



The Leeds
Teaching Hospitals
NHS Trust

Outpatient Cystoscopy Clinic

Information for patients



Leeds Centre for
Women's Health

Welcome to the Leeds Centre for Women's Health. This leaflet explains to you:

- What is cystoscopy?
- How to prepare for this clinic.
- What happen on the day of the test.

How to contact us:

Please see page 10 for contact details.

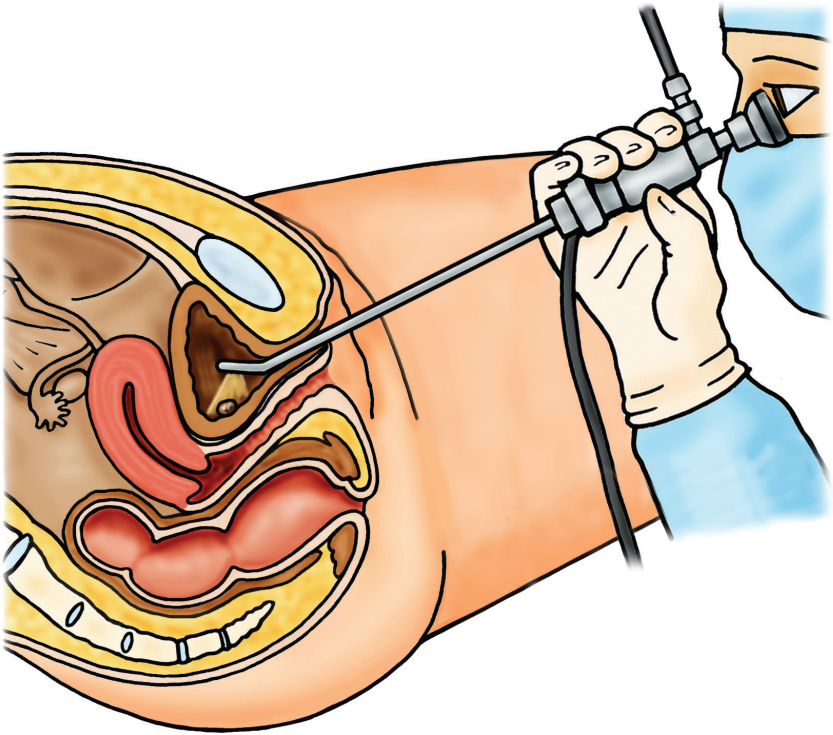
Contents

| | |
|----------------|--|
| Page 04 | What is Cystoscopy? |
| Page 05 | Advantages of Out-patient Cystoscopy |
| Page 05 | Why do I need this test? |
| Page 06 | How to prepare for this clinic? |
| Page 07 | What happen on the day of the test |
| Page 08 | Are there any side-effects or possible complications? |
| Page 05 | Common risks |
| Page 05 | Uncommon risks |
| Page 08 | Recovery |
| Page 09 | Follow-up? |
| Page 10 | When should I seek advice or help? |
| Page 10 | Contact us |
| Page 11 | Questions / Notes |

What is Cystoscopy?

Cystoscopy is a procedure carried out to examine the inside of the bladder (water works) and urethra (tube where urine flows out). The procedure is carried out using a small endoscope (camera) that is passed into the urethra and up into the bladder.

Some patients may also have the procedure as part of having Botox injections into the bladder wall, to calm down an overactive bladder, or bulking agent to treat stress incontinence. If either of these applies to you, your doctor will provide you with a specific information leaflet.



Advantages of Out-patient Cystoscopy

- No hospital admission.
- No pre-admission clinic.
- No blood tests before the admission.
- No starving before coming to hospital.
- No hospital stay.
- Quicker recovery.

Why do I need this test?

This procedure helps with getting a diagnosis in the following cases:

- Pain in bladder: to look any ulceration or bleeding, and to identify those with bladder pain syndrome.
- Frequency and/or urgency of urination as well as urge incontinence (leakage of urine on the way to the toilet) that do not get better with fluid advice, bladder training and/or medications: to look for abnormalities such as stones and/or tumours.
- Difficulty passing urine: to look for stricture (narrowing) or diverticula (side pouching) of the urethra.
- Frequent urinary tract (water works) infection to rule out any abnormality (especially diverticula, which is side pouching of the bladder and/or stones).
- When there is blood and/or abnormal cells in the urine to pick any abnormality (especially cancer) and refer patients to the team that can help them.

How to prepare for this clinic?

