

## Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

**4A Ward – 0151 430 1420**

**4B Ward – 0151 430 1637**

**4C Ward – 0151 430 1643**

**TWOC Clinic – 0151 430 4305**

## Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)

NHS Clinical Knowledge Summaries (formerly known as Prodigy)

NHS Direct

Patient UK

Royal College of Anaesthetists (for information about anaesthetics)

Royal College of Surgeons (patient information section)

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



[www.sthk.nhs.uk](http://www.sthk.nhs.uk)

# Flexible Cystoscopy (+/- Biopsy or Stent Removal)

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.

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## What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## What does the procedure involve?

This procedure involves telescopic inspection of the bladder and urethra with bladder biopsy (if indicated); we can also remove a stent using this telescope.

## What are the alternatives to this procedure?

General anaesthetic cystoscopy.

## What should I expect before the procedure?

Please ensure that your bladder is comfortably full when you arrive because it is likely that we will need to obtain a urine specimen from you before the procedure.

You will first be asked to undergo swabbing of your nose and throat to ensure that you are not carrying MRSA.

You will usually be admitted on the same day as your procedure.

When you arrive, you will be asked to pass urine before the examination. You will be asked to remove the garments on the lower half of your body and to put on a hospital gown.

## What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

## Are there any other important points?

If biopsy samples have been taken during flexible cystoscopy, you and your GP will be informed of the results.

If you have any continuing problems regarding the tests, you can telephone the Specialist Nurses or speak to your GP at his/her surgery.

## Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive.

You should, however, check with your insurance company before returning to driving.

Your doctors will be happy to provide you with advice on request.

## Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

## Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)  
MRSA bloodstream infection

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

## What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)

Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly blood stained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

If you require a stent you will be given iv gentamycin, please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

## What happens during the procedure?

In order to perform the procedure, it is necessary to insert the instrument, which is flexible, into the bladder via the water pipe (urethra). A local anaesthetic jelly is used to numb and lubricate the urethra which makes passage of the instrument into the bladder as comfortable as possible.

Men often find passage of the instrument through the area of the prostate gland uncomfortable but this is momentary.

Once the instrument is in place, the examination will only take a few minutes to complete. Attached to the instrument are a telescopic lens, a light source and some sterile water to fill the bladder so that all the lining can be inspected.

A nurse will remain with you whilst the examination is taking place and will explain anything you do not understand.

### What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move

Once the surgeon or surgical care practitioner has completed the examination, he/she will remove the instrument and will explain the findings.

You will also be advised of the need for any further treatment.

You will then be able to walk to the toilet to pass the fluid that has been used to fill your bladder. Finally, you will be taken back to your cubicle where you can wash and dress yourself.

The average hospital stay is less than 1 day.

### Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

#### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation
- Biopsy of abnormal areas in bladder (this may require a further procedure under a general anaesthetic)

#### Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics

#### Rare (less than 1 in 50)

- Temporary insertion of a catheter
- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar information