



**The Leeds
Teaching Hospitals**
NHS Trust

Having a flexible cystoscopy

Information for patients

This leaflet aims to answer your questions about having a flexible cystoscopy.

What is a flexible cystoscopy

A flexible cystoscopy is a procedure that allows a doctor or nurse cystoscopist to look inside the bladder using a thin fibre optic tube (cystoscope) that has a light and a tiny video camera at one end. This allows the specialist to see an image of the inside of your bladder on a screen. Flexible cystoscopy can also be used to remove ureteric stents , take biopsies or administer Botox injections into the bladder.

It is usually done as an outpatient procedure so you will be able to go home on the same day.

Why do I need a flexible cystoscopy?

Looking inside the bladder can help the specialist to find out what is causing symptoms such as

- Blood in the urine (haematuria)
- Recurring urine infections
- Pain and difficulty when passing urine
- Incontinence

X-rays, blood and urine tests can all give some information about your bladder however looking inside the bladder is the only way to have a close enough look at your urinary system to diagnose certain bladder conditions. The nurse or doctor will explain the risks and benefits to you and you will be asked to sign a consent form , however you can still change your mind at any point , it is your decision to go ahead with the procedure or not.

Please bring along a fresh sample of urine to your appointment. This is so that we can test for any infection. You should be able to obtain a white topped bottle from your GP.

It is important that you bring a list of your regular medicines with you to the hospital.

What does the procedure involve?

You will be asked to change into a gown before going into the examination room and to remove the garments on the lower half of your body. A doctor or nurse Cystoscopist will discuss the procedure with you in detail and you will be asked to sign a consent form giving permission for the procedure to take place.

In order to perform the procedure the specialist will need to insert a flexible cystoscope into the bladder via the urethra (water pipe). Before this is done the specialist will clean the opening to your urethra (at the end of the penis or the outside of the vagina) and insert some local anaesthetic gel into the urethra using a syringe without a needle. This helps to numb the urethra and provides lubrication so that the cystoscope passes through the urethra and into the bladder with as little discomfort as possible.

Most ladies find that this procedure is no worse than having a routine smear test

Men sometimes find this procedure uncomfortable as the cystoscope passes through the prostate gland however this tends to last a short time only.

Once the cystoscope is in place, the examination only takes a few minutes to complete.

Whilst the specialist is examining your bladder it will be filled with sterile water so that we can see the lining of the bladder more clearly. This may give you the sensation of needing to empty your bladder- if your bladder starts to feel uncomfortable let the specialist know.

The specialist will be able to view images of your bladder on the screen and many patients find it helpful to watch this.

What to expect afterwards

Once the specialist has completed the examination he/she will remove the instrument and explain the findings. You will be advised if any further treatment /investigations are needed and the reasons for this.

You will be able to walk to the toilet to empty your bladder and will be taken back to a cubicle where you can wash and dress yourself. You will be offered a drink and once you have passed urine and are feeling well enough you will be allowed to go home. Usually around 30 minutes after the procedure.

You should feel free to ask any questions or discuss any concerns and you should leave feeling clear about what has been done and what happens next.

Are there any side effects?

Most procedures have possible side effects however most patients do not suffer any problems.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for 24-48 hours after the procedure.

Occasional (between 1 in 10 and 1 in 50)

- Some people will develop an infection of the bladder requiring antibiotics.

Rarely (less than 1 in 50)

- Difficulty passing urine which may require temporary insertion of a catheter.
- Heavy persistent bleeding which may require removal of clots or further intervention.
- Injury to the urethra causing delayed scar formation.

Care at home

You will be able to return to normal activities on the same day as the procedure. You will be able to take a bath or shower and eat or drink normally.

It is important to increase the amount of fluid that you drink in order to minimise the risk of infection, bleeding and feeling of irritation to the waterpipe. Try and avoid caffeine and alcohol as these fluids can irritate the bladder.

If you develop a fever, severe pain on passing urine, excessive bleeding with clots or an inability to pass urine you should contact your GP immediately.

If you think it is an emergency please go straight to Accident and Emergency Department.

Who can I contact for further information?

<i>David Beevers Day Unit St James Hospital</i>	0113 206 5786 (Monday to Friday 8.00am-8.00pm)
<i>Ward J42 or Ward J52 St James Hospital</i>	0113 206 9142 0113 2069142 (Weekends, Friday 8.00pm to Monday 8.00am)
<i>Zoe Gardham Melissa Shireby Kristel Campbell</i>	Clinical Nurse Specialists/Nurse Cystoscopists St. James's University Hospital Tel: (0113) 206 6240 (Monday to Friday)

Patient and Liaison Service PALS

Tel: **(0113) 206 6261** - Available during normal working hours only.

Tel: **(0113) 206 7168** - Available outside normal working hours, please leave a voice message.

Email: patientexperience.leadsth@nhs.net

References

British Association of Urological Surgeons (BAUS)

www.baus.org.uk

NHS Choices

www.nhs.uk



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