



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Having a Rigid Cystoscopy +/- Biopsy or Stent Removal (under general anaesthetic)

Information for patients, relatives and carers

Department of Urology

① For more information or advice, please contact:

If you are being treated at York Hospital:

For queries about your appointment Tel: 01904 726518

For information on the procedure Tel: 01904 726010

If you are being treated at Scarborough Hospital:

Carolyn Spence, Urology Specialist Nurse

Tel: 01723 342883

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What is a rigid cystoscopy?

A rigid cystoscopy is an examination of the bladder and water pipe (urethra) with a rigid metal cystoscope. A cystoscope is a small telescope, which is inserted through the urethra to inspect both the urethra itself and the whole lining of the bladder. Occasionally, it is necessary to stretch the opening of the urethra to introduce the instrument.

If necessary, other surgery can be undertaken at the same time, e.g. bladder biopsy, removal of abnormal areas with the use of heat diathermy, removal of a ureteric stent or release of scar tissue in the urethra (Optical Urethrotomy).

You should assume you will have your cystoscopy as a day case unless you are told otherwise. This means you will only spend a few hours on the hospital unit and **not stay overnight**. Therefore it is important to ensure you will have a responsible adult to collect you and care for you at home for the first 24 hours.

There are occasions where your surgeon may require you to stay overnight (as an inpatient) for medical reasons and you will be notified about this in advance if appropriate.

If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment. We will rearrange your appointment. To tell us about a change please contact us via the telephone the number given on your appointment letter.

This leaflet explains a little about what will happen before, during and after your operation either as a day case or as an inpatient. It tries to answer some of the questions you may have.

The doctors and nurses are there to help you. They will always make time to listen to you and answer your questions. If you do not fully understand anything about your cystoscopy, please ask.

Please bring your completed admission form with you when you come for your cystoscopy.

Please also bring your usual medication (or list thereof), and a list of any allergies you may have. If you are having your treatment as an inpatient, please also bring night wear and toiletries in case you need to stay in Hospital overnight.

Your admission letter will tell you when you need to have last eaten and drank before you arrive at the Hospital. This will have been re-iterated at your pre-assessment Hospital appointment, which normally occurs one to two weeks before the date of the cystoscopy itself.

What happens when I arrive at the hospital?

The nurses introduce themselves to you and explain what will happen to you during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you.

The doctor will check your details with you and (if this has not already been done) ask you to sign the consent form (reference FYCON112-1 Flexible or Rigid Cystoscopy including stent removal/insertion and bladder biopsy if required) saying that you:

- fully understand your operation and anaesthetic,
- fully understand the risks and benefits,
- are aware of the alternatives, and
- agree to have the operation.

The form will be kept in your Patient Notes and you will also be offered a copy for your own records.

You will meet the anaesthetic doctor who will administer your anaesthetic. He/she will discuss either a general anaesthetic or spinal anaesthetic with you.

Please ask if there is anything you do not fully understand about your treatment or if there is anything you are uncertain about.

What kind of anaesthetic will I have?

A rigid cystoscopy is a procedure usually performed under a general anaesthetic, where you will be asleep during the cystoscopy. Alternatively, the anaesthetic doctor may discuss you having a spinal anaesthetic, where a needle is inserted into your lower back and anaesthetic introduced to effectively numb you from the waist down. This effect lasts for approximately three to four hours. The anaesthetic doctor will discuss what type of anaesthetic is most suitable for you just before you have your rigid cystoscopy.

You should also receive a leaflet at your pre-assessment appointment on what you need to know when coming into hospital for surgery.

What happens before my cystoscopy?

You are asked to change into a theatre gown and one of our dressing gowns. You may prefer to bring your own but it must be clean as you are going into an operating theatre area.

You will be taken to the operating theatre where your identity is checked as part of the safety procedures.

If you are having a general anaesthetic, your anaesthetist will speak to you before your examination to discuss any concerns you may have and to check when you last had something to eat or drink.

