

Cystoscopy: General Anaesthetic / Local Anaesthetic

For Women: A guide for patients and carers

Your consultant has recommended that you have an internal examination of your bladder. This is called a cystoscopy. This leaflet will answer some of the questions you may want to ask before the examination. It may not cover everything. If you have any questions, please ask.

What is a cystoscopy?

When you have urinary problems (waterworks), your doctor may use a cystoscope to see the inside of your bladder and the lower part of your urinary tract (urethra). The cystoscope is a thin tube with a light at the tip. It has lenses like a telescope or a microscope, which lets the doctor look closely at the inside of the urinary tract up to the bladder.

Why do I need to have a cystoscopy?

A cystoscopy may be recommended for any one of the following conditions:

- Frequent urinary tract infections
- Blood in your urine
- Unusual cells found in urine sample
- Painful urination
- Stone in your urinary tract
- Unusual growth or polyp

Will I be given anaesthesia for the cystoscopy?

This procedure can be performed under local anaesthesia or a general anaesthetic.

Is there anything I need to do before the cystoscopy?

No special preparation is needed. On the day of the investigation, you can eat and drink as normal. Once the investigation has been done, you can leave the unit.

What happens when I arrive?

When you arrive at the hospital, you need to book in at the reception where they will check your details. You will be seen by a nurse who will ask few simple questions about your health and explain the examination to you. Usually you would have signed a consent form in the clinic. If not, then one of the gynaecology doctors will take you through it.

You must tell the nurse if you have ever had any heart surgery, hip replacements, metal clips or any other foreign bodies inside the body as we may need to give you special antibiotics to stop you from getting an infection after the procedure.

Please bring along any tablets or medicines that you are taking.

We will take you to the changing room and ask you to change into a hospital gown. Then a nurse will take you to the procedure room. If you have any worries or questions at this stage, do not be afraid to ask. We want you to

be as relaxed as possible and will not mind answering your questions.

What happens to me during the cystoscopy?

A doctor who is carrying out the procedure will speak to you before the procedure to answer any queries. A nurse will be with you throughout the test.

The anaesthetic gel is instilled into the urethra/ water pipe. Then the tip of the cystoscope is gently inserted into your urethra and slowly moved up into your bladder.

You will be encouraged to relax your pelvic muscles to make this part of the test easier. A sterile liquid will flow through the cystoscope to fill your bladder slowly and to stretch it so that the doctor has a better view of the bladder wall. You may feel some discomfort and urge to urinate. If indicated a biopsy test (tiny piece of bladder wall) will be removed to analyse in the laboratory (histology). You will be able to empty your bladder as soon as the test is over.

Visit by the anaesthetic team:

If you are having the cystoscopy under a general anaesthesia, one of the anaesthetists who will be giving you anaesthetic will come and see you. Please tell the anaesthetist about any allergies, chest problems, dental treatment and any previous anaesthetics you have had, and also any anaesthetic problems within the family.

If your operation is in the morning, you must have nothing to eat or drink after midnight. If you are having your operation in the afternoon, you may have a light breakfast and a drink no later than 6am. The breakfast can consist of cereal and toast; you must not have a large cooked meal as this could affect you during the operation.

Preparation for surgery:

We will give you anti-embolic stockings to help reduce the possibility of blood clots during your stay in hospital. These should be pulled up at all times and not be allowed to roll down. We may give you a pre-medication drug a few hours before your operation, which may cause drowsiness and a dry mouth. A member of staff will go with you to the operating theatre and will hand you over to the care of a member of anaesthetic team.

What happens after the operation?

After the operation you will be taken to the recovery room.

Coming round after general anaesthetic:

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may find you have a:

- Mask supplying oxygen.
- Narrow tube into your vein to replace lost fluids.

Could there be a problem after having a cystoscopy?

Most patients have no trouble after having a cystoscopy. You may have a

mild burning feeling when you urinate; this may happen a few times throughout the day after the test, drinking extra water can help. You also need to empty your bladder regularly.

You may have some bleeding from the waterpipe (urethra) especially if a biopsy is performed. This will settle down on its own. However, should the bleeding persist, please contact your GP.

An occasional problem after a cystoscopy is bladder infection. If you have temperature, pain, persistent burning or bleeding, contact your GP or out of hours, contact your Accident and Emergency Department (A&E).

Are there any restrictions to my activities?

You can resume your normal daily activities like walking, exercise, work etc from the very same day.

You may contact Shirley Oaks Hospital:

By Telephone: 020 8655 5500 is our direct line or

By post: Shirley Oaks Hospital, Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB

Your questions and comments:

If you have a problem when in hospital that the nurses and doctors are unable to resolve, contact the Director of Clinical Services at Shirley Oaks Hospital.

Smoking:

Shirley Oaks Hospital is a no smoking hospital.

Data Protection:

During your visit you will be asked for some personal details. This is kept confidential and used to plan your care. It will only be used by staff who need to see it because they are involved in your care and we may send details to your GP.