

UR12Flexible Cystoscopy (female)

Expires end of February 2023

If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

You can also contact:

You can get more information from www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org



Royal College
of Surgeons
of England



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



Patient Information Forum

eidohealthcare.com

EIDO
HEALTHCARE

UNITED KINGDOM

What is a flexible cystoscopy?

A flexible cystoscopy is a procedure to check for any problems in your bladder using a flexible telescope (cystoscope).

Your doctor has suggested a flexible cystoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a flexible cystoscopy?

Your doctor is concerned there may be a problem with your bladder. You may be getting pain, blood in your urine, repeated infections, or you may have an irritable bladder (a sudden and uncontrolled urge to pass urine).

If your doctor does see a problem during the cystoscopy, they may perform a biopsy (removing small pieces of tissue).

If the cystoscopy is normal, your doctor may be able to tell you straight away and they will reassure you.

Are there any alternatives to a flexible cystoscopy?

A scan may give some information about the cause of the problem but a flexible cystoscopy often leads to a diagnosis. Some problems with the lining of your bladder can be seen only with a cystoscope.

It is possible to have a rigid cystoscopy that allows your surgeon to treat certain problems with your bladder and urinary tubes. However, a rigid cystoscopy involves a general or spinal anaesthetic.

What will happen if I decide not to have a cystoscopy?

Your doctor may not be able to confirm what the problem is. If you decide not to have a cystoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

Before the procedure

If you take warfarin, clopidogrel or other blood-thinning medication, let your doctor know at least 7 days before the procedure.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

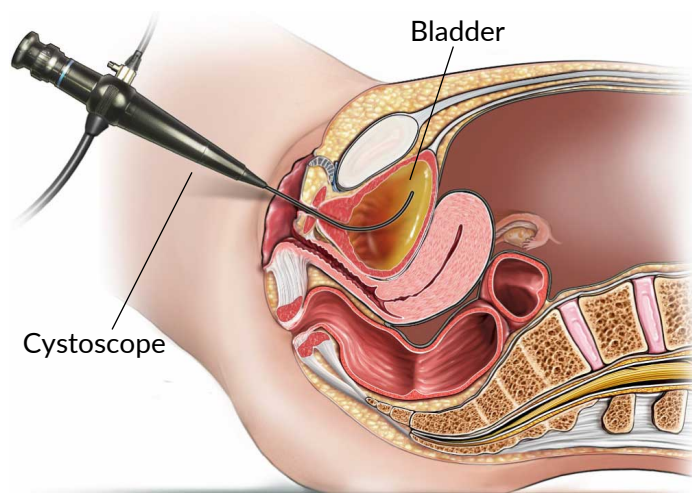
You may need to give a sample of your urine to check for any infection.

In the treatment room

A flexible cystoscopy usually takes about 5 minutes.

Your doctor will use antiseptic to clean the area at the opening of your urethra (tube that carries urine from your bladder). They may squeeze some local anaesthetic jelly into your urethra to help prevent infection and reduce discomfort.

Your doctor will pass the cystoscope into your urethra. They may place a finger into your vagina while they place the cystoscope. Your doctor will examine the lining and diameter of your urethra, and the valve that controls the flow of urine from your bladder. You will feel as if you are passing urine. Try to relax your muscles, as you would do normally when you pass urine, as this will make it easier to move the cystoscope into your bladder.



A flexible cystoscopy

Your doctor will pass fluid through the cystoscope and into your bladder to help them make the diagnosis. They will use the cystoscope to look for any problems in the lining of your bladder.

Your doctor will tell you if they need to perform a biopsy. You will feel an uncomfortable, tugging sensation when the tissue is removed. If your doctor finds a small growth or stone, it may be possible to remove it through the cystoscope.

Your doctor will remove the cystoscope.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

The possible complications of a flexible cystoscopy are listed below.

- Bleeding during or after the procedure. You may notice a small amount of blood the first few times you pass urine (risk: 1 in 5). Most women who have a biopsy will notice blood in their urine. Usually there is little bleeding.
- Infection (risk: 1 in 50) which can spread to your blood stream and be life-threatening. If you need to pass urine often and pass only small amounts

with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, contact your GP. You may need treatment with antibiotics.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Narrowing of your urethra (stricture) caused by scar tissue forming. This is unusual after a single cystoscopy. You may need further surgery (risk: less than 1 in 1,000).

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest.

You should be able to go home the same day, after you have passed urine.

You may feel a little stinging the first few times you pass urine. Drink up to 2 litres of water a day to help you to pass urine more easily.

A flexible cystoscopy is not usually painful. If you have any discomfort, take simple painkillers such as paracetamol.

You should be able to return to work the day after the cystoscopy unless you are told otherwise.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The healthcare team will tell you what was found during the cystoscopy and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A flexible cystoscopy is usually a safe and effective way of finding out if there is a problem with your bladder. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers: Angus Lecuona (MBChB, FCUrol(SA), MMED, FRACS), Caroline Dowling (MS, FRACS)

Illustrator: Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. www.nucleusinc.com