



CYSTOSCOPY: EXAMINATION OF THE BLADDER

What is cystoscopy?

Cystoscopy is a procedure which enables the doctor to look inside the bladder and the urethra.

A thin flexible tube with a viewing camera is inserted via the urethra and into the bladder. The bladder is slowly filled with sterile water. The doctor is then able to move the camera around the bladder and can see everything in the bladder including the lining.

It is more likely than other tests, like urine tests or ultrasound, in up picking problems such as:

- » stones
- » surgical materials (from previous surgery)
- » bleeding
- » tumours
- » structural abnormalities.

The procedure can be done in the Ambulatory Gynaecology Service (AGS) or Operating Theatre, depending on your symptoms. Your doctor will recommend where is best for you.

About the test

- » Regardless of where the procedure is done, it will take approximately 30 minutes.
- » If the procedure is done in the AGS you will be given a local anaesthetic gel to numb the urethra; you will be awake.
- » If the procedure is done in the Operating Theatre you will be given a general anaesthetic. If necessary, the doctor may take a biopsy.
- » Your bladder will be emptied with a catheter and a urine sample will be collected for testing.
- » When the camera is inserted it can be uncomfortable; however, most women do tolerate it well.
- » There is a small risk of developing a urinary tract infection. Please drink extra fluid after the procedure. If urinary symptoms persist consult your local doctor or the emergency department immediately.
- » When the procedure is performed in AGS after the test the doctor will discuss the findings with you.
- » When the procedure is performed in the Operating Theatre a follow-up appointment is often needed because you have had an anaesthetic.

Are there any risks?

The risk of complications with this procedure is low, they include:

- » urinary tract infection
- » bleeding
- » injury to the bladder or urethra
- » complications after a general anaesthetic.

If you would like more specific information about the level of risk speak to your doctor or anaesthetist who can provide you with more detailed information.

Informed consent

This Patient Information contains detailed information about a surgical procedure. Its purpose is to explain to you as openly and clearly as possible the procedures and risks involved before you decide whether or not to proceed.

Please read this information carefully. Feel free to ask questions. You may also wish to discuss the procedure with a relative or friend or your local health worker.

If you need more detailed information your doctor or nurse can recommend further reading.

Once you understand the surgical procedure and risks, and if you agree to proceed, you will be asked to sign the Consent Form (for procedures undertaken in the Operating Theatre). By signing the Consent Form, you indicate that you understand the information and that you give your consent.

Your surgeon will be happy to answer any questions you have, and can give you more specific advice.

Please keep a copy of this Patient Information for your record.

For more information and advice

Urogynaecology Pelvic Floor Service

Midwife and Continence Advisor

The Royal Women's Hospital

Tel: (03) 8345 2000

CYSTOSCOPY

ADVICE FOR GOING HOME AFTER YOUR PROCEDURE

Before leaving hospital

Before you leave hospital, make sure you have:

- » any medicines you brought to hospital
- » medicines or prescriptions from the doctor to help with your recovery
- » a letter to take to your local doctor (GP) if required
- » an appointment to return to the clinic for a check-up, (usually in six weeks unless the doctor wants to see you earlier.) If an appointment is not made at the time of your discharge, it will be sent out to you in the mail.

Looking after yourself after a general anaesthetic

For the first 24 hours after your procedure

- » Make sure you get adequate rest. No heavy lifting, housework, or cooking.
- » Gently ease back into normal activities over the next few days.
- » Do not drive a car.
- » Do not drink alcohol.
- » Do not operate machinery or electrical appliance which can cause injury.
- » Do not sign any legal documents.
- » Please take care when walking and moving about as it is normal to feel light-headed after anaesthetic and pain medications.

After the test

- » Many people experience frequency and burning with urination just after the procedure. Increasing your fluid intake will help minimise this.
- » The urine may have a pink tinge (minor bleeding) which you should not be concerned about if it fades away. Increasing your fluid intake will also help with this.

Please contact your local doctor or attend your nearest emergency department if you observe any heavy bleeding or clots in the urine or you:

- » develop a fever, or severe pain
- » have signs of infection (frequency, urgency, smelly/cloudy urine).

If you have any concerns

As a Day Surgery patient of the Women's, you will be offered a follow-up phone call on the day after your surgery to check on your progress.

If you experience complications or have any concerns after you leave hospital, please see your local doctor or go to your nearest hospital emergency department.