University College Hospital at Westmoreland Street

Cystoscopy
Urology Directorate

for men
If you require a large print, audio or translated version of this leaflet, please contact us on 0845 155 5000 ext 77995. We will try our best to meet your needs.

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Introduction
A cystoscopy is an examination of the urethra and bladder. Urine is made by the kidneys then drains into your bladder where it is stored until you empty it by urinating through your urethra or “water pipe”. There are many different reasons for having a cystoscopy.

What is a cystoscope?
A cystoscope is a thin telescope (“scope”). It is passed by a surgeon through the urethra into the bladder. The doctor can look down the scope and can see images on a monitor. There are two types of cystoscopes:

• **Flexible cystoscope:** a flexible, fibre-optic scope, about as thick as a pencil that can see around bends. A flexible cystoscopy can be done with a local anaesthetic and you may feel some discomfort during the procedure.

• **Rigid cystoscope:** a thin, solid, straight scope, that allows thicker instruments to be used. Usually, you need a spinal or general anaesthetic for a rigid cystoscopy.

Both types of cystoscope have side channels beside which various thin devices can pass. The doctor may take a small tissue sample (biopsy) from the lining of the bladder with a thin “grabbing” instrument, passed down a side channel.

Flexible cystoscopes are used most often. They can pass more easily along the curves of the urethra. The flexible tip can be moved to look at the inside lining of the bladder. However rigid cystoscopes can be used with more devices.

A cystoscopy takes approximately 10 to 15 minutes to perform and can normally be done as a “day case”, which means that you should be able to go home shortly afterwards.
What does a cystoscope look like?

**Diagram 1: a rigid cystoscopy being performed on a man**

*Rigid cystoscope*

- Various devices can be passed down side channels. These can be manipulated by the doctor to take specimens, etc.
- Water can be poured down side channels to fill and flush the bladder
- Light to see inside bladder and urethra

Doctor looks down cystoscope

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

Testes

Prostate gland

Penis

Bladder
**What happens during a cystoscopy?**
Your doctor will pass the cystoscope up the urethra (water pipe) and examine the inside of the bladder. The procedure takes about ten minutes to perform.

The doctor may need to take a biopsy (tissue sample). A small piece of bladder tissue can be removed and sent to a laboratory for examination.

**How can a cystoscopy help me?**

**To help with diagnosis**
A cystoscopy can help find the cause of symptoms such as:

- Frequent urinary tract infections;
- Blood in your urine (haematuria);
- Urinary incontinence;
- Unusual cells found in a urine sample;
- Ongoing pain when you pass urine;
- Difficulty in passing urine which can be caused by prostate enlargement or a stricture (narrowing) of the urethra.

Cystoscopy can help monitor the progress of some conditions. For example, some people have regular cystoscopies after treatment for bladder cancer. This helps to detect any recurrence of the cancer, so it can be treated before it spreads further.

Often the findings of a cystoscopy are normal. However this procedure helps to rule-out some causes of your symptoms that may be concerning you. If a cause for your symptoms is not found, your doctor will talk to you about other possible tests and treatment options.

**To treat certain conditions or to do certain procedures**
By using various instruments passed down the side channels your doctor can:
• Remove small polyps or tumours from the lining of the bladder;
• Obtain urine samples from each of the ureters. These can be checked for infection or tumour, which may involve only one kidney;
• Insert a stent (a small tube) into a narrowed ureter. This helps improve the flow of urine;
• Perform a special X-ray of the ureters and kidneys. A doctor can inject a dye into the ureters up towards the kidney. This shows up on X-ray images and helps to show problems of the kidney or ureter.

What are the risks of having a cystoscopy?
All treatments and procedures have risks and we will talk to you about the risks of having a cystoscopy when you are seen in clinic.

Most cystoscopies are successful, with minimal or no symptoms afterwards. For 24 hours after the test you may have a mild burning feeling when you pass urine and feel the need to urinate more than usual. Also, the urine may look pink due to mild bleeding, particularly if a biopsy was taken. These relatively minor unwanted effects are normal.
Occasionally, a urine infection develops shortly after a cystoscopy. This can cause a fever (high temperature—over 38 degrees Celsius or 100.4 degrees Fahrenheit), smelly urine and/or pain when you pass urine. Rarely, the cystoscope may damage or perforate the bladder or urethra.

If a biopsy is taken during the cystoscopy, the risks are roughly the same as above, but the blood in the urine may last longer (up to five days).

**What are the risks of a general anaesthetic?**

There are a number of factors that affect the chances of suffering complications from anaesthesia; these may include age, weight, smoking, lifestyle and the general state of your health. Your anaesthetist and/or your surgeon can provide further details.

The following information on risks is provided by the Royal College of Anaesthetists.

**Very common (one in 10) and common (one in 100) side effects:** Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains, backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.

**Uncommon (one in 1000) side effects and complications:** Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to the mouth, an existing medical condition getting worse, awareness (becoming conscious) during operation.

**Rare (one in 10,000) or very rare (one in 100,000 or less) complications:** Damage to the eyes, serious allergy to drugs, nerve damage, death.

