



CYSTOSCOPY

Cystoscopy is the internal telescopic examination of the bladder and urethra. It affords the best assessment of disease affecting the urethra or bladder lining and may be vital before a urological diagnosis can be reached (diagnostic cystoscopy).

Performed under general anaesthetic, cystoscopy may be combined with biopsy or simultaneous treatment of strictures, stones, tumours or prostate enlargement.

Most diagnostic cystoscopies are performed as an office procedure under local anaesthetic only, on a day-visit basis. The local anaesthetic is delivered in lubricating jelly into the urethra. The telescope is as flexible and as thin as a standard catheter.

Cystoscopy is a brief procedure and is well tolerated. It is rarely painful, but discomfort may occur in some patients. This may be minimised by relaxing, breathing slowly and deeply, allowing the sphincter to open and the cystoscope to pass.

Some patients prefer sedation or general anaesthesia for diagnostic cystoscopy. When simultaneous treatment or biopsy is anticipated, general anaesthetic may be essential.

IF YOU ARE HAVING CYSTOSCOPY UNDER LOCAL ANAESTHETIC:

WHAT TO DO BEFORE YOUR PROCEDURE:

- ensure a urine sample is tested at the laboratory 1 week prior to procedure, unless advised otherwise
- eat and drink normally

WHAT HAPPENS AFTER YOUR PROCEDURE:

- urinary urgency may last 30 minutes after the procedure
- some burning may occur with voiding, but this settles rapidly
- increase fluid intake to wash out the bladder
- there is no restriction on driving or on normal activities, including sexual intercourse

IF YOU ARE HAVING CYSTOSCOPY UNDER GENERAL ANAESTHETIC:

WHAT TO DO BEFORE YOUR PROCEDURE:

- nothing to eat or drink from 6 hours prior to surgery - see Admission Booklet regarding diet restrictions

WHAT HAPPENS AFTER YOUR PROCEDURE:

- stay 4 hours post-procedure
- if other additional treatment has been performed, overnight stay may be required
- increase fluid intake to wash out the bladder
- you may not drive for 24 hours post procedure and see Admission Booklet regarding further restrictions following general anaesthetic



WHAT CAN GO WRONG:

Although most cases proceed without particular difficulty, bleeding or infection occurs in 2% of patients. Other complications are considered rare and extraordinary.

- Bleeding usually settles spontaneously, but rarely causes clots and urinary retention and requires catheterisation and bladder wash out.
- Infection may present as burning - frequency - urgency, requiring oral antibiotic treatment; or fevers, sweats and shivers for which admission to hospital for IV antibiotic is needed.
- Patients with underlying bladder obstruction may develop urinary retention requiring catheterisation
- There is a potential risk of allergic reaction to the lubricating jelly or agents used for cystoscope disinfection, which is estimated to be less than 1:40 000.