

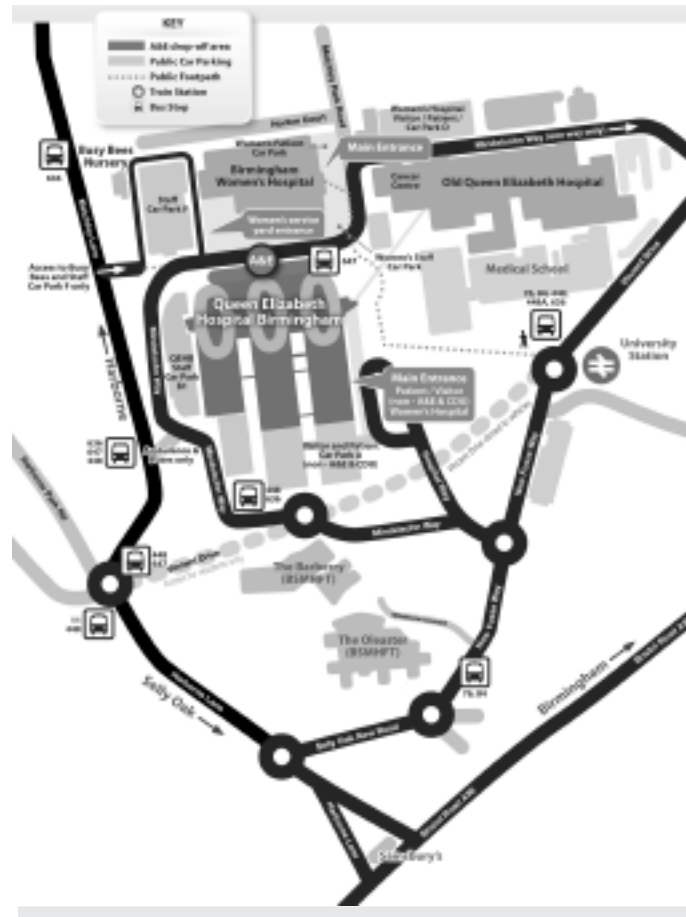
The most common problem is bleeding after a biopsy. This almost always settles without any other treatment but rarely may require a second procedure to stop the bleeding. Occasionally a catheter may be inserted into the bladder for a short time.

Extremely rare complications include the Cystoscope perforating the bladder (going through the bladder wall). Occasionally, after a cystoscopy, you may develop a urine infection. You should tell you GP if, after having a cystoscopy, you have:

- pain or severe bleeding.
- pain or bleeding that lasts longer than two days.
- You develop symptoms of infection, such as a high temperature (fever) or pain when you pass urine.

Useful contacts:

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Cystoscopy and Bladder Biopsy

Patient Information

What is a Cystoscopy?

A cystoscopy is where we look inside the bladder with a thin telescope called a Cystoscope. The image is usually displayed on a TV monitor. A Cystoscope enters the bladder by passing through the urethra (the tube that takes urine from your bladder to the outside of your body when you pass water).

There are two types:

- Flexible Cystoscope: A thin, flexible, fibre-optic telescope. It is about as thick as a pencil. The fibre-optics allowing us to see around bends. This is not currently available in this hospital.
- Rigid Cystoscope is a thin, rigid, straight telescope.

Why do you need a Cystoscopy?

A cystoscopy may be done to help to find the cause of symptoms such as:

- Frequent urinary tract infections.
- Blood in your urine (haematuria).
- Unusual cells found in a urine sample.
- Persistent pain when you pass urine.
- Difficulty in passing urine. A stricture (narrowing) of the urethra may be present.
- Incontinence (passing urine involuntarily).

To treat certain conditions or perform procedures by using various instruments which are passed down the side channels of the Cystoscope the following can be performed:

- Taking a biopsy (a piece of tissue) from the lining of the bladder
- Inject the bladder neck with bulking agents for weakness in the sphincter (muscles which close the bladder) which cause leaking with coughing, laughing, exercising etc.
- Inject Botulinum toxin into the bladder muscle in an overactive bladder. This is not routinely available in this hospital, except as part of a research study.

Often a cystoscopy is normal. However, this may help to rule-out certain causes of your symptoms.

What happens during a Cystoscopy?

Cystoscopy is usually done as a day case.

At the Birmingham Women's Hospital, it is usually done under general anaesthetic, but it can be done with just a sedative or local anaesthetic.

You need to wear a hospital gown and lie on your back on an operating table in the theatres.

Someone (usually a nurse or anaesthetist) will monitor that you are well and not experiencing excessive discomfort.

The opening to your urethra (the outside of the vagina) and the nearby skin will be cleaned. Some 'jelly' is then applied to the opening of the urethra.

The jelly usually contains a local anaesthetic to numb the lining of the urethra. This helps the Cystoscope to pass into the urethra with little discomfort. The Cystoscope is then gently inserted into the bladder. Sterile water is used to slowly fill your bladder and the bladder can then be carefully examined.

A cystoscopy takes about 5-10 minutes if the doctor is just looking inside the bladder. It may take longer if they perform a procedure, for example, take a biopsy. The Cystoscope is then removed.

Your doctor may tell you what they saw inside your bladder straight after the test. If you had a biopsy taken, the sample is sent away to be tested and looked at under a microscope. It can take several days for the report of the biopsy to come back and an appointment is made for you to discuss the results.

If you have a local anaesthetic or sedative you may be aware of your bladder filling and may feel the urge to pass urine which may be uncomfortable.

Are there any side-effects or possible complications?

Most cystoscopies are done without any problem and you should recover quite quickly. For the first 24 hours after you may have a mild burning feeling when you pass urine, and feel the need to go more often than usual. Also, the urine may look pink due to slight bleeding, particularly if a biopsy was taken.

Drink plenty of water (approximately 1.5 litres a day) to help keep your urine clear as this dilutes the acid in the urine and reduces stinging.