

Patient information

Rigid Cystoscopy and Bladder Distension

Urology Department

Your doctor has advised you to have a rigid cystoscopy and bladder distension. This leaflet explains what to expect when you have a rigid cystoscopy and bladder distension.

What is cystoscopy and bladder distension?

A cystoscopy is where a doctor looks into the bladder with a special telescope called a cystoscope. Bladder distension, also known as a simple bladder stretch means filling the bladder to its capacity while you are under a general anaesthetic.

Why would I be having this done?

This procedure may be performed as part of the investigation of certain urinary problems, including frequent urination, urgent urination or recurrent episodes of cystitis. It may have been recommended as a treatment option for certain urinary problems such as frequent or urgent urination or bladder pain.

What are the benefits of this procedure?

- This procedure allows a thorough examination of the lining of the bladder. This allows certain conditions to be diagnosed and certain conditions to be excluded from diagnosis, for example bladder cancer or bladder stones. We will ask your permission for telescopic removal/biopsy of bladder abnormality/stone if found.
- In some patients it will improve urinary symptoms such as frequent or urgent urination or bladder pain.

What are the risks of having cystoscopy and bladder distension?

Most procedures have possible side effects, although the complications listed below are well recognised most patients do not suffer any problems

Common (greater than one in ten)

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of catheter.
- Often a biopsy of the bladder may need to be performed at the same time.

Occasional (between one in ten and one in fifty)

- Infection of bladder requiring antibiotics.
- There is no guarantee of relief of bladder symptoms.
- Permission for telescopic removal/biopsy of bladder abnormality stone if found

Rare (less than one in fifty)

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to urethra causing delayed scar formation.
- Perforation of the bladder requiring a temporary urinary catheter or return to theatre for open surgical repair.

Are there any alternative treatments available?

Various medications, which can be taken orally or installed into your bladder. Augmentation (enlargement) of the bladder with the intestine or close observation of your symptoms.

What will happen if I decide not to have treatment?

Your symptoms may stay the same, worsen or improve. A significant diagnosis such as a bladder cancer or a bladder stone may be missed and go untreated causing problems at a later stage.

What anaesthetic will I be given?

You will be given general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

How do I prepare for the procedure?

- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest x-ray or an ECG (heart tracing).
- You will be given instructions regarding when to stop eating and drinking before your procedure.
- You should take your normal medication unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What does the operation involve?

A cystoscope will be inserted into your bladder through the urethra (tube you pass urine through). A thorough inspection of the bladder will be performed. The bladder is filled with warm saline (salt water) until it cannot hold any more. It is kept filled for between five and ten minutes. The fluid is then released and the bladder wall is inspected again. The surgeon may then take biopsies of any abnormal areas or perform other minor procedures necessary to help diagnose or treat your condition.

It is common for a rectal examination (males) and a vaginal and rectal examination (females) to be carried out as part of your assessment while you are anaesthetised.

What should I expect after my operation?

- After your operation has finished, you will stay in theatre in the recovery suite until you are fully recovered from the anaesthetic, and the anaesthetist is happy for you to return to the ward.
- The nursing staff will ask you at intervals whether you have passed urine. This is quite a normal question after any operation.
- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

When will I be able to go home?

You may be able to go home the same day. If so, **you must** have a friend or relative collect you and we recommend they stay with you overnight.

- You must have had something to eat and drink.
- You must have passed urine.
- You must have someone to take you home.
- You should not be left alone overnight.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

What can I expect after the operation?

You will find it uncomfortable to pass urine for the first 24 hours. This discomfort should improve as time goes by. If it is getting worse or you are finding it difficult to pass water or you are feeling feverish or unwell it is important that you speak to your GP (General Practitioner) or attend the Emergency department (A&E).

It is normal to see some blood in the urine and this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your family doctor (GP) or attend the Accident and Emergency Department.

Can I do everything as normal?

How soon you can return to normal depends on exactly what you have had done. Your surgeon should be able to give you an indication of how soon you can return to normal activity after the examination has been completed. In general terms you should avoid heavy exercise for two weeks after the procedure. If you are still seeing blood in the urine then you should avoid it until the blood has gone for at least a week.

When can I go back to work?

You should plan to have between three days and two weeks off work. This will depend on the type of work you do.

What happens after I am discharged?

If you have any problems you are advised to contact your family doctor or attend the Accident and Emergency Department. You will be told on the day of your operation what hospital follow up appointments you will need.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For general queries about cystoscopy and bladder distension telephone the Urology Centre on

Tel: 0151 282 6877/6790

Text phone number: 18001 0151 282 6877/6790

Or

Specialist Nurse Nicky Bermingham

Tel: 0151 282 3122

Text phone number: 18001 0151 282 3122

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

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