

## FLEXIBLE CYSTOSCOPY(± BIOPSY OR STENT REMOVAL)

### What evidence is this information based on?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice. You should read this leaflet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

### What does the procedure involve?

Telescopic inspection of the bladder and urethra with bladder biopsy (if indicated); a stent can also be removed during this procedure.

### What are the alternatives to this procedure?

Alternatives to this procedure include cystoscopy under general anaesthetic (with you asleep) and no treatment.

### What should I expect before the procedure?

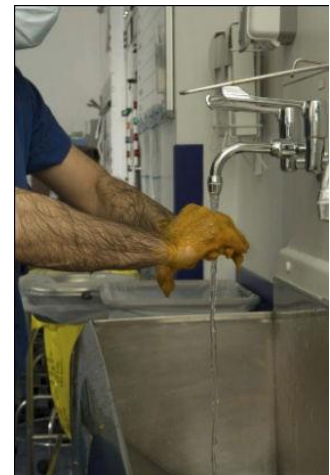
Please ensure that your bladder is comfortably full when you arrive. It is likely that we will need to obtain a urine specimen from you before the procedure.

You will 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, after checking for any allergies. This is to reduce the risk of urinary infection.

### Please tell your surgeon (before 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 a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant - CJD (if you have had a corneal transplant, a neurosurgical dural transplant or



- injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. 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 a flexible cystoscope (pictured) into the bladder via the water pipe (urethra). We use local anaesthetic jelly to numb and lubricate the urethra. This makes introduction of the instrument into the bladder as comfortable as possible.



Men sometimes find passage of the instrument through the area of the prostate uncomfortable. Any such discomfort only last for a few seconds.

Once the instrument is in place, the examination takes 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 during the examination and will explain anything you do not understand.

### What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- 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; and
- make sure that you are clear about what has been done and what happens next

Once the surgeon or surgical care practitioner has completed the examination, he/she will remove the instrument and explain the findings. You will also be advised whether any further treatment is needed.

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

The average hospital stay is less than one day.

### Are there any side effects?

Most procedures have possible side effects.





But, although the complications listed below are well recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation.

### 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

- Colonisation with MRSA (0.9% - 1 in 110).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
- MRSA bloodstream infection (0.02% - 1 in 5000).

**Please note:** The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

## What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- 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); and be sure that you know when you get the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You should drink twice as much fluid as you would normally for the first 24 to 48 hours to flush your system through. Any stinging or blood in the urine usually settles rapidly if you continue to drink plenty of fluid.

### 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 surgery.

### Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.





## Department of Urology Patient Information

### How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

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### Document history

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