



Cystoscopy

Definition

Cystoscopy is a procedure to examine the inside of the bladder using a 5mm diameter rod lens telescope attached to a video camera.

Purpose

Cystoscopy is frequently carried out to investigate pain when passing water, pain with a full bladder, urgency, and incontinence or as an investigation for non-specific pelvic pain. It is sometimes also done in order to pass a ureteric catheter (thin plastic tube) through the openings of the ureters (the muscular tubes, approximately 5mms in diameter, which drain urine from the kidneys to the bladder) in order to help identify the position of the ureters within the pelvis. Sometimes a small sample (biopsy) is taken from the lining of the bladder and sent to pathology. Cystoscopy is also commonly done at the time of a vaginal repair.

Preparation

You will be required to fast for around six hours. Cystoscopies generally are done in conjunction with another operation. Please check with my secretarial staff if you are not sure when to fast from. Some patients, depending on their medical condition and associated conditions, may need blood tests, imaging studies, or other investigations to be performed. Cystoscopy can be carried out during a patient's period. It is important to give Dr Thomas a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets all of which may have an unpredictable effect on the blood's ability to clot.



Anaesthetic

Most are performed under general anaesthetic. A spinal block may be used depending on the patient's requirements. The anaesthetist decides the most appropriate anaesthetic.

Duration of procedure

A diagnostic cystoscopy takes five to ten minutes, longer if ureteric stents are inserted, or a "bladder stretch" is done.

Post procedure care

After leaving the operating theatre you will usually have a drip or intravenous line in situ. This is to maintain your hydration as you will have been fasting for a period of hours prior to the procedure. You will be cared for in the recovery area of the operating theatre which involves one on one care by a specialist member of nursing staff. This is to allow appropriate recovery time after the anaesthetic. After one to two hours you will be offered something to eat or drink if appropriate although this may depend on the other surgery performed. You will then be able to change back into your street clothes and arrange for discharge. The majority of cystoscopies done on their own are performed as day surgery.

Post discharge care

Most patients should be able to resume their regular activities within one to two days of the anaesthetic. Mild discomfort especially around the urethra may occur over a few hours or days. There may also be a small amount of bleeding. A very tiny amount of blood in the urine can sometimes look quite spectacular. It is important to keep up your fluid intake. Cramping or discomfort can be treated with non steroidal anti inflammatories such as Naproxen or Nurofen in combination with Panadol or Panadeine. Bathing is allowed. This procedure will have no effect on your periods. You should notify me if you develop a fever (temperature greater than 37.5. degrees) pain or cramping that does not respond to regular doses of simple analgesics or if you have any lasting difficulty in passing water.

Complications specific to cystoscopy

Serious complications of cystoscopy are exceptionally uncommon. Minor problems may occur. You may have some bleeding which may stain the colour of the urine. The urine may sting for a period of time. Rarely bacteria may enter the bladder after cystoscopy which may cause a urine infection. Passage of a cystoscope or urinary catheter through the urethra may sometimes cause a little swelling around the urethra which may cause temporary difficulty in passing water. Damage to the bladder and the urethra are very uncommon from simple diagnostic cystoscopies. It is possible that if your urethra is exceptionally narrow, the cystoscope may not be able to be passed through the urethra and the procedure may not be completed.