

Patient information

Rigid Cystoscopy

Urology Department

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

What is a Cystoscopy?

A cystoscopy is where a doctor looks into the bladder with a special telescope called a cystoscope.

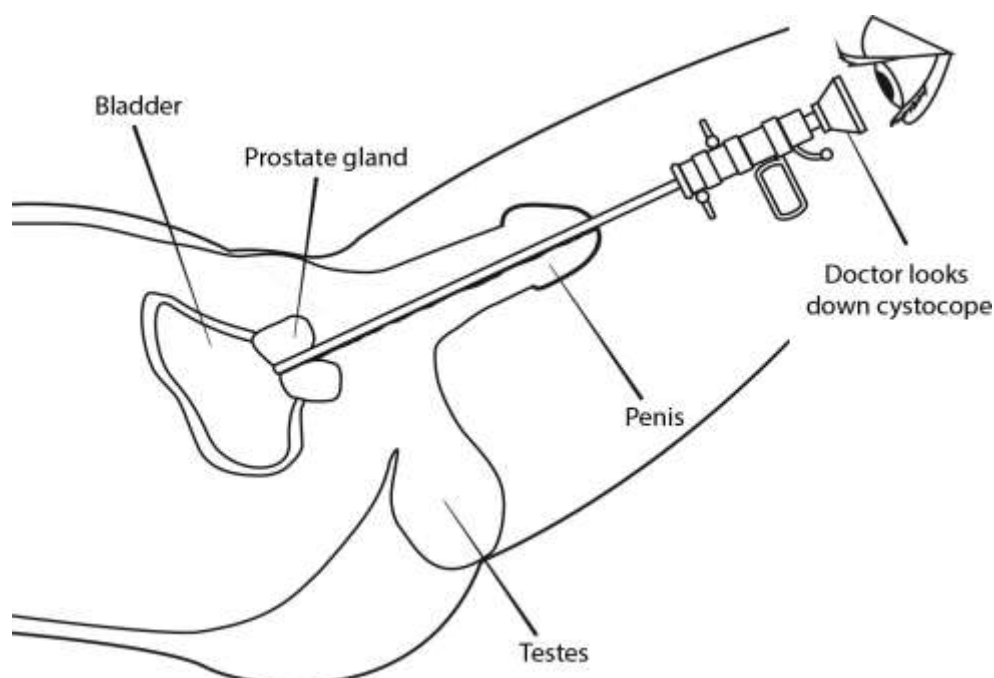
What is the difference between a flexible and a rigid cystoscopy?

There are two types of cystoscope, a flexible one and a rigid one.

A flexible cystoscope is a thin flexible, fibre-optic telescope that can be used to view the bladder with the patient awake. You may well have had a flexible cystoscopy performed already in the outpatients clinic.

A rigid cystoscope is a thin, solid straight telescope that can be passed into the bladder via the urethra. A rigid cystoscopy is performed under general or spinal anaesthetic and allows various minor procedures to be performed at the same time. Such procedures may include taking tissue samples (biopsies) or destroying abnormal tissue with heat (diathermy), or inserting/removing stents into the ureter or removal of bladder stones

Cystoscope passed down the urethra of the penis past the prostate into the bladder



When is a rigid cystoscopy done?

Rigid cystoscopy may be done to help in the diagnosis or treatment of disorders of the urethra or bladder.

What are the risks involved?

Common:

- Mild burning or bleeding when passing urine for short period after operation.

Occasional:

- Infection of bladder requiring antibiotics.

Rare

- Need for temporary insertion of urinary catheter
- Delayed bleeding requiring removal of clots or further surgery
- Injury to urethra causing delayed scar formation (urethral stricture).

What anaesthetic will I be given?

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

Unfortunately, both general anaesthesia and spinal 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 possibly 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?

Rigid cystoscopy is normally carried out as a day case 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 fasting before the procedure.
- Normal medication should be taken unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.

What will happen on the day of the operation?

- When you arrive in the day case unit a member of your consultant's team will go through the whole procedure with you and ask you to sign a consent form if you have not already signed one.
 - You will have an opportunity to discuss your anaesthetic with the anaesthetist.

What does the operation involve?

A cystoscope will be inserted into your bladder. A thorough inspection of the bladder will be performed. The surgeon may also 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 up 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.

If you have had a General Anaesthetic

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.

If you have had a Spinal anaesthetic

It takes between one and a half and four hours for the feeling to return to the area of your body that is numb. As sensation returns you may experience some tingling in the skin as the spinal wears off. At this point you may become aware of some pain from the operation site and you should ask for more pain relief before any pain becomes too obvious. As the spinal anaesthetic wears off, please ask for help when you first get out of bed. You can normally drink fluids within an hour of the operation and may be able to eat a light diet.

When can I go home?

- You must have had something to eat and drink.
- You must be passing urine freely.
- Your urine must be clear or pale rose in colour.
- You must have someone to take you home.
- You should not be left alone overnight.

If you are discharged on the day of your operation, and you have had a general anaesthetic and/or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

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 when I get home?

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 family doctor (GP) or attend the Accident and Emergency Department.

It is normal to see some blood in the urine 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 GP or attend the Emergency Department (A&E).

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.

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 cystoscopies telephone the Urology Centre

Tel: 0151 282 6797 or 0151 282 6877

Text phone number: 18001 0151 282 6797 / 18001 0151 282 6877

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

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