Having a flexible cystoscopy

Information for you

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As with many other medical tests, you may be anxious about having a flexible cystoscopy due to a fear of the unknown. This leaflet will tell you what to expect, and help to reduce your concerns.

**What is a cystoscopy?**

The term cystoscopy comes from the Greek ‘cysto’ meaning bladder and ‘scopy’ meaning to look.

The bladder is a muscular bag which, when full, is about the size of a grapefruit. It stores urine excreted by the kidneys through the ureters (the tubes which connect the bladder with the kidneys).

When you need to pass urine, the muscle wall of the bladder squeezes the urine out into the water-pipe called the urethra.

In women, the urethra or water-pipe is only about one inch long. In men, it is much longer and follows an S-shaped course from the bladder outlet, where it passes through the prostate gland, and down to the end of the penis.

Both men and women have muscular valves called sphincters that control the flow of urine. In a woman the sphincter muscle lies around most of her short urethra, while in a man the main sphincter lies just below the prostate gland.

When you have a cystoscopy, a tube containing a telescope is passed down through the urethra and into
your bladder. This allows the urologist to examine the inside of your bladder. This examination is called a cysto-urethroscopy.

**What is a flexible cystoscopy?**

The older telescopes used for rigid cystoscopies are straight metal tubes containing tiny glass lenses. A rigid cystoscopy often needs a general anaesthetic to pass these instruments into the bladder, especially in men. A rigid instrument and general anaesthetic is also necessary when the cystoscope is used to perform operations within the prostate and bladder - for instance, transurethral resection (TUR).

The lenses at each end of a flexible cystoscope are connected by a bundle of tiny glass fibres which allows the telescope to bend freely. The flexible cystoscope adjusts itself to fit the curving male urethra. This allows it to pass through painlessly, avoiding the need for a general anaesthetic. The examination can be done with the patient lying flat, in a more comfortable position.

Flexible cystoscopy is usually done in the outpatient clinic, meaning that you can go home the same day.

**Why do I need a cystoscopy?**

You may have urinary symptoms due to problems in the bladder or the urethra. These problems may not show on blood or urine tests, or x-rays. Often the only way the urologist can find out more about the problem is to look inside the bladder using a cystoscope.
How do I prepare for my flexible cystoscopy?

There is no special preparation required. This means that on the day of the investigation you can eat and drink as normal.

You will come to the day surgery for your cystoscopy. After the procedure, you will be able to make your own way home. There is no need to rest afterwards.

When you get to the day surgery, we will ask you to change into a hospital gown. This is to stop your clothes getting wet during the procedure. You will then be asked to empty your bladder. The nurse will give you a container and instructions if you need to give a urine specimen.

Although you do not need a general anaesthetic for flexible cystoscopy, the urethra needs to be prepared with lubricating jelly. The jelly is squeezed gently into the urethra from a tube or syringe. It numbs the urethra and also lubricates it. It may also contain an antiseptic.

The flexible cystoscopy

The doctor or advanced nurse practitioner will clean your genitals with a mild disinfectant and then surround the area with a paper sheet. Try not to touch the area with your hands.

The flexible cystoscope is taken from the chemical used to disinfect it and carefully washed in sterile water. Don’t
be alarmed at the sight of it - only the flexible tip goes inside your bladder. The doctor then gently inserts the tip of the instrument into your urethra.

The doctor may ask male patients to try and pass urine when the instrument reaches the sphincter below the prostate gland. This allows the cystoscope to pass through more easily. No urine will actually come out while the cystoscope is in the urethra, although there may be some stinging as the sphincter opens.

The flexible cystoscope has a control device which allows the doctor to steer it by bending its tip. Once the end of the instrument is in the bladder, the urologist can twist the instrument and steer to allow a clear view of the whole lining.

When the bladder is empty, there are folds in the lining. Saline or salt water is run into the bladder through the cystoscope to stretch out these folds and fill the bladder. This way the whole of the lining can be seen. It is, therefore, natural at the end of the examination to feel as if you need to pass water again.

A nurse will be with you throughout the procedure to ensure you are comfortable. You may experience some slight discomfort, but it will not last long.
Is the flexible cystoscope used only to examine the bladder?

Often the flexible cystoscope will only be used to look. If the urologist notices that you require a further procedure, we will ask you to come back. However, it is possible to take specimens (biopsies) from the lining of the bladder without discomfort.

Are there any after effects?

Most patients have no trouble after having a flexible cystoscopy. You may notice a mild burning on passing urine. This usually gets better after a day or so. Drinking extra water can help.

You may also notice a little bleeding. This is particularly common if a biopsy specimen has been taken.

Rarely, patients may get a urine infection. If you have a temperature, are in pain, or have persistent bleeding, contact your family doctor (GP).

Remember

Relax and listen to what the doctor or advanced nurse practitioner tells you. There are advantages to being awake for your cystoscopy. If you are getting more discomfort than you think you should have, tell the doctor. If you have any questions, ask them. You can expect to be told the result of your examination straight away.
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