

Patient information

Flexible Cystoscopy

Urology Department

The aim of this leaflet is to explain the procedure of flexible cystoscopy and to let you know what to expect when you come into hospital for it to be performed.

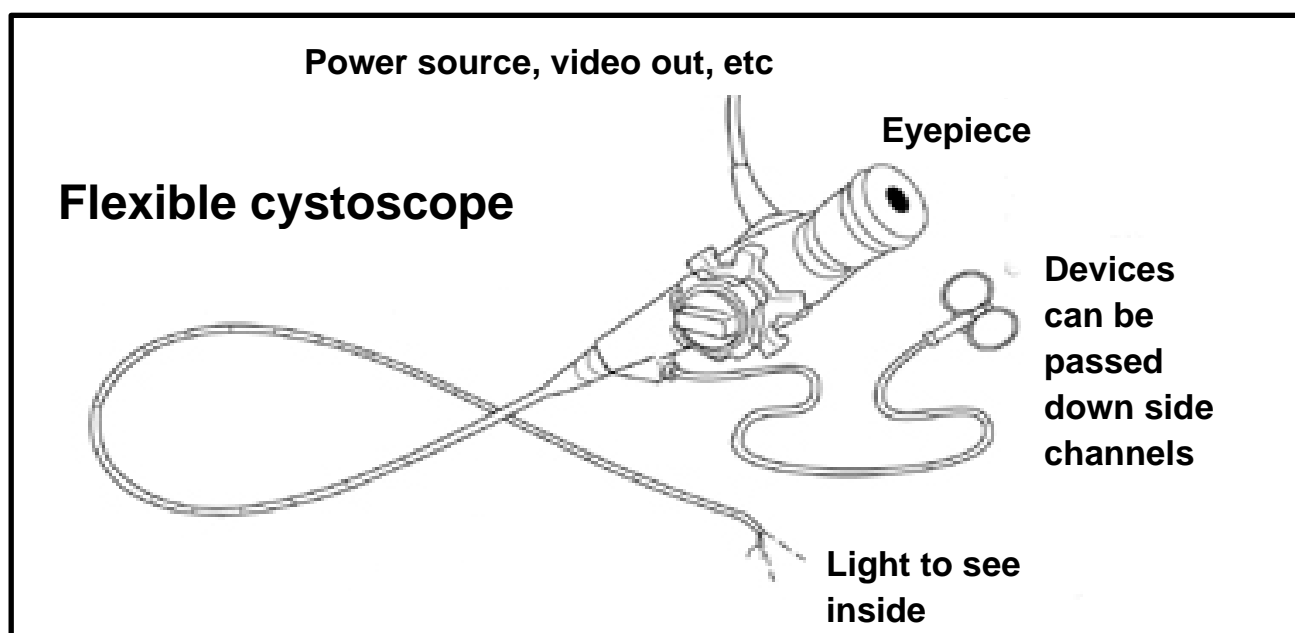
What is a cystoscopy?

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, which can be used to view the bladder through the urethra with the patient awake. It is about as thick as a pencil. The fibre optics allows a doctor to see around bends.



A rigid cystoscope is a thin, solid straight telescope that can be passed into the bladder, through 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.

When is a flexible cystoscopy done?

A flexible cystoscopy is a diagnostic procedure and may be done to help to find the cause of symptoms such as:

- Frequent urinary tract infections.
- Blood in your urine (haematuria).
- Incontinence.
- Unusual cells found in a urine sample.
- Persistent pain when you pass urine.
- Difficulty in passing urine (which may be due to prostate enlargement or a stricture (narrowing) of the urethra).

Flexible cystoscopy may also be done to monitor progress of conditions. For example, some people have a routine flexible cystoscopy every now and then after treatment for a bladder tumour. This helps to detect any early recurrence, which can be treated before it spreads further.

Often a flexible cystoscopy is normal. However, this helps to rule out certain causes of your symptoms.

The intended benefits

To view the lining of the bladder to diagnose and treat abnormal urethral and bladder disease or remove a ureteric stent

Significant, unavoidable or frequently occurring risks:

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation.
- Biopsy of abnormal areas in bladder (this may require a further procedure under a general anaesthetic).

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics.
- Occasionally, clinically significant tumours within the bladder and urethra may not be seen.

Rare (less than 1 in 50)

- Temporary insertion of a catheter.
- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation.

Alternatives:

Rigid cystoscopy under general anaesthetic, observation in which case the problem causing your symptoms may continue to deteriorate.

How do I prepare myself for a flexible cystoscopy?

Please wear loose clothing that can be lowered when attending for procedure. You can eat and drink as normal prior to the procedure. Please take all medication including blood thinners as normal.

What happens during a flexible cystoscopy?

Flexible cystoscopy is done as an outpatient. It is done while you are awake.

You will be asked to lie on your back on a couch. The opening to your urethra (at the end of the penis or the outside of the vagina) and the nearby skin will be cleaned. Some “jelly” is then squirted into the opening of the urethra. The jelly helps to lubricate the urethra, allowing the cystoscope to pass into the urethra with as little discomfort as possible.

The doctor will then gently move the cystoscope up into the bladder. The doctor will look carefully at the lining of the urethra and bladder. Sterile water is passed down a side channel in the cystoscope to slowly 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, which may be uncomfortable.

A flexible cystoscopy takes about five to ten minutes. You may be able to watch the procedure on a television at the same time as the doctor. It may last longer if the doctor does a procedure, for example, take a biopsy (small sample) from the lining of the bladder. The cystoscope is then gently removed.

Your doctor may tell you what they saw inside your bladder straight after the test. If you had a biopsy taken, the sample is sent away to be tested and looked at under a microscope. It can take several weeks for the report of the biopsy to come back to the doctor.

When will I be able to go home?

You will be allowed to leave the department once you have passed urine.

After you have had a cystoscopy, tell your doctor if:

- Pain or bleeding is severe.
- Any pain or bleeding lasts longer than two days.
- You develop symptoms of infection.
- If you are unable to pass urine.

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 tell your family doctor (GP) or attend the Emergency Department (A&E Department).

Can I do everything as normal?

You can return to normal activity straight after the cystoscopy, unless you are seeing blood in the urine. If you see blood avoid heavy exercise until the bleeding has settled.

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.

If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking [here](#).

Further Information:

For queries about your appointment, contact the hospital you have been referred to.

Royal Liverpool Hospital

Urology Department

Tel: 0151 282 6877/6788

Text phone number: 18001 0151 282 6877/6788

Aintree Hospital

Patient Appointment Centre

Tel: 0151 529 4550

Text phone number: 18001 529 4550

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

For other general information visit

<http://www.baus.org.uk/>

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Review Date: July 2027

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