Cystoscopy & evacuation of blood clots from the bladder: procedure-specific information

What is the evidence base for this information?
This leaflet 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 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 the inspection of the bladder and urethra with a telescope and removal of clots with suction; occasionally bladder biopsy or removal of abnormal areas with the use of a heat diathermy.

What are the alternatives to this procedure?
Washout of clots with a catheter, observation or irrigation.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery although many patients requiring this procedure have already been admitted as an emergency. If you are to be admitted electively, a pre-clerking appointment will also be sent to you to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist 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 prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
• a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a
  neurosurgical dural transplant or previous injections of human-derived
  growth hormone)

What happens during the procedure?
Either a full general anaesthetic (where you will be asleep throughout the
procedure) or a spinal anaesthetic (where you are awake but unable to feel
anything from the waist down) will be used. All methods minimise pain; your
anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after
checking for any allergies.

A telescope is inserted through the water pipe (urethra) to inspect both the
urethra itself and the whole lining of the bladder.

Blood clots are removed using suction through the telescope. Once the bladder
is free of clots, it may then be possible to identify the cause of any bleeding and,
If appropriate, this will be treated at the same time.

What happens immediately after the procedure?
A catheter will normally be inserted into the bladder after this operation to allow
irrigation of fluids and prevent further formation of blood clots. Once your urine
is clear, the catheter will be removed. You will normally be allowed home once
you have passed urine satisfactorily.

The average hospital stay is 5 days.

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.

Please use the check boxes to tick off individual items when you are happy that
they have been discussed to your satisfaction:
Common (greater than 1 in 10)
- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter

Occasional (between 1 in 10 and 1 in 50)
- Infection of the bladder requiring antibiotics
- Finding of cancer or other abnormalities may require further surgery or other therapies
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found

Rare (less than 1 in 50)
- Further bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates 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?
When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

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 bloodstained.

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?
A follow-up appointment will be arranged before your discharge from hospital and may involve an outpatient clinic appointment, drug therapy or further urological treatment, depending on the cause of your bleeding. If you have any
concerns about the timing of further treatment, please discuss this with your named nurse or Consultant.

**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.

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

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

**Oncology Nurses**
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  pals@addenbrookes.nhs.uk
- Mail
  PALS, Box No 53
  Addenbrooke’s Hospital
  Hills Road, Cambridge, CB2 2QQ
What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..........................................................Date..............................................

How can I get information in alternative formats?
Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish  
Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese  
Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk
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Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169.