

Cystoscopy

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What is a Cystoscopy?

A cystoscopy is a procedure used to investigate your bladder. We use this procedure to look into the cause of urinary symptoms such as urgency, frequency, recurrent urine infections, poor urinary flow and blood in the urine. The cystoscopy should allow us to make an accurate diagnosis and help your specialist to decide on the best treatment plan for you.

Why may I need one?

You may need a cystoscopy if you have any of the following problems:

- Having blood in your urine.
- Bladder pain.

It may also be useful for other problems if they do not respond to usual treatments a cystoscopy can sometimes help to find out what is causing them:

- Passing urine more often than normal.
- Being woken up a lot at night by the need to pass urine.
- Having to rush to the toilet to pass urine.
- Leaking urine on the way to the toilet.

Before the procedure

Prior to your admission date you will be seen in a pre-assessment clinic to ensure you are fit for anaesthetic and to arrange any further tests should you need them.

You will normally be advised to stop any anticoagulants (blood thinning medications) and we will liaise with the haematology department about a regime to come off these medications.

Please bring all your medications with you when you attend the hospital for your pre-assessment and when you attend for your procedure and only stop those medications you have been advised to.

Can I eat and drink?

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic and time of day of your planned procedure

Consent

Your clinician will review your history, medications and take note of any allergies.

They will explain the procedure before gaining your consent to confirm you have agreed to the procedure. If you do not understand anything or would like someone with you, please let the consenting doctor know before you sign.

The nurse will ask you to provide a sample of urine when you arrive so we can exclude any urine infection before proceeding with the procedure. We will be unable to perform the cystoscopy if you have a current urine infection.

If you are having a general anaesthetic, you will also be given a dose of antibiotics intravenously during the procedure, but these will be tablets if you have the procedure performed awake.

The procedure

It is normally carried out in an outpatient clinic using local anaesthetic jelly but there are occasions when a general anaesthetic (fully asleep) is advised. In this case, you will have the procedure performed in theatre and will be seen through the day case unit (Sanderson Suite) at St Helens Hospital.

Local anaesthetic

This is carried out in an outpatient room. You will be asked to bend your legs and place them in supports. The doctor will apply some local anaesthetic jelly into the urethra (the small tube you pass urine through).

This may sting very slightly but will not be painful. After a short wait (for the anaesthetic to take effect), the opening to the urethra will be cleaned and the cystoscope will be gently passed into your bladder. Fluid will be put into the bladder to improve the view so you may feel your bladder filling up.

There will be a television screen showing the view inside your bladder and you will be able to choose whether to watch or not. Either way, the doctor can explain what you are seeing during the procedure.

Once everything has been checked, you will be able to get up and visit the toilet before going home. It is quite normal to have some stinging and discomfort when you pass urine afterwards and also a small amount of blood in the urine too. This should settle down quickly and we would advise drinking plenty of fluid for the next 24 hours to help reduce this feeling

General anaesthetic

If you have had a general anaesthetic the procedure will be carried out in exactly the same way, but in an operating theatre whilst you are asleep. Once the procedure has been done, you will be transferred to the recovery room. The recovery nurse will check your blood pressure and pulse and when you are stable you can be transferred back to the ward where you will be seen by the team to explain the findings.

You will probably need to stay on the ward for two to four hours after your operation. Once you have had a warm drink, a light snack and passed urine you will be allowed

home. You will need a responsible adult to take you home and care for you for 24 hours after the anaesthetic.

You should **not** drive for 24 hours after your procedure primarily because of the anaesthetic. It is your responsibility to make sure you are fit to drive and have appropriate insurance after any anaesthetic/ surgical procedure. You only need to contact the DVLA <https://www.gov.uk/contact-the-dvla> if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

Are there any after effects?

Cystoscopy is not a very invasive procedure but as with any procedure, there may occasionally be complications. The possible after-effects and your risk of getting them are shown below.

Rare after-effects (occurring in less than 1 in 250 patients) have not been listed. The impact of these after-effects can vary a lot from patient to patient. These will be discussed and your clinician will give advice regarding their impact on you as an individual:

After-effect	Risk
Mild burning or bleeding on passing urine for a short period after the procedure	Almost all patients
Infection in your urine requiring antibiotics	Between 1 in 50 & 1 in 100 patients
Blood in the urine for a few days after the procedure	Between 1 in 2 & 1 in 10 patients
Anaesthetic or cardiovascular problems (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

Alternatives

The examination is diagnostic and it is more successful than other tests, like urine tests, X-rays or ultrasound in picking up problems, such as bladder stones, bleeding, tumours and some abnormalities of the bladder.

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:


1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
Monday to Friday (excl. BH) - **0151 676 5619**
- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
8am-9pm Monday to Friday – **01744 64 6089**
- **Pre-assessment Clinic - 01744 64 6395**
9am-5pm Monday to Friday
- **Surgical Assessment Unit - 0151 430 1637**
after 9pm, weekends and bank holidays
- **Outpatients Department Green zone, St Helens Hospital**
9am-5pm Monday to Friday – **01744 64631 / 6300**
- **Main Switchboard – 0151 426 1600**

Further reading

- You can read any of the specific prolapse surgery leaflets available in clinic
- IUGA leaflets - <https://www.yourpelvicfloor.org/leaflets/>
- BSUG Patient leaflets - <https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154>
- Bladder and Bowel organization UK - <https://www.bbuk.org.uk/>
- <https://www.baus.org.uk>



Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

 /sthknhs  @sthk.nhs
www.sthk.nhs.uk