Having a flexible cystoscopy – examining your bladder

This leaflet aims to answer your questions about having a flexible cystoscopy. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a cystoscopy?
The urinary system is made up of the:
- kidneys
- ureters – the tubes that links the kidney and bladder
- bladder
- urethra – the tube that urine passes through from the bladder before leaving the body.

A cystoscopy is a procedure that looks at the bladder and other parts of the urinary system. It involves inserting a special tube, called a cystoscope, into the urethra and then passing it through to the bladder. There are two types of cystoscope: rigid and flexible.
A rigid cystoscope is a solid, straight tube with a light at one end and is often used to take samples, or carry out surgery.

Your examination will use a flexible cystoscope, which is a fibre-optic tube that can move around bends in the urinary system. It is about the thickness of a pencil and has a tiny video camera on one end, so the doctor can view an image of your urinary system on a screen.

Flexible cystoscopes are generally used to help make a diagnosis or to see if a treatment has been successful.

Both types of cystoscope have side channels, where other instruments can be inserted, for example, to take a biopsy (tissue sample) or a urine sample or to remove a ureteric stent (tube in the ureter) if required.

Why do I need a cystoscopy?
Some urinary symptoms – such as those outlined below – are due to problems in the bladder or urethra. Sometimes the cause of your symptoms will be clear from X-rays or tests of your blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder.

A cystoscopy can help to diagnose the causes of symptoms such as:
- blood in your urine (haematuria)
- frequent urinary tract infections
- difficulty or pain when urinating (passing urine)
- incontinence (inability to control when you urinate).

What are the risks?
There are risks associated with most procedures. Your doctor will explain the potential complications of a cystoscopy before asking for your verbal consent to go ahead with the procedure. Please ask questions if you are uncertain.

A cystoscopy is usually performed with no problems whatsoever. Possible side-effects are:
- **Discomfort** – you may feel a stinging sensation when you urinate, but this should only last a day or two. Taking your usual pain-relieving medicine as prescribed on the packet may help. If the pain is severe and lasts for more than two days, please contact us or your GP.
- **Bleeding** – you may have a small amount of bleeding from the cystoscope being passed up the urethra. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after this procedure. Drinking plenty of water (two to three litres spaced out over 24 hours) can help to clear the urine. If your urine remains pink after a few days, please contact us or your GP.
- **Infection** – a urine infection can cause a fever and pain when you pass urine. The risk of this can be reduced by drinking plenty of water after the procedure.

Rare occurrences
- **Temporary insertion of a catheter** – this may be required if you are unable to pass urine normally following the procedure.
- **Delayed bleeding requiring further surgery**.
- **Injury to urethra causing delayed scar formation** – this may require additional surgery in the future to widen the urethra.
Are there any alternatives?
A cystoscopy is the only way to have a close enough look at your urinary system to diagnose certain bladder conditions. If there are any alternatives, your doctor will discuss them with you.

Before the examination
You may be given an antibiotic before the procedure to reduce the likelihood of developing an infection. You will also have a short consultation with your doctor.

During the examination
You will be asked to lie down on your back and the opening of the urethra and surrounding area will be cleaned. Some ‘jelly’ containing anaesthetic will be put in the urethra. This reduces the discomfort when the cystoscope is inserted into the urethra.

When the cystoscope has been gently passed into the bladder, the doctor will insert sterile water into your bladder. This is to help your doctor see the lining of your bladder. It will make your bladder feel full, so you will feel like you need to urinate. This may be uncomfortable.

The procedure will take about five minutes. When your doctor has finished the examination, he/she will gently remove the cystoscope.

When will I get the results?
Your doctor may be able to tell you the results straight after the procedure and arrange the appropriate follow-up.

Will I get a follow up appointment?
If you need a follow-up appointment, we will give this to you before you go home.

What do I need to do after I go home?
You will be able to return to normal activities the on same day as the procedure. You will be able to take a bath or shower and eat and drink normally. You should drink plenty of water (at least two litres per day) to flush out any infection and clear up any bleeding.

Will I need any dressings?
You may want to wear a pad the day after your cystoscopy to protect your clothing from the small amount of bleeding you may have.

Medication
You may be prescribed antibiotics to lower the risk of infection – it is important that you complete the whole course. You must not drink any alcohol until you have finished your course of antibiotics and your symptoms have completely cleared.

What if there are problems at home following the procedure?
Please contact your GP if you:
- are in extreme pain
- have continuous or excessive bleeding
- pass blood clots
- have a raised temperature - 38°C (100.4F) or above
- have difficulty passing urine.
If you think it is an emergency, please go straight to your nearest A&E department.

**Contact us**

If you have any questions or concerns about having a cystoscopy, please contact the **Urology Outpatient Department** on **020 7188 8562 or 8563**. For questions about your appointment, call the clinic clerks on **020 7188 2443**, Monday to Friday, 9am to 5pm.

Outside these hours, please call Aston Key Ward on **020 7188 8860** or Florence Ward on **020 7188 8818**.

**Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

**Your comments and concerns**

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

**Language and Accessible Support Services**

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

**NHS 111**

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

**NHS Choices**

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

**Get involved and have your say: become a member of the Trust**

Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 e: members@gstt.nhs.uk w: www.guysandstthomas.nhs.uk/membership