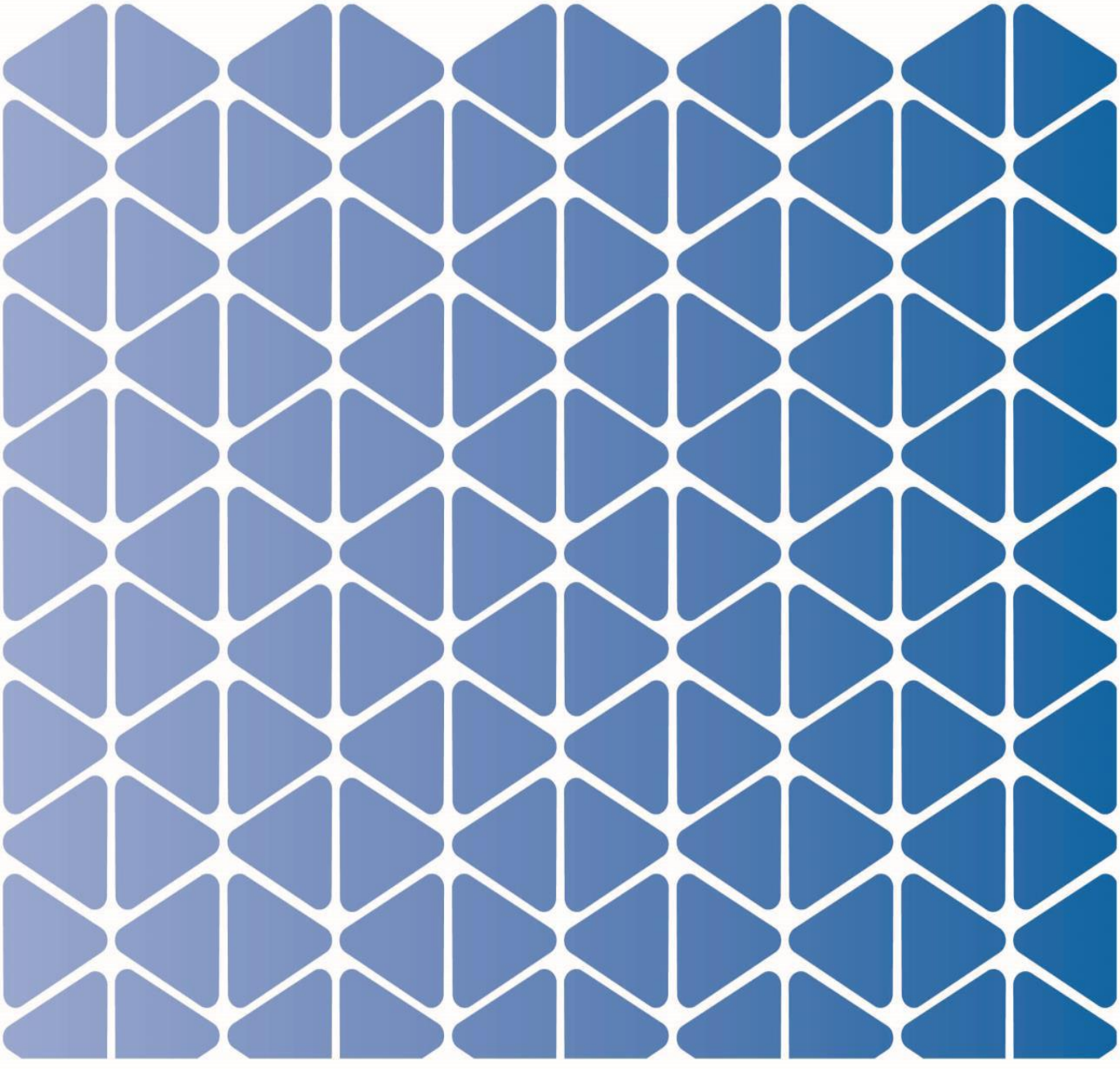
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION
PROCEDURE LEAFLET

CYSTOSCOPY (under general or local anaesthetic)



Department of Gynaecology

It has been recommended that you have a cystoscopy, with or without a biopsy or cystodistention (stretching your bladder).

