



## FLEXIBLE CYSTOSCOPY

The examination of the inside of your bladder, using a fine, soft, telescopic tube (the flexible cystoscope)

**This procedure is normally performed under local anaesthetic but can be performed under sedation.**

### INTENDED BENEFITS

This examination is commonly used to evaluate patients who complain of blood in the urine, difficulty urinating, recurrent infections, bladder or urethral (the tube you pee from) pain, amongst other problems. It can also be used to remove stents that are left in after ureteroscopy (examination of the kidneys using a small telescope) or laser.

Often the only way that the bladder can be directly assessed for disease is to look inside the bladder using a flexible cystoscope.

### PREPARATION

When the procedure is performed under local anaesthetic there is no special preparation. You can eat and drink as normal and take your normal medications.

If sedation is required you will need to fast for six hours before the procedure.

### RISKS

A minor amount of discomfort in the bladder or urethra is normal for 24 hours after the examination. To see a small amount of blood in the urine is also normal.

There is a small risk of urine infection following a flexible cystoscopy. This can be treated by your GP with antibiotics. If you get a temperature, pain, bleeding or burning that lasts longer than two days you should contact your GP.

A flexible cystoscopy is usually performed to gather information in a minimally invasive way. If there are any major findings a separate procedure under anesthetic may be needed.



## TECHNIQUE

- You will be changed into a hospital gown.
- Once in the examination room your surgeon and nurse will stay with you throughout the procedure, which takes about 10 minutes.
- The surgeon will clean the skin around your urethra with a mild disinfectant to prevent infection, and then cover you with a sterile drape.
- Some gel containing local anaesthetic (numbing agent) will be gently squeezed onto, and into your urethra. This doesn't involve any needles!
- The flexible cystoscope is then inserted gently into the urethra up into the bladder. Only the very soft tip of the scope actually goes into your bladder.
- Men may be asked to try and pass urine as the cystoscope reaches the sphincter (muscular clamp) in the urethra. This allows it to pass through more easily. Don't worry; you will not actually pass urine with the cystoscope inside.
- You may feel some discomfort as the cystoscope goes through the sphincter.
- Once the cystoscope is in the bladder, some water is run in to help us see the inside of the bladder clearly. Because of this you will be aware of feeling wet. Also, you will feel like emptying your bladder again at the end of the examination.
- Rarely, a biopsy (a sample of the bladder lining) may be taken during your examination to be sent to the laboratory for further tests. This is not painful. Occasionally the doctor may use heat to burn small polyps or stop bleeding. This is not painful.

## AFTER THE EXAMINATION

- Your surgeon will discuss the results of the examination with you before you go home. If a biopsy was taken the results may take several weeks to come back.
- A letter will be sent to your GP.
- You can go home as soon as you pass urine and are comfortable.
- You can return to normal activities immediately.
- Bleeding in the urine is quite common, as is a mild discomfort in the urethra or bladder. Drink plenty of water and try Ural sachets from the chemist. If these symptoms don't settle down after 24 hours – see your GP.

If you have any further questions, please ask – we are here to help you. You have the right to change your mind at any time, including after you have signed the consent form.