



**PATIENT INFORMATION LEAFLET**

# **OUT-PATIENT CYSTOSCOPY**

## **WHAT IS AN OUT-PATIENT CYSTOSCOPY?**

Cystoscopy is the name for a procedure allowing a doctor or nurse to look inside your bladder and urethra with a special camera called a cystoscope. The urethra is the tube that carries urine from the bladder to the outside of the body. Out-patient Cystoscopy is performed in a clinic room, and you will be awake during the procedure.

## **WHY IS A CYSTOSCOPY PERFORMED?**

To help with diagnosis, a cystoscopy may be done to help to find the cause of symptoms such as:

- Loss of bladder control (urinary incontinence) or overactive bladder
- Frequent bladder infections
- Blood in the urine (haematuria)
- Unusual cells found in a urine sample
- Pain in the bladder, urethra or during urination

Cystoscopy is more successful than other tests such as urine tests or ultrasound scans in picking up problems such as bladder stones, bleeding, tumours, and abnormalities of the bladder.

**PLEASE READ THE NEXT SECTION CAREFULLY SO YOU CAN PREPARE FOR YOUR APPOINTMENT.**

## **HOW DO I PREPARE FOR MY APPOINTMENT?**

It is important that you do not have a urinary tract infection as we will not be able to go ahead with the procedure if you have. If you are prone to urinary tract infections or have symptoms in the lead up to your appointment, please take a urine sample to your GP to be checked for infection. If you do have an infection, please contact us so we can re-arrange your appointment.

If you wish, you can take some simple analgesia (pain relief) such as Paracetamol or Ibuprofen about 30-60 minutes before your appointment. You can eat and drink as normal before the treatment – in fact we would advise that you make sure you have eaten before attending.

You will be asked to provide a urine sample when you book in for your appointment, please ensure you have a comfortably full bladder on arrival.

## WHAT WILL HAPPEN WHEN I COME TO THE CLINIC?

- The procedure will be carried out in a clinic room in the out-patient department. Usually, the procedure will be done by an experienced Clinical Nurse Specialist (CNS) or sometimes a doctor. There will be another nurse in the room assisting as well.
- The clinician performing the procedure will introduce themselves and explain what is going to happen and answer any questions you may have. You will be asked to sign a consent form before the procedure is carried out.
- You will be asked to undress from the waist down and given a sheet or gown to keep you covered. You will then be asked to lie on an examination bed and your legs will be placed in supportive stirrups (an aid to position your legs).
- The area around your urethra (the tube that carries urine from the bladder to the outside of the body) will be cleaned and some gel will be inserted into the urethra to help the cystoscope pass easily.
- The clinician will gently insert the cystoscope into your bladder. There will be sterile water running through the cystoscope as it is inserted so you may feel some wetness down below throughout the test. As the camera is inserted some people may experience a little discomfort. Relaxing the pelvic floor muscles can make the insertion easier and less uncomfortable. Most people tolerate the procedure well.
- If you find the procedure too uncomfortable to tolerate, please tell the clinician and the procedure will be stopped straight away and arrangements will be made for you to have the procedure done under General Anaesthetic.
- Once the cystoscope has been inserted your bladder will be gently filled with sterile water to allow a good view of the bladder wall. As your bladder fills you may feel an urge to urinate or experience mild discomfort. You will be able to empty your bladder as soon as the examination is complete.
- Images of your bladder will be visible on a screen. If you would like to see the images tell the clinician and they will make sure you can see it and will explain what can be seen. Equally if you do not wish to see anything the screen will be turned away from your view.
- Once all of the bladder has been visualized (which usually takes around 10 minutes), the cystoscope will be removed, and you will be able to pass urine and get dressed.

## ARE THERE ANY RISKS?

The risks of complications with this procedure are low but can include:

- Urinary tract infection
- Bleeding
- Injury to the bladder or urethra

## WHAT TO EXPECT AFTERWARDS

You may have some temporary mild burning feeling when you urinate, and you may see small amounts of blood in your urine.

A warm bath or the application of a warm damp washcloth over your urethral opening may relieve the burning feeling. These problems should not last longer than 24 hours. Tell your clinician if bleeding or pain is severe or if problems last longer than a couple of days.

There is a small risk of developing a urinary tract infection after the test. It is advisable to drink extra fluid after the procedure, about 3 litres each day for the next 48 hours. If you have signs of an infection including pain on urination, high temperature or chills, smelly or cloudy urine, call your doctor.

You should normally be well enough to return to work the day after your cystoscopy.

**If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.**

## CONTACT DETAILS

**Warrell Unit Nurses: (during office hours only)**

(0161) 701 6150 or 701 6776



**For urgent out of hours enquiries:**

**Emergency Gynaecology Unit (EGU)**

(0161) 291 2561 open 24 hours; 7 days a week

The EGU is located at Wythenshawe Hospital (enter via entrance 15)



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