

*Better
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Patient information

Rigid Cystoscopy and Urethral Dilatation

Urology Directorate

Your consultant has advised you to have a rigid cystoscopy and urethral dilatation. This leaflet explains what to expect when you have a rigid cystoscopy and urethral dilatation

What is a rigid cystoscopy and urethral dilatation?

This procedure involves telescopic inspection of the bladder and urethra and gentle dilatation (widening) of urethra. If an abnormality is seen in the bladder a bladder biopsy may be taken. Abnormal areas may be cauterised with the use of heat diathermy.

Why would I be having this done?

You will be having this done because you have problems with urination. These may include discomfort or difficulty passing urine.

We will ask your permission for telescopic removal/biopsy of bladder abnormality/stone if found

What are the benefits of this procedure?

The bladder will be inspected and any abnormality can be diagnosed. Your urinary problems may be improved.

What are the risks of having cystoscopy and urethral dilatation?

Common

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of a catheter.

- Need for self-catheterisation to keep the narrowing from closing down again.

Occasional

- Infection of bladder requiring antibiotics.
- Recurrence of narrowing or symptoms necessitating further procedures.

Rare

- Very rarely, perforation of bladder requiring a temporary urinary catheter or open surgical repair.
- Delayed bleeding requiring removal of clots or further surgery.

Are there any alternative treatments available?

Open surgery or observation (keeping an eye on your condition), incision (cutting) of the narrowing.

What will happen if I decide not to have treatment?

Your symptoms may remain the same or deteriorate.

What anaesthetic will I be given?

You will be given general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

How do I prepare for the procedure?

- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest x-ray or an ECG (heart tracing).
- You will be given instructions regarding fasting prior to the procedure.
- Normal medication should be taken unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What does the operation involve?

A cystoscope will be inserted into your bladder. A thorough inspection of the bladder will be performed.

The surgeon may also take biopsies of any abnormal areas or perform other minor procedures necessary to help diagnose or treat your condition.

It is common for a vaginal and rectal examination to be carried out as part of your assessment while you are anaesthetised. The urethra is dilated using dilators. In some cases, a catheter will be inserted into the bladder at the end of the procedure. The catheter is a thin tube which drains the urine from the bladder.

The catheter helps to stop bleeding at the end of the procedure and makes things more comfortable. The catheter will be removed after a few hours.

What should I expect after my operation?

- After your operation has finished, you will stay up in theatre in the recovery suite until you are fully recovered from the anaesthetic, and the anaesthetist is happy for you to return to the ward.
- The nursing staff will ask you at intervals whether you have passed urine. This is quite a normal question after any operation. It is normal for there to be some stinging and burning when you pass urine for the first few times. It is also normal to see some blood and small clots when you pass urine.

- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

When will I be able to go home?

- You must have had something to eat and drink.
- You must have passed urine.
- The nursing staff must be satisfied with your wound.
- You must have someone to take you home.
- You should not be left alone overnight.

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 speak to your GP (General Practitioner) or attend the Accident and Emergency department.

It is normal to see some blood in the urine and this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your GP or attend the Accident and Emergency Department.

When can I go back to work?

You should plan to have between two days and two weeks off work. This will depend on the type of work you do and how comfortable you feel after the operation.

What happens after I am discharged?

You may need an outpatient's appointment and your consultant will arrange this. If you have any problems you are advised to contact your family doctor (G.P.) or the Accident and Emergency department.

Further information

For general queries about cystoscopy and urethral dilatation in women telephone the Urology Centre on Tel: 0151 600 1592.

Text phone number: 18001 0151 600 1592.

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

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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