
Flexible cystoscopy (\pm biopsy or stent removal): 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 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 & 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.

You will then be given an antibiotic tablet after checking for any allergies, to reduce the risk of urinary infection.

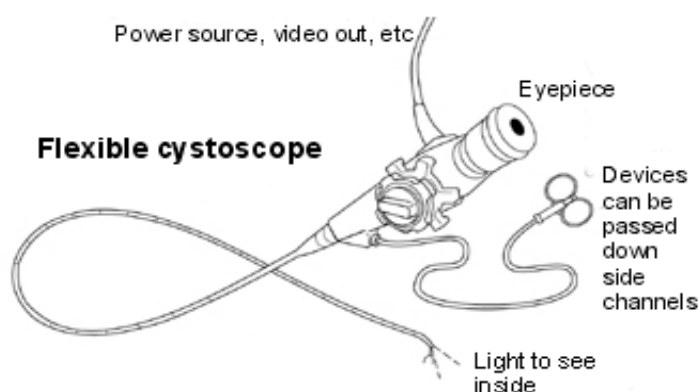
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- 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?

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?

Once the doctor 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.

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
- 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 formation

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 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. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

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.

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.....

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

Russian Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।



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	Flexible cystoscopy (± biopsy or stent removal)
Version number	5.0
Ref	11/Urol_04_11