



**Brighton and Sussex  
University Hospitals**  
NHS Trust

# Your visit to the Outpatient Cystoscopy Clinic

Department of Gynaecology

**Patient Information**

## You have been offered an appointment at the Outpatient Cystoscopy Clinic. This leaflet explains to you:

- What this clinic is
- How to prepare for this clinic
- What to expect during this clinic.

### What is the Outpatient Cystoscopy Clinic?

The Outpatient Cystoscopy Clinic is a clinic where cystoscopy can be carried out without you having to be admitted to hospital or have anaesthesia (be put to sleep).

Cystoscopy is an operation carried out to examine the inside of your bladder (water works) and urethra (pipe that takes urine out).

The operation is carried out using an endoscope (camera) that goes inside the bladder and urethra.

Some patients also have the operation to have injections into the bladder wall, to calm down an overactive bladder, so as to help them avoid having to rush to the toilet or go to the toilet all the time to pass urine. If you are one of these patients, your doctor will point this out to you and provide you with a special information leaflet about this part.

Other patients have the operation to have injections made at the bladder neck to stop them wetting themselves when they cough and sneeze (stress incontinence of urine). If you are one of these patients, your doctor will point this out to you and provide you with a special information leaflet about this part.

**By having this as an outpatient appointment, you do not have to be admitted to hospital. This will save you;**

- Having to come to the pre-admission clinic
- Having tests before the admission
- Having to fast before coming to hospital
- Having to wait for the operation and facing the potential cancellation if there are no beds
- Having to stay in hospital after the operation.

You will also recover quicker after surgery.

This option gives you a choice between having the procedure in the clinic or being admitted to hospital. You can choose the option that suits you and your circumstances (family / work) best.

## Why do I need a cystoscopy?

**This procedure helps patients suffering from problems like;**

- Pain in their bladder: to look any ulceration or bleeding, and to identify those with painful bladder syndrome.
- Frequency and/or urgency of urination as well as urge incontinence (leakage of urine on the way to the toilet) that do not get better with fluid advice, bladder training and/or medications: to look for abnormalities such as stones and/or tumours.
- Difficulty passing urine: to look for stricture (narrowing) or diverticula (side pouching) of the urethra.
- Frequent urinary tract (water works) infection to rule out any abnormality (especially diverticula, which is side pouching of the bladder and/or stones).
- When there is blood and/or abnormal cells in the urine to pick any abnormality (especially cancer) and refer patients to the team that can help them.

## How to prepare for this clinic?

You are welcome to bring your partner, relative, carer or a friend with you. You may prefer not to drive afterwards, especially if you are having a bladder wall or bladder neck injection. Before attending the unit please don't use moisturiser on your body.

Recovery is likely to be short after this outpatient procedure, but you need to consider making any arrangements for family and/or work for few days.

If you have not already completed a frequency volume chart and quality of life questionnaires, you might be asked to do so before the clinic. You might be asked for permission to enter your data on the national database for continence and prolapse surgery. This is a quality control measure to compare the safety and effectiveness of such procedures at the hospital against other units in the country.

## What does the clinic involve?

Before the cystoscopy takes place, you may see the doctor to check that you still need the procedure and confirm that you are happy to have it done. You might be asked about any change since you were last seen in clinic and this will also be an opportunity for you to ask any questions. It may be helpful to jot down any questions in advance. You may be asked to sign the consent form, if you have not done so already.

You will be taken to a private area to change and a nurse can help you with this, if required.

You will be asked to sit on the examination couch or a recliner seat. You will be covered and the area around your urethra will be cleaned, to avoid any infection.

Local anaesthetic is then inserted, to ensure that you are comfortable.

This will be inserted via a catheter (a thin tube) passed through the urethra and into the bladder. Time is allowed for the anaesthetic to take effect, so that you do not feel pain. You may be asked to lie on your tummy for five minutes, on each of your sides for five minutes and on your back for five minutes, to get the local anaesthesia to cover the whole surface of the bladder.