We would recommend you taking some painkillers 1 - 2 hours before your appointment such as Paracetamol or Ibuprofen if it is not contraindicated and you are not allergic. Do not take more than the recommended dose 1 gram every 4-6 hours (maximum 4 grams in 24 hours) for Paracetamol and 400 mg 3 - 4 times a day (Maximum 600 mg 4 times a day) for Ibuprofen.

You will be asked to bring a urine sample with you on the day of the procedure. This will be tested for infection, if this test came back clear you will have the procedure otherwise if it suggests an infection then a sample will be sent to the laboratory for further testing and you will be given a prescription for a course of antibiotics. We will reschedule your operation to a later date. You are welcome to bring your partner, relative, carer or a friend with you. You may prefer not to drive afterwards, especially if you are having a bladder wall or bladder neck injection.

Before attending the unit please don't use moisturiser on your body.

Recovery is likely to be short after this outpatient procedure, but you need to consider making any arrangements for family and/or work for few days. If you have not already completed a frequency volume chart and quality of life questionnaires, you might be asked to do so before the clinic. You might be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

What happen on the day of the test

Before the cystoscopy takes place, you may see the doctor to check that you still need the procedure and confirm that you are happy to have it done. You might get asked about any change since you were last seen in clinic and this will also be an opportunity for you to ask any questions.

It may be helpful to jot down any questions in advance. You may be asked to sign the consent form, if you have not done so already. You will be taken to a private area to change and a nurse can help you with this, if required.

You will be asked to sit on the examination couch or a recliner seat. You will be covered and the area around your urethra will be cleaned, to avoid any infection. Local anaesthetic is then inserted, to ensure that you are comfortable.

When you are comfortable the camera will be introduced and you will be able to watch it on the screen, if you wish. The urethra and bladder are looked at systematically to detect any abnormality. A biopsy might be taken if required. The procedure takes about 10-15 minutes.

You will feel as if you want to pass urine but should not experience pain. If you do feel pain, let the doctor and the nurse know so that they can help you. Some patients will need antibiotics to avoid infection. If you are one of these patients, this will be organised for you.

If you have any allergies, please let the doctor and/or nurse know.

The doctor will explain the findings and the next step in the management of your condition(s). You will be able to go home shortly after the clinic.

Are there any side-effects or possible complications?

Most cystoscopies are straightforward. Common and uncommon risks are listed below:

Common risks

- Burning when urinating - should settle within a day or two.
- Urinary tract infection, which may need antibiotics. Drink more water than you usually do for the first few days after the operation, to flush the bladder. If you are at risk of infection, for example diabetic, you might be given prophylactic antibiotics.
- Pain after the procedure. Pain killers, like paracetamol or co-codamol may help, if required.
- Blood stained urine - this should settle within a day or two.

Uncommon risks

- Venous thrombosis and pulmonary embolism (clot in leg/lung). These are extremely unlikely after this minor procedure.

Recovery

To ensure you have a good recovery you should take note of the following:

- **Rest:** During the first day or two at home, you might feel tired. You should tailor your activity to your ability but you should be back to normal within a few days.

- **Blood stained urine:** This is caused by passing the camera into your bladder and usually subsides within a day or so.
- **Housework:** Tailor your activity to your ability but you should be back to normal within a week.
- **Exercise:** You should be able to resume your usual exercise activity within a few days.
- **Diet:** A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least five portions of fruit and vegetables per day. You should aim to drink at least two litres of water per day.
- **Sex:** You should usually allow a week or two after the procedure.
- **Returning to work:** You should be able to return to work within a week.
- **Driving:** It is usually safe to drive after few days but this will depend on your level of concentration and ability to perform an emergency stop.

Follow-up?

You may not need a follow-up, depending on the reason you are having the procedure and its findings. If you need one, it will be arranged.

If you have problems before your appointment you can either contact your doctor or contact the hospital to bring the appointment forwards.

You might be given a frequency volume chart and quality of life questionnaires to bring back at your follow-up appointment. In addition to helping the evaluation of your condition after the operation, the data will be added to the national database for continence and prolapse surgery. This is a quality control measure, to compare the outcome of the operations carried out at the hospital against the rest of the country.

When should I seek advice or help?

You should contact your doctor or the hospital if you notice:

- Pain or bleeding is severe.
- Any pain or bleeding lasts longer than two days.
- You develop symptoms of infection, such as increased temperature, frequent urination, smelling or cloudy urine or feeling generally unwell.
- You are unable to pass urine.

Contact us

**Leeds Centre for Women's Health
(Ward 24 St James's University Hospital)**

- **Gynaecology Assessment Unit, Telephone: 0113 206 5724 (24 hours).**

Questions / Notes

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

