Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Rigid Cystoscopy

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Rigid Cystoscopy Patient Information

Day Surgery - Ward 3, Leigh Infirmary

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Introduction

Welcome to:

Day Surgery

Ward 3,

Leigh infirmary

The Avenue

Leigh

WN7

Ward 3, 7:30am to 8:30pm, Monday to Friday, Telephone: 01942 264260 or 264261

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered by this leaflet, please feel free to speak to a member of staff.

What is a rigid cystoscopy?

The procedure involves inspection of the bladder and urethra with a rigid optic telescope (cystoscope).

The cystoscope is passed into the bladder via the urethra (the tube that takes urine from your bladder to the outside of your body). As the cystoscope is passed the surgeon will examine the urethra looking for any narrowing and or for evidence of obstruction on passing through the prostate (in men).

The cystoscope is then passed into the bladder where the lining is inspected for abnormalities, such as pouches (diverticulae), tumours, or stones (calculi). The lining of the bladder is examined to see if it is inflamed, pale, or if it looks in any way abnormal. The capacity of the bladder and any deformities are assessed. The openings of the ureters into the bladder (urinary passages from the kidneys) are inspected. The link to the urethra (bladder neck) is also looked at carefully.

Usually, the procedure takes less than half an hour.

Benefits

A cystoscopy can help diagnose the causes of symptoms such as:

- Blood in your urine (haematuria).
- Frequent urinary tract infections.
- Difficulty in passing urine.
- Persistent pain when you pass urine.
- Incontinence (inability to control when you urinate); and
- Unusual cells found in the urine.

A cystoscopy can be performed to take samples of tissue (biopsies) or to treat certain problems within the bladder or urethra or to monitor certain conditions.

Alternatives

Some urinary symptoms, such as those outlined above are due to problems in the bladder, urethra, or prostate. Sometimes the cause of your symptoms will be clear from x-rays, blood tests or a sample of urine, but often the only way your doctor can be sure what is going on is to look inside your bladder as this compliment the above investigations. Often a cystoscopy is normal, however the procedure can help to rule out certain causes of your symptoms.

Are there any risks involved with this procedure?

A rigid cystoscopy is usually a safe and effective way to see if there is a problem with your bladder and urethra and to treat certain problems within the bladder and urethra. But as with all procedures there are risks involved, which are outlined below. Speak to your surgeon for advice about the risks and their impact on you as an individual.

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.

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)

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to urethra causing delayed scar formation.
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

Findings of any abnormalities or suspected cancer may require further surgery or other therapies.

Pre-Operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests ECG's; as necessary. The nurse will advise you about your operation. He/she will explain to you about your pre- and post-operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival at hospital.

How long will I be in hospital?

Wards 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan

Before you come into hospital

Before you come into hospital you will need to bath or shower.

Admission to hospital

On arrival to hospital, you will need to book in at the admissions desk, which is situated on the ground floor below Ward 3. You will then be directed to the ward; here you will meet your nurse and other members of the team who will be looking after you. The facilities and general routine of the ward will be explained to you.

(Please note that you are on a theatre list with several other people; so be prepared for a wait.)

Who will see you?

The Doctors

You will be seen on the ward by the surgeon, who will confirm your consent for operation. This is a good time to ask any questions you have or talk about anything worrying you.

The Anaesthetist

This is the doctor who will give you your anaesthetic and look after you during the operation. To assist him you will be asked to complete an anaesthetic questionnaire. Speak to the anaesthetist if you have any worries or concerns.

Going to theatre

You will be asked to put on a theatre gown. A nurse will check that you have a wristband on with your name, ward, and Unit number and that your documentation and test results are in order. A special checklist is used to ensure nothing is overlooked. On arrival to theatre your anaesthetic nurse will escort you to the anaesthetic room where your anaesthetic will be administered.

After the operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic to wear off. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. After the operation there is a small chance of a urinary catheter being left in place. The surgeon will advise how long the catheter needs to stay in place.

Back on the ward

You will continue to be monitored on the ward. Your blood pressure, pulse will be checked. Refreshments will be offered; you will be able to have these as soon as you feel ready. You will be encouraged to drink water to help you pass urine.

Will I be in pain?

Some patients will experience a degree of discomfort. You may feel that you need to pass urine, although you may find this difficult as your bladder will be emptied at the end of the procedure. You will have been given pain-killing drugs in theatre. You will be closely monitored to ensure that you are comfortable and if not, you will be offered and given pain relief, as appropriate.

Medication

You may or may not be provided with painkillers to take home therefore, it is advised that you obtain your own analgesia prior to admission. Sometimes you may be prescribed antibiotics to reduce the risk of infection and it is important that you complete the whole course.

Going home

You must make sure an adult can collect you from the ward and take you home in a car. You will need to go to bed or rest on the settee when you get home. An adult must stay with you for the first 24 hours after your operation. You must not drink alcohol for a minimum of 48 hours. You must not drive a car for a minimum of 24 hours after your operation. Please check with your insurance company. You should drink two to three litres of water spaced out over 24 hours to help you pass urine and reduce the risk of infection.

Returning to work

You should be able to go back to work a day or two after your procedure, unless told otherwise.

Sexual intercourse

You should not have sexual intercourse until any swelling or bleeding has cleared, to reduce the risk of infection.

What to look out for

Please contact or go to your local accident and emergency Department Telephone

01942 244000 if you experience:

- Severe pain
- Continuous or excessive bleeding
- Passing blood clots
- Raised temperature
- Difficulty or if you are unable to pass urine.

When will I get my results?

The surgeon may be able to tell you the results of what they saw inside your bladder straight after the procedure. However, if you have had any biopsies taken, these will need to be sent away for testing. You will not always be given an outpatients appointment, the surgeon may write to you and send the results to your G.P.

Acknowledgement

Possible side effects and the ratios from the BAUS information leaflet.

The BAUS website includes a section dedicated to information for patients – please go to www.baus.org.uk/patients

The British Association of Urological Surgeons Limited registered in England and Wales.



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