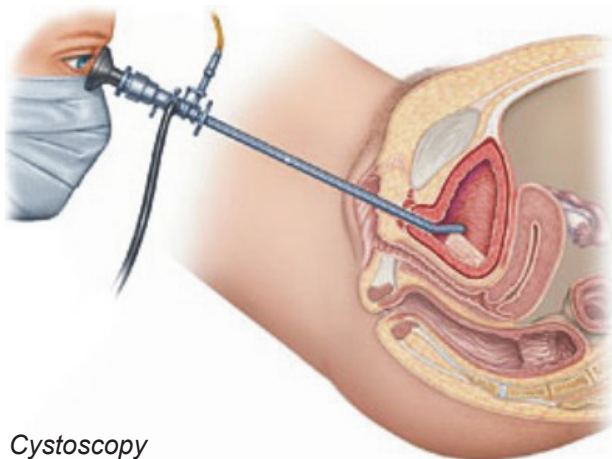
When you are comfortable the camera will be introduced and you will be able to watch it on the screen, if you wish. The urethra and bladder are looked at systematically to detect any abnormality.

A biopsy might be taken from any suspicious area(s), if required. The operation takes about 10-15 minutes.

You will feel as if you want to pass urine (water) but should not experience pain. If you do feel pain, let the doctor and the nurse know so that they can help you.

Some patients will need antibiotics to avoid infection. If you are one of these patients, this will be organised for you. If you have any allergies, it will help to let the doctor and/or nurse know.

The doctor will explain the findings and the next step in the management of your condition(s). You will be able to go home shortly after the clinic.



*Cystoscopy*

## What are the risks?

**There are risks with any procedure but these are small.**

**The main risks associated with cystoscopy are:**

### **Common risks:**

- Burning when urinating - should settle within a day or two.
- Urinary tract infection, which may need antibiotics. Drink more water than you usually do for the first few days after the operation, to flush the bladder. If you are at risk of infection, for example diabetic, you might be given prophylactic antibiotics.
- Pain after the procedure. Pain killers, like paracetamol or co-codamol may help, if required.
- Blood stained urine - this should settle within a day or two.

### **Uncommon risks:**

- Venous thrombosis and pulmonary embolism (clot in leg/lung). These are extremely unlikely after this minor procedure.

## What about recovery?

**To ensure you have a good recovery you should take note of the following:**

**Rest:** During the first day or two at home, you might feel tired.

You should tailor your activity to your ability but you should be back to normal within a few days.

**Blood stained urine:** This is caused by passing the camera into your bladder and usually subsides within a day or so.

**Housework:** Tailor your activity to your ability but you should be back to normal within a week.

**Exercise:** You should be able to resume your usual exercise activity within a few days.

**Diet:** A well balanced nutritious diet with high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least five portions of fruit and vegetables per day. You should aim to drink at least two litres of water per day.

**Sex:** You should usually allow a week or two after the procedure.

**Returning to work:** You should be able to return to work within a week.

**Driving:** It is usually safe to drive after few days but this will depend on your level of concentration and ability to perform an emergency stop.

## What about follow-up?

You may not need a follow-up, depending on the reason you are having the procedure and its findings. If you need one, it will be arranged. If you have problems before your appointment you can either contact your doctor or contact the hospital to bring the appointment forwards.

You might be given a frequency volume chart and quality of life questionnaires to bring back at your follow-up appointment. In addition to helping the evaluation of your condition after the operation, the data will be added to the national database for continence and prolapse surgery. This is a quality control measure, to compare the outcome of the operations carried out at the hospital against the rest of the country.

## Who can I contact with any concerns or questions?

You should contact your doctor or the hospital if you notice increased temperature, frequent urination, smelling or cloudy urine or feeling generally unwell.

**If you have any problems or questions, you can contact:**

**Princess Royal Hospital, Horsted Keynes Ward:**  
**01444 441881 Ext. 5686**

**Royal Sussex County Hospital, Level 11:**  
**01273 523191**

**Urogynaecology Unit at Lewes Victoria Hospital:**  
**01273 474153 Ext. 2178**

### References/useful links

- [Cystoscopy: a guide for women](#)
- [Cystoscopy and uteroscopy \(Medicines.Net\)](#)

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#### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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