

Rigid and Flexible Cystoscopy

Patient Information - Urology Service

What is cystoscopy?

Cystoscopy is a procedure done to visualise or examine the bladder. This is done via a cystoscope inserted via the urethra (tube from the bladder that empties the urine) into the bladder.

There are two types of cystoscopes – rigid and flexible.

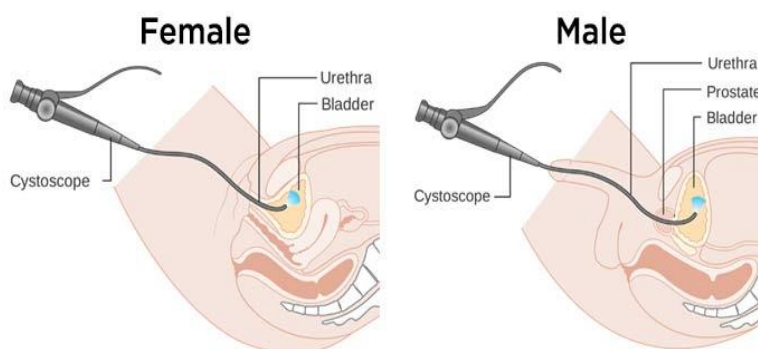
Flexible cystoscope

This is a thin flexible, fibre optic telescope that can be used to view the bladder through the urethra with the patient awake. It is about as thick as a pencil. The fibre optics allows the urologist to see around bends.

Rigid cystoscope

This is a thin, solid straight telescope that can be passed into the bladder, through the urethra. A rigid cystoscopy is performed under general or spinal anaesthetic and allows various minor procedures to be performed at the same time.

Such procedures may include taking tissue samples (biopsies), or destroying abnormal tissue with heat (diathermy), or inserting/removing stents into the ureter (tube for urine from the kidneys to the bladder), or removal of bladder stones.



The type of cystoscopy you will have depends on the reason for your procedure.

Why do I need cystoscopy?

Cystoscopy can be used to diagnose:

- Inflammatory conditions of the bladder and bladder stones
- Cancerous growths in the bladder
- Strictures of the urethra

- Stenosis (stiffening) of the bladder neck
- Bleeding of unknown cause
- Monitor progress of conditions.

Cystoscopy can also be used to remove stents (ureteric stents).

What happens on the day of my operation?

Outpatients: flexible cystoscopy

If it is done as an outpatient appointment, you will be asked to come to the Christchurch Outpatients building (level 4). There is no special preparation that is required and please eat and drink normally and take your regular medications (unless otherwise advised to do so).

Theatre: rigid cystoscopy

If it is done as a day surgery, you will be asked to come to the Day of Surgery Admissions (DOSA) ward at Christchurch Hospital.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water. You should bring your own medications with you to hospital.

You will have a clean hospital gown and protective stocking fitted.

If your surgery is performed under general anaesthesia, the anaesthetist will discuss this with you before your surgery.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes.

Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens during my operation?

A cystoscopy usually takes approximately 45 mins and is performed by inserting a rigid/ flexible cystoscope via urethra into the bladder. You will be given some sedation by the anaesthetist. After inserting the cystoscope, the surgeon visualises the bladder or if it is for removal of a stent, it will be removed.

What to expect after my operation?

After the operation, you will be in recovery and will be monitored closely until you are fully out of sedation. After this you will be transferred to the Urology Unit or day surgery unit as discussed with the urologist.

Nurses will continue to monitor your vital signs and urine output for a few more hours. If you have a catheter and stay the night in the ward, the next day your catheter will be removed. If you don't have a catheter, the nurses will ask you to use a bottle to pass urine, to measure urine output and bleeding. Nurses will encourage you to mobilise and drink adequately.

What happens after discharge?

Please contact your GP or visit the Emergency Department at Christchurch or Ashburton Hospital if you are experiencing chills, fever or pain in your bladder or back, or your urine is cloudy and offensive smelling these symptoms are indicative of a urinary tract infection and require treatment.

It is normal to have slightly blood stained for the first few days after discharge from hospital, and this should resolve within one to two weeks. If bleeding persists, becomes heavy or clots appear, seek medical advice.

You might experience abdominal pain and a burning sensation when urinating. These symptoms are generally mild and gradually decrease after the procedure.

Drink at least one to two litres of fluids over a day is possible, this includes your fruit juice, cordial and tea in addition to water.

Possible complications

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

Bleeding

Some bleeding will be expected after the surgery. Nurses will monitor your vital signs (blood pressure and pulse) and urine for signs of excessive bleeding. Nurses will also advise you to drink adequately to flush out and improve the colour of the urine.

Infection

Your temperature will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given during your operation.

You can also assist with the prevention of infection by maintaining good hygiene, doing deep breathing exercises and early mobilisation also helps.

Contact information

If you have any concerns or questions regarding this procedure, please contact the Urology Unit at Christchurch Hospital, on (03) 364 4307.

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz