

UR11 Rigid Cystoscopy (female)

Expires end of February 2023

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What is a rigid cystoscopy?

A rigid cystoscopy is a procedure to check for any problems in your bladder using a rigid telescope (cystoscope). Sometimes certain problems with your bladder and urinary tubes can be treated at the same time.

Your doctor has suggested a rigid 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 rigid cystoscopy?

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

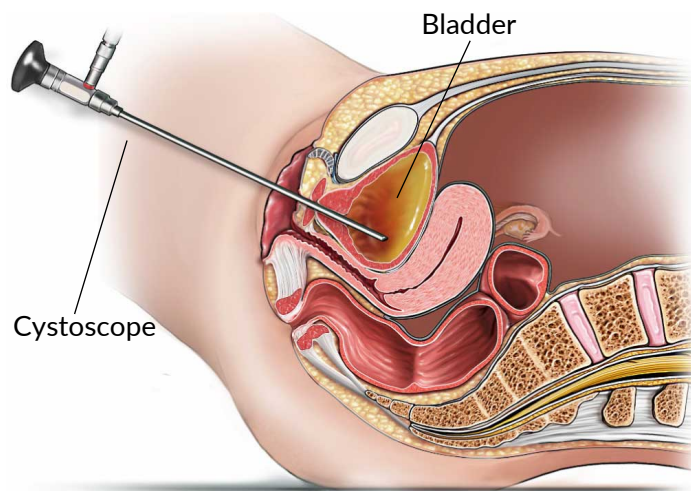
If your doctor does see a problem during the cystoscopy, they may perform a biopsy (removing small pieces of tissue), or they may be able to treat the problem using the cystoscope.

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 rigid cystoscopy?

A scan may give some information about the cause of the problem but a 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 flexible cystoscopy that needs only an anaesthetic jelly. However, certain problems with your bladder and urinary tubes cannot be treated with a flexible cystoscopy.



A rigid cystoscopy

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?

The healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

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 procedure is usually performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you. The procedure, including the anaesthetic, usually takes less than 30 minutes.

Your doctor will pass the cystoscope into your urethra (tube that carries urine from your bladder). 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.

They will pass fluid through the cystoscope and into your bladder to help them make the diagnosis.

Your doctor will use the cystoscope to look for any problems in the lining of your bladder and will be able to perform biopsies. If your doctor finds a small growth or stone, it may be possible to remove it through the cystoscope.

Your doctor will also be able to take samples of urine from your ureters (tubes that carry urine from your kidneys to your bladder) to check for any problems in your ureters or kidneys. They may inject dye (colourless contrast fluid) into your ureters and up into your kidneys so they can take x-rays.

If one of your ureters has narrowed, your doctor can insert a stent (tube) in your ureter to keep it open.

Your doctor will remove the cystoscope.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking several weeks or more before the procedure may reduce your risk of developing complications and 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 help to prepare you for the procedure, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

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 and can even cause death.

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

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

The possible complications of a rigid cystoscopy are listed below.

Rigid cystoscopy complications

- 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. The healthcare team can pass water through a catheter (tube) and into your bladder to wash out any blood or to remove any blood clots.
- 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.
- 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).
- Allergic reaction to the equipment, materials, medication or dye. This usually causes a skin rash which settles with time. Sometimes the reaction can be serious (risk: less than 1 in 2,500) or even life-threatening (risk: 1 in 25,000). The healthcare team is trained to detect and treat any reactions that might happen. Let your surgeon know if you have any allergies or if you have reacted to any medication or tests in the past.

- Making a hole in your bladder. You may need a catheter in your bladder for a few days while the hole heals. If the hole does not heal, you may need surgery.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

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 recovered from the anaesthetic and passed urine. However, your doctor may recommend that you stay a little longer.

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and

do not sign legal documents or drink alcohol for at least 24 hours.

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

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 rigid 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.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

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

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.

Summary

A rigid 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

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