What happens during the procedure?

A rigid tube containing the cystoscope is inserted in your urethra so that the doctor can examine your bladder and urethra. Salt water will be passed into your bladder to give the doctor a better view. The water is let out after the examination is finished. Biopsies (small tissue samples) are sometimes taken from the bladder lining for microscopic analysis. If you have a stent tube in your kidney pipe (ureter), this may be removed or changed. Your doctor will discuss this with you.

Sometimes surgery on the urethra may take place during a general anaesthetic cystoscopy. Such surgery may take the form of urethral dilatation (a stretch of the urethra) or optical urethrotomy (surgical release of scar tissue in the urethra). Your surgeon will discuss this with you in clinic if it is known in advance that this is necessary.

You will be given an injectable antibiotic into a vein in your hand/arm before the procedure, as part of the anaesthetic, after checking for any allergies.

What are the benefits of having a rigid cystoscopy?

A rigid cystoscopy is a relatively simple and painless way of examining thoroughly the lining of your bladder and urethra (and prostate if relevant). It can also help to diagnose or treat abnormal urethral and bladder disease.

Are there any risks in having a cystoscopy?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than one in 10)

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

Occasional (between one in 10 and one in 50)

- Infection of the bladder requiring antibiotics
- Finding of cancer or other abnormalities which may require further surgery or other therapies
- Permission for telescopic removal/biopsy of bladder abnormality/stone if found
- Inability to remove stent requiring further treatment

Rare (less than one in 50)

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair

Hospital Acquired Infection

- Colonisation with MRSA (0.9% - one in 110),
- Clostridium difficile bowel infection (0.2% - one in 500),
- MRSA bloodstream infection (0.08% - one in 1,250).

What are the alternatives to a rigid cystoscopy?

There are no real alternatives to cystoscopy. Sometimes, however, the cause of problems in your bladder or urethra can be diagnosed from x-rays or tests of your blood or urine, but cystoscopy is usually the best way of examining you. Alternatives to having a biopsy are an open operation or to keep observing your symptoms.

How will I feel after my cystoscopy?

For about 30 minutes your bladder will feel very full. You may feel a slight burning sensation when you pass urine and notice a slight blood staining of the urine. This is normal and will clear in a few days. If these symptoms continue or become worse, please contact your GP. For 12 to 48 hours following your cystoscopy, you may feel tired (an effect of the anaesthetic). We advise you not to drive or operate any machinery during this period.

What happens after my rigid cystoscopy?

You are taken to the recovery area where a nurse will check your progress. When the nurse is happy with your recovery, you will be returned to your trolley or bed in the ward area. You will be offered a drink when you are able to sit up.

Before leaving the operating theatre, some inpatients are fitted with a catheter (a thin tube inserted into the bladder through the urethra) to help them to pass urine. The catheter is usually removed on the ward one to two days after cystoscopy.

When can I go home?

The aim is for you to go home the same day wherever possible. Following a general anaesthetic, you will be able to go home with an adult who can look after you when you are comfortable, have eaten and drunk, and have passed urine at least once. Following a spinal anaesthetic, the same rules apply, but the spinal anaesthetic needs to have worn off as well (i.e. you have to be able to walk around comfortably).

If you are staying as an inpatient, you will usually stay in hospital for one night.

Your surgeon will discuss your operation with you before you go home.

If you have had a general anaesthetic you **must not** drive yourself home, cycle or use public transport for the first 24 hours after your cystoscopy.

Before you leave the hospital

A nurse will go through the discharge instructions with you and tell you about the care you need at home. Please ask if you are unsure of any of the instructions.

What should I do if I have any problems or worries about my procedure after going home?

If you have problems after discharge, you can contact the following for advice:

During the first 24 hours after your operation please contact the Hospital or Ward where you have received treatment:

York Hospital Wards:

Day Unit between 8am and 5pm	01904 726010
Ward 14 between 5pm and 8am	01904 726014

Scarborough Hospital Ward:

Haldane Ward (Scarborough)	01723 342306
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If you have continuing problems and need further advice please contact your Urology Specialist Nurse (see contact numbers on the front cover), your Consultant's secretary or your GP.

