



Cystoscopy

The procedure is carried out in order to obtain a diagnosis for patients with symptoms such as recurrent infection, pain, bleeding, difficult or frequent urination.

Cystoscopy is a procedure which is carried out using an endoscopic instrument to visualise the lower urinary tract, which includes the bladder and the urethra (pipe draining the urine to the outside).

Cystoscopy is usually carried out as a day surgical procedure, and generally speaking admission to hospital overnight is not required but may be necessary if further procedures are carried out. The need for admission will be discussed with the patient the procedure has been completed. This is necessary in less than 1 in 3000 patients.

The procedure is usually carried out under a general anaesthetic with a rigid instrument. That is, the patient is completely asleep. Sometimes the procedure may be carried out under regional anaesthesia where the patient is given an injection into a vein to induce drowsiness and another injection is placed in the patient's back so there is no feeling or pain below the waist. Alternatively if it is proposed to carry out a Flexible Cystoscopy, the patient is usually wide awake with no sedation and a local anaesthetic jelly is injected down the urethra in order to reduce sensation. This is done without the use of a needle.

The advantage of Flexible Cystoscopy is that fasting is not needed and sedation, or anaesthesia (regional or general) is not needed. The disadvantage of Flexible Cystoscopy is that if there is a lesion present which might require removal or biopsy, (sampling) then that may not be possible to be carried out using the flexible cystoscope, and it may be necessary for the patient to return at a later date and have a general anaesthetic in order for the lesion to be removed with a similar rigid instrument. If with a routine cystoscopy (rigid), a lesion is seen, then all efforts are made to completely remove that at the time of the procedure. This is usually referred to as a transurethral resection. If the patient is a male and the problem is enlargement of the prostate, a prostate operation will NOT be carried out at that time. The proposed procedure will be discussed with the patient prior to proceeding at a later date.

If it is necessary to remove tissue, then there will be an additional charge for that procedure and the patient will receive an account from the Pathologist to whom it has been sent for examination.

Admission to Hospital

The patient must bring all medications to hospital at the time of admission. No medications should be ceased unless the patient is instructed to do so by the Doctor.

Before Theatre

Your admitting nurse will take down your history and prepare you for theatre. This may include:

- Collecting a sample of urine before the procedure
- A shower with careful attention to the genital area
N.B. soap only, no powder or deodorant

It will include:

- Dressed in theatre attire
- Consultation by the Anaesthetist and pre-med given if ordered
- Nursing staff will escort you to theatre
- You continue to remain fasting until after the operation which means nothing to eat, drink, including lollies and chewing gum.
- Please do not smoke prior to your anaesthetic

Generally speaking you will fast for 4-6 hours pre-operatively which means no intake of anything what so ever including water.

After the Operation

When the operation is over, you will spend a short time in the recovery room where the nurses will monitor you closely until you wake up or regain feeling in your legs (if you have had a spinal anaesthetic). The staff will take your pulse, blood pressure and temperature regularly for the first couple of hours. This is routine.

There may be an IV (drip) in place which is providing you with liquid until you are able to drink normally. There may be some bleeding in the urine but it is usually of small amounts as a result of the manipulation and will settle spontaneously with a good fluid throughput.

Occasionally there is some discomfort on passing urine and this may be helped by Ural or Citravscant. You will be reviewed prior to being discharged from Day Surgery and the findings, diagnosis and proposed plan of management outlined. It is often a good idea to have a carer with you who is driving you home to be present at that time in order that some drowsiness associated with the anaesthetic does not affect your understanding.

An appointment for review at the consulting rooms will be made prior to your discharge.