluid until you can drink normally. You can have something to eat and drink soon after surgery.

You may return from theatre with a small drainage tube called a catheter if there is any chance you might not be able to pass urine as you need to. This may be as a result of bleeding from having had biopsies or because you have had a spinal anaesthetic. It will be removed as soon as possible after surgery.

If it is necessary for you to stay in hospital you may be given an injection to reduce the risk of blood clots in the legs (DVT) or lungs (PE).

Once your catheter has been removed and you are passing urine satisfactorily you will be discharged home.

Going home

Before going home you will be informed of the follow up arrangements. This will depend on the reason for your cystoscopy. If you are unsure, please ask the nurse who is looking after you

What are the risks and side effects of having a rigid cystoscopy?

Any operation and anaesthetic carries risk. These risks are very small. Before you sign the consent form allowing the surgeon to perform this operation he or she will outline the risks.

Most common risks

- A urinary tract infection after the procedure which would require a course of antibiotics to treat it
- Blood in the urine for a few days after the procedure, this settles on its own in the vast majority of cases
- Pain on passing urine the first few times after the procedure.

Rare risks

- Damage to the wall of the bladder during a biopsy or when cutting out a tumour which would mean having a catheter for a few days longer than normal.

Very rare risks

- Problems with the anaesthetic, or heart and blood vessel complications may occur requiring admission to the Intensive Care Unit. Such complications may include a chest infection, stroke, blood clots, heart attack and death
- Damage to the wall of the bladder when cutting out a tumour which results in urine leaking into the abdominal cavity which would require an open operation to repair.

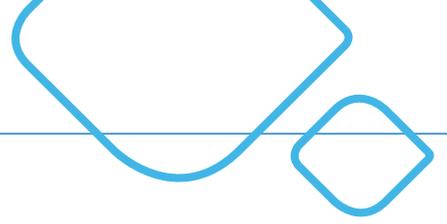
At home

You are advised to avoid heavy lifting or driving for 2-4 weeks following surgery, however light activity such as walking is advised.

You should eat a healthy diet with plenty of fresh fruit and vegetables to keep your bowels regular.

You can return to work when you feel fit and able to.





Contact details:

If you have any concerns or need further advice please contact the urology department at the Royal United Hospital, Bath.

During office hours Monday to Friday 9am-5pm:-

- Urology Reception 01225 825990
- Urology Nurse Specialists 01225 824034
- Uro-oncology Nurses 01225 824250

Please note the nurses' numbers have an answerphone as they may be in clinic but all answerphones are checked regularly and messages responded to

If you have been in hospital within the last 2 weeks please ring our main hospital switchboard on 01225 428331 and ask for the Urology Nurse Practitioner.

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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