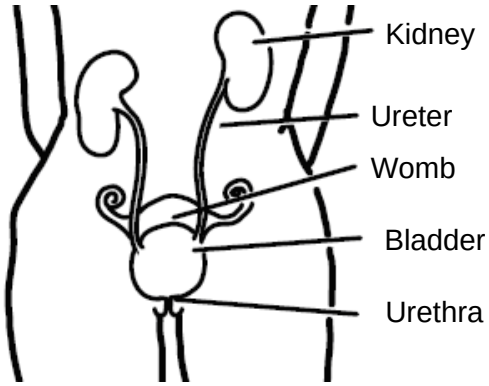
This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

What is a cystoscopy?

Cystoscopy is a procedure that uses a special instrument, called a cystoscope, to examine the inside of your bladder. It may be carried out for a number of reasons – for example, to help make a diagnosis or to carry out minor surgery.

To understand cystoscopy, it helps to look at the parts of your urinary system (waterworks).



Your bladder is a muscular bag, which, when full, is about the size of a grapefruit. It stores urine, which reaches it through the ureters (the tubes that connect your kidneys to your bladder). When the time comes to pass water, the muscle wall of the bladder squeezes the urine out into the water pipe (urethra). In women, the urethra is only about an inch long.

When you have a cystoscopy, a tube containing a miniature telescope is passed up the urethra so that the doctor can examine the inside of your bladder. It is usual to look at the urethra as well.

Why do I need a cystoscopy?
Some urinary symptoms are due to problems in your bladder or urethra. Sometimes the cause will be clear from x-rays, scans, blood or urine tests, but often the only way your doctor can be sure what is going on is to look inside with a cystoscope.

A cystoscopy may be carried out to diagnose the cause of symptoms such as:

- Frequent urinary tract infections;
- Blood in your urine (haematuria);
- Incontinence (partial or total loss of control of the bladder);
- Unusual cells found in a urine sample;
- Persistent pain when you pass urine.

Procedures carried out using a cystoscopy

A number of procedures can be carried out using surgical instruments, which can be passed down the side channels of the cystoscope. These include:

- Taking biopsies (or specimens) from the lining of the bladder.
- Diathermy (to burn off small growths without the need to be admitted to hospital).

Benefits of the procedure
The aim of your procedure is to diagnose and monitor any abnormalities within the bladder and urethra.

Serious or frequent risks

- Everything we do in life has risks. This procedure generally is very safe although there are some risks associated with it. The general risks include problems with:
  - Mild burning or bleeding on passing urine for short period after operation;
  - Occasionally infection of bladder requiring antibiotics;
  - Urine retention (the inability to pass urine).

  Rarely the following may occur:
  - Temporary insertion of a catheter;
  - Delayed bleeding requiring removal of clots or further surgery;
  - Injury to urethra causing delayed scar formation;
  - Damage to the bladder, including perforation, is very rare.

Sometimes, more surgery is needed to put right these types of complications.

Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have

heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a small risk that you may die although this is extremely rare.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Sometimes we may be able to offer X-rays or tests of the blood or urine, as an alternative. However, it may be essential to have a cystoscopy in order to diagnose some bladder conditions. The medical team will discuss these options with you if appropriate.

Another form of cystoscopy, using a flexible rather than a rigid instrument can be used for investigating the bladder and urinary tract. In gynaecology, both types of cystoscope are used and your surgeon will discuss this with before you are placed on the waiting list. In general, the rigid scopes are performed under a general anaesthetic wheras the flexible scopes are performed using only some local aneathetic gel which is inserted into the urethral tube just prior to inserting the scope. This gel is used mainly for lubrication but also contains some antibacterial properties.

Your pre-surgery assessment visit

We may ask you to go to a pre-surgery assessment clinic where you will be seen by members of the medical and nursing teams of the surgical unit. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the surgical team will check that you agree to have the planned surgery. Please bring your operation consent form (which you were given in Outpatients), making sure that you have read and understood the form before you visit the clinic. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

<u>Before you come into hospital</u>

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.

- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

There is a risk that your procedure will be cancelled if there is a chance of very early pregnancy. In order to be sure you are not pregnant at the time of the procedure you must not have sex or you must use reliable contraception between the first day of the last NORMAL period to the date of procedure.

Being admitted to the ward

You will usually be admitted on the day of your surgery. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

If you are at high risk of blood clots in your legs after surgery, we will ask you to wear support stockings before and after your surgery.

Your anaesthetic

As discussed above, most rigid cystoscopies will be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Your pre-surgery visit by the anaesthetist

After you go into hospital, the anaesthetist will come to see you and ask you questions about:

- Your general health and fitness;
- Any serious illnesses you have had;
- Any problems with previous anaesthetics;
- Medicines you are taking;
- Allergies you have;
- Chest pain;
- Shortness of breath;
- Heartburn;
- Problems with moving your neck or opening your mouth; and
- Any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.
Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything (including chewing gum or sucking sweets) for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. It is helpful if you bring your usual medicines with you. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

We will need to know if you do not feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will make you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood. General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

Pain relief after surgery

Pain relief is important as it stops suffering and helps you recover more quickly.

We may give you tablets or injections to make sure you have enough pain relief. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. It is important that you report any pain you have as soon as you experience it.

What are the risks of anaesthetic?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. Anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your procedure

We will usually take you from the operating theatre back to the ward. The nurses will give you a drink and ask you to empty your bladder before leaving the department. Following the procedure, we encourage you to drink at least 1.5 litres of fluid (preferably water).

Leaving hospital

Length of stay

You will normally go home on the same day as your procedure.

Recovering from a cystoscopy

Following a cystoscopy, you should recover quite quickly.

For about a day or so after the cystoscopy, you may experience some mild discomfort and have a slight burning sensation when you pass urine. You will possibly need to urinate more frequently and may pass a little blood in your urine (turning it slightly pink

in colour) particularly if a biopsy was taken. Sometimes, the after effects may last a little longer.
Occasionally, after a cystoscopy, you may develop a urine infection. You should tell you GP if you have:

- pain or severe bleeding;
- pain or bleeding that lasts longer than two days; or
- you develop symptoms of infection, such as a high temperature.

Diet
You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Exercise
There is no need to avoid exercise following your procedure.

Sex
You can continue your usual sexual activity as soon as you feel comfortable.

Work
You may return to work 1-2 days after your surgery.

Driving
You should not drive for 24 hours following a cystoscopy to allow the effects of the general anaesthetic to completely wear off, and you should not make any important decisions during this time. It is your responsibility to check with your insurance company. If flexible cystoscopy is performed under local anaesthesia, there is no reason why you cannot drive home yourself.

Follow up appointment
Before you leave hospital we may give you a follow-up appointment, if not we will send it to you in the post.

Analysing the biopsy taken
If a biopsy has been taken, we send it to a special laboratory in the hospital for tests. We will usually let you have the results by post or at the follow-up appointment.

After you leave hospital
You should report to us immediately if you experience any of the following:

- Persistent bleeding from the vagina that is smelly or becomes heavier than a normal period and is bright red.
- Pain or burning on passing urine or the need to pass urine frequently, as this may indicate a urinary tract infection.

- Increasing nausea.
- Increasing abdominal pain with vomiting.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

Worcester Royal Hospital

- Specialist Urogynaecology Nurse (phone 01905 733254)
- Gynaecology Ward Nursing Staff (phone 01905 760586)
- Hospital Switchboard (phone 01905 763333)

Alexandra Hospital

- Gynaecology Nursing Staff (phone 01527 512100)
- Surgery Nursing Staff (phone 01527 512106)
- Specialist Urology Nurse (phone 01527 503030 ext 42016)
- Hospital Switchboard (phone 01527 503030)

Kidderminster Treatment Centre

- Specialist Urogynaecology Nurse (phone 01905 733254)
- Ward 1 Nursing Staff (phone 01562 512356)
- Hospital Switchboard (phone 01562 823424)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
  Information fact sheets on health and disease

- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk
  On-line health encyclopaedia

- www.worcestershirehealth.nhs.uk/acute_trust
  Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.