

CYSTOSCOPY +/- BIOPSY +/- DIATHERMY +/- RETROGRADE PYELOGRAM

Introduction

A cystoscopy is performed to look at the contents and inner lining of the bladder, prostate or urethra (water passage) if you have had problems passing urine, blood or abnormal cells in the urine, unexplained pain, suspected bladder tumour or remove foreign objects such as stones or stents. A telescope is inserted into the bladder through the urethra, which passes through the penis in men, or the front wall of the vagina in women. Sterile fluid is infused through the telescope to distend the bladder so it can be inspected for abnormalities such as growths or red patches.

What does the procedure involve?

1. Flexible cystoscopy (5-10 minutes under local anaesthesia)
 - a) A small flexible telescope 5mm is used
 - b) Limited procedures can be performed - injections, biopsies or stent removal
2. Rigid cystoscopy (15-60 minutes under spinal or general anaesthesia)
 - a) A slightly larger rigid telescope 6-9 mm is used
 - b) More procedures can be performed, such as:
 - Urethrotomy - stretch or cut scar tissue to widen urethra
 - Biopsy and diathermy - take tissue samples and ablate abnormal areas
 - Hydrodilatation - bladder stretch
 - Cystolitholopaxy - crush and remove stones
 - Retrograde pyelogram - inject dye up the kidney drainage tube
 - Ureteric washings - to check for abnormal cells from the kidney

Any washings, tissue or stone fragments collected are sent to the laboratory for analysis.

What are the risks of surgery?

Common (>10%)

Lightly blood-stained or rose coloured in the urine
Frequency, urgency, burning or stinging when passing urine

Occasional (2-10%)

Infection
Bleeding with clots causing blockage - may require catheter to wash out the bladder

Rare (<2%)

Bladder perforation
Stricture - formation of scar tissue causing blockage of the urethra
Reactions to drugs or anaesthetic agents

What should I do before surgery?

Local anaesthetic (LA)

- Test the urine 2 weeks prior to the procedure to ensure there is no infection
- You should arrive at the hospital 15-30 minutes before your procedure
- If you are on blood thinning medication, discuss this with Dr Ooi
- You do not need to fast for the procedure
- You may drive yourself to the hospital and back home

General anaesthetic (GA)

- Test the urine 2 weeks prior to the procedure to ensure there is no infection
- You should arrive at the hospital 60-90 minutes before your procedure
- If you are on blood thinning medication, discuss this with Dr Ooi
- Do not eat, drink or chew gum for 6 hours before surgery
- You may be discharged on the same or following day

What should I expect after surgery?

Local anaesthetic (LA)

- You may have a flow test and bladder ultrasound to check your flow rate and ensure your bladder has emptied normally
- Dr Ooi will explain the operation findings, provide a copy of the report to you and your general practitioner, and arrange follow-up if required

General anaesthetic (GA)

- You may have a catheter connected to bags of sterile fluid
- The catheter will be removed when the bleeding has settled
- You can be discharged once you can empty your bladder comfortably
- If you are not staying overnight, please arrange for someone to drive you home and stay with you for 24 hours

Take Ural sachets every 4 hours to relieve any stinging or burning whilst passing urine. Blood-thinning drugs can be restarted the same or next day if there is minimal bleeding, and the urine colour is light rose or clear.

Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, passing large clots, difficulty emptying your bladder, fever or feel unwell. General advice is also available on our website in the Procedures section.