

Women's Services

In-patient Cystoscopy

What is Cystoscopy?

Your specialist has arranged for you to have a cystoscopy. This is a minor operation usually carried out under general anaesthesia (while you are asleep). It involves passing a fine telescope through the urethra (the tube leading from the bladder to the outside) and inspecting the inside of your bladder.

A small biopsy (tissue sample) may also be taken. Sometimes you may need additional procedures such as urethral dilatation, cystodistension or injection of BOTOX™ into the muscle of the bladder muscle – the doctor will tell you if any of these are necessary.

Why is a Cystoscopy performed?

A cystoscopy will check if there is a problem with the lining of your bladder, which could be causing your symptoms of urgency (when you need to pass urine urgently), passing urine frequently, pain or blood being present in the urine.

Urethral Dilatation and Cystodistension

Occasionally it is necessary to stretch either the urethra (the water pipe from the bladder) or the bladder itself. This may help to treat a narrowing of the urethra or to stretch the bladder if it is very small.

BOTOX™

BOTOX™ or Botulinum toxin comes from a bacterium called Clostridium Botulinum. It has been safely used in medicine for many years. It is approved by the National Institute of Clinical Excellence (NICE) for problems with incontinence. Most commonly it is used to reduce wrinkles and lines of the face but it has also been used for patients with muscular spasms or pains. Evidence suggests that approximately 70% of suitable patients experience an improvement in their bladder symptoms and in their quality of life after BOTOX treatment for overactive bladder symptoms, reducing urinary frequency and leakage. BOTOX™ acts on the end of nerve fibres, stopping signals passing down them that stimulate muscles to contract. The effects may take a few weeks to start but can last between 3 and 18 months. Some patients require further injections.

IMPORTANT – About 1 in 20 patients may need to use a catheter for a short time after Botox treatment to deal with any retention of urine. If this is required the specialist nurse will teach you how to do this. You must be willing to accept this risk and to learn self-catheterisation if needed

Prior to the operation

You will go on the waiting list for the operation. Approximately a week before you come into hospital you will be asked to attend the pre-assessment clinic at St Luke's Hospital There you will be seen, assessed and various tests (such as an ECG and blood tests) may be organised to help the anaesthetist decide on the most appropriate anaesthetic.

You will also be given more information about coming into hospital, your operation, care following the operation and pain relief. You will have the opportunity to ask any questions.

When you come into hospital you will be asked to remove all jewellery; this includes body piercings. You may wish to do this before you come into hospital. If you cannot remove tongue or genital piercings, