

Cystoscopy

What is a cystoscopy?

A cystoscopy is a procedure to look into the bladder by passing a telescope through the urethra (the tube you pass urine through).

Why is a cystoscopy required?

Cystoscopy is performed to investigate and treat problems with the bladder and the urethra.

Common reasons for a cystoscopy include:

- Blood in the urine.
- Recurrent urinary tract infections.
- Urinary symptoms such as frequency, urgency, incontinence, and difficulty voiding.
- Abnormalities of the wall of the bladder.
- If you have had a cancer of the bladder, regular cystoscopy is required to make sure the cancer hasn't returned.
- If you have a ureteric stent, a cystoscopy is performed to remove the stent.

What does a cystoscopy involve?

A cystoscopy can be performed with a rigid cystoscope (pictured) or flexible cystoscope. Your doctor will recommend the best approach for you.

Rigid cystoscopy is performed under general or spinal anaesthetic in a hospital.

Flexible cystoscopy can be performed while you are awake or with sedation. Flexible cystoscopy can be performed in our office in Brisbane City (awake only), or in a hospital.

We pass a telescope through your urethra into your bladder. Once the telescope is in the bladder, we fill the bladder with sterile water and inspect the bladder.

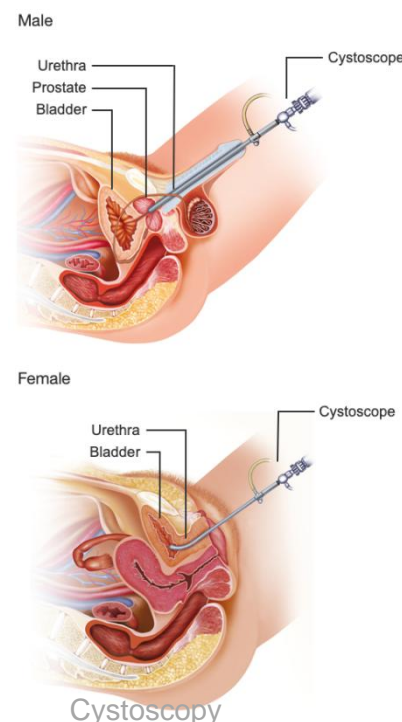
If required, during the cystoscopy we can:

- Dilate a urethral stricture.
- Take biopsies of the bladder.
- Cauterise bleeding.
- Remove a ureteric stent.
- Inject the bladder with Botox®.
- Remove foreign bodies.
- Hydrodistend (stretch out) the bladder.

Occasionally a catheter (tube through the urethra into the bladder to drain urine) is placed at the end of the procedure.

The procedure is usually performed as day surgery – you can go home on the same day as the procedure. If you have had sedation or general anaesthesia you will need to be accompanied by a responsible adult.

If you have a catheter at the end of the procedure you may need to stay in hospital overnight.



Cystoscopy

What is the recovery after a cystoscopy?

You may notice blood in the urine for a day or two after cystoscopy.

You may have mild burning and stinging when passing urine for a day or two after cystoscopy.

If you have the procedure while awake, you can usually return to work the same day.

If you have sedation, general anaesthetic or spinal anaesthetic, you can usually return to work one to two days after the procedure.

If you have the procedure while awake, you can usually drive yourself home.

If you have sedation, general anaesthetic or spinal anaesthetic, you will not be able to drive for 24 hours.

What are the risks of a cystoscopy?

The risks of this procedure include (but are not limited to):

Occasional risks (1/10 – 1/50)

- Urinary tract infection requiring antibiotics.

Rare risks (1/50 – 1/250)

- Significant bleeding in the urine requiring another procedure to correct.
- Damage to the urethra causing scarring.

Very rare risks (<1/250)

- Damage to the bladder requiring another procedure to correct.

The risks of anaesthesia have not been listed here.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

Scans and urine tests are an alternative way to investigate problems with the bladder and urethra. They aren't as reliable as directly inspecting the bladder with cystoscopy.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.