Instructions and advice when you leave hospital

Should I drink extra fluids?

Following your cystoscopy you are advised to drink between two and three litres (three and five pints) of non-alcoholic fluid every day for the next three days (in addition to any alcohol you may choose to drink). This will help to reduce the risk of developing an infection in your bladder or urethra and to clear any small blood clots.

Can I bath or shower?

You may bath or shower as usual. The first time you bath or shower at home you may feel light-headed or faint. You should, therefore, leave the bathroom door unlocked and arrange for someone to check periodically that you are safe.

When can I resume my usual activities?

Following cystoscopy there are no restrictions on your leisure, sporting or domestic activities as long as you feel well enough to do them.

Will my bowels be affected?

Due to the change in your usual routine, you may experience a change in your bowel habit. This could take several days to return to normal.

Drink plenty of fluids and try to eat a high fibre breakfast cereal and wholemeal bread every day. If you feel constipated and the problem is not improving, ask your local pharmacist or GP for advice.

When can I have sex again?

You can resume your usual sexual activities when you feel able to without too much pain and discomfort.

When can I drive again?

You will be able to drive when it is comfortable for you to sit for a period and you have a free range of movement. You must be able to perform an emergency stop without discomfort.

When can I go back to work?

Usually there are no restrictions on when you can return to work following a cystoscopy. If you have a general anaesthetic, however, you may need two or three days off work to recover from its effects.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

If a biopsy has been taken, it may take 14-21 days before the results are available. It is normal practice for all such biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after the discussion.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged for you before you leave the hospital. Your Consultant or named nurse will explain the details of this to you.

Notes to help you prepare

Please help us to ensure your cystoscopy goes ahead by following these instructions:

- If you are having your treatment as an inpatient, please check on the day of your admission that there is a bed available for you.
- If you are having a **general/spinal anaesthetic**, the following instructions are provided to encourage you to drink water, but not to eat for the correct time intervals. Please follow the three rules below:
 1. You should have **no** food or cloudy drinks during the **six** hours before your admission.
 2. You should drink plenty of clear fluids (those you can see through) until **two** hours before your admission.
 3. You should not have anything during the **two** hours prior to your admission.
- If you take any regular medications, please bring a list of these in with you.
- Do bath or shower as usual before your appointment.
- Do wear loose fitting clothes.
- You are welcome to bring your own dressing gown with you or you could use one of ours if you prefer.

- Make-up and nail varnish must be removed before surgery. Please bring varnish remover if necessary.
- Do bring something to help pass the time while you wait, e.g. books, magazines.
- Do arrange for an adult to accompany you home and to stay with you for 24 hours following surgery.
- Do arrange your transport home. Remember you **must not** drive for 24 hours following a general anaesthetic.
- Car parking is available at our Hospitals but we cannot guarantee space will be available. For more information on parking and other transport options please visit our website at www.yorkhospitals.nhs.uk or speak to a member of staff.

Please use this space to make a note of any questions you have or to list any items you need to bring with you.

Useful Websites

For further information on the internet, here are some useful sites to explore:

British Association of Urological Surgeons
www.baus.org.uk
("I'm told I need a....." section)

Best Health (prepared by the British Medical Association)
www.besthealth.bmj.com

NHS Clinical Knowledge Summaries
<http://cks.nice.org.uk/>

NHS Direct
www.nhsdirect.nhs.uk

Patient UK
www.patient.co.uk

Royal College of Anaesthetists
(for information about anaesthetics)
www.rcoa.ac.uk

Royal College of Surgeons (patient information section)
www.rcseng.ac.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Sarah Hillery, Urology Nurse Practitioner, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726315.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566

Email: access@york.nhs.uk

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