Cystoscopy & hydrodistension of 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 telescopic inspection of the bladder, over-distension of the bladder and possible bladder biopsy or removal of abnormal areas using heat diathermy.

What are the alternatives to this procedure?
Various medications taken orally or instilled into bladder, augmentation (enlargement) of the bladder with intestine, observation.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, 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.

The capacity of the bladder when full is measured and the bladder is then stretched gently with fluid, under slight pressure, to increase its capacity.

What happens immediately after the procedure?
A catheter will normally be inserted into the bladder after this. 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 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.

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 a short period after the operation
☐ Temporary insertion of a catheter
Often a biopsy of the bladder may need to be performed at the same time

**Occasional (between 1 in 10 and 1 in 50)**
- Infection of the bladder requiring antibiotics
- There is no guarantee of relief of bladder symptoms
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found

**Rare (less than 1 in 50)**
- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Perforation of the bladder requiring a temporary urinary catheter or return to theatre for 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 between 6 and 12 weeks after the operation. You may be asked to complete a frequency-volume chart on arrival in the Clinic, to assess the effects of the 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.

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
Chaplaincy and Multi-Faith Community
- Telephone
  +44 (0)1223 217769
- E mail
derek.fraser@addenbrookes.nhs.uk
- Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
- Telephone
  +44 (0)1223 274604

Access Office (travel, parking & security information)
- Telephone
  +44 (0)1223 586969

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.......................................
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

Document history
Author(s) Nikesh Thiruchelvam (on behalf of the Consultant Urologists)
Department Department of Urology, Box No 43
Addenbrooke’s Hospital
Cambridge University Hospitals NHS Foundation Trust
Hills Road
Cambridge, CB2 2QQ
www.addenbrookes.org.uk
Contact number 01223 216575
Fax number 01223 216069
Dept website www.camurology.org.uk
First published May 2005
Review date April 2014
File name Cystoscopy & hydrodistension of the bladder
Version number 5.0
Ref 18/Urol_04_11

Cystoscopy & hydrodistension of the bladder
Page 6 of 6