Death from anaesthesia is very rare, and is usually caused by a combination of four or five complications together. In the UK there are approximately about five deaths for every million anaesthetics.
What will happen if I choose not to have a cystoscopy?
If you decide not to have a cystoscopy, the doctor will talk to you about your options. It is possible that a problem with your urethra or bladder may not be detected by the available alternatives. This could have serious consequences for your health.

What alternatives are available?
There is no surgical alternative to a cystoscopy. Your doctor may advise you to have an ultrasound and/or X-ray of the bladder and kidneys (KUB) as a non surgical alternative. In many cases these tests are usually done first before proceeding to a cystoscopy. These tests would show a possible tumour or stone. They would also show if you were emptying your bladder completely. However they do not show very small or superficial tumours or what changes are occurring in the bladder tissue or why you may be bleeding. Only seeing the inside of the bladder through a scope would allow a doctor to diagnose certain problems.

How should I prepare for a cystoscopy?
A cystoscopy is usually performed as a day case in the day surgery unit. You will be given instructions as to when to stop eating and drinking and if you should take your medicines as normal before coming into hospital when you receive your admission letter.

Though we expect to discharge you home once you have recovered from the anaesthetic you may want to bring a small bag with your night clothes, a towel and toiletries in case your doctor decides you may benefit by staying overnight. The procedure usually takes about 10 to 15 minutes. As with all patients post anaesthetic we would expect you to have organised someone to escort you home on the day of your procedure.

Please do not bring valuable items into the hospital, as we cannot accept responsibility for them.

You might like to bring something with you to read whilst you are
waiting for your test.

**Asking for your consent**
If you decide to go ahead, you will be asked to sign a consent form to confirm that you agree to have the procedure and understand what it involves. It is your right to have a copy of this form.

**What happens during a cystoscopy?**
When you arrive, we will ask you to change into a hospital gown and show you where to leave your belongings.

You will be escorted to the examination room and asked to lie down on a bed or couch. The area around the opening to your urethra (at the end of the penis or the outside of the vagina) will be cleaned to prevent infection. An anaesthetic and lubricating jelly will be squirted into the opening of the urethra. This helps the cystoscope to move along with as little discomfort as possible.

The doctor will then gently push the cystoscope up into the bladder, examining the lining of the urethra and bladder. Sterile water is passed down a side channel in the cystoscope to fill your bladder. This makes it easier for the doctor to see the lining of the bladder. As your bladder fills, you will feel the urge to pass urine; this will probably feel uncomfortable.

A cystoscopy takes about five to 10 minutes if it is only to look inside the bladder. It may last longer if the doctor does a procedure, like taking a biopsy.

The cystoscope is then gently pulled out. If you had a biopsy taken, the sample is sent away to be tested and looked at under a microscope. It can take several days for the report of the biopsy to come back to the doctor. When you are fully awake, the doctor will explain the initial findings of the cystoscopy. If you need to have any treatment or more tests, we will start to plan this for you. You may
need an outpatient clinic appointment to discuss the full test results (i.e. biopsy results) in more detail.

**What should I expect after a cystoscopy?**

During the three to five days after your procedure, you may have some blood in your urine and it may sting when you pass water. This is normal and should clear after a few days.

After you have had a cystoscopy, contact your GP if:

- Pain or bleeding is severe
- Any severe pain or bleeding lasts longer than two days - If you notice heavy bleeding, fresh blood or blood clots, or if your abdomen (belly) is swollen and painful, please go to your nearest Accident and Emergency Department or see your GP urgently
- You develop symptoms of infection—If you develop a fever, smelly urine and/or pain when you pass urine you may have a urine infection. Drink plenty of fluids (at least eight to ten glasses per day) and contact your GP who may wish to test a specimen of urine and may prescribe you some antibiotics if your symptoms do not improve.
- You have any other problems that concern you

If you need to contact the hospital during working hours (09.00 to 17.00) contact your medical team’s secretary on:

Telephone:_____________________________________________________________

(please ask for the contact number before you are discharged).

**If you need to see someone urgently out of hours and cannot contact your GP you will need to go to your nearest Accident and Emergency department.**
Important! For 24 hours after your test:

Do not:
• Drive or ride a vehicle.
• Drink alcohol.
• Operate machinery.
• Sign documents or make important decisions.
• Return to work.

Do:
• Rest quietly at home.
• Eat normal, healthy meals, but drink plenty of fluids (at least eight to ten glasses or mugs of fluids such as water, squash, fruit juice, tea or coffee).
• Take extra care with electrical appliances, as your co-ordination may be affected if you have had an anaesthetic.
Where can I get more information?

NHS Direct
Telephone: 0845 46 47
Website: www.nhsdirect.nhs.uk

Patient UK
Website: www.patient.co.uk

UCLH cannot accept responsibility for information provided by other organisations.

Contact details
University College Hospital at Westmoreland Street
Switchboard: 0845 155 5000
020 3456 7890
Website: www.uclh.nhs.uk

Acknowledgements
Images and some text content taken from:
www.patient.co.uk/showdoc/27000310

Anaesthetic information provided by the Royal College of Anaesthetists
www.rcoa.ac.uk
Space for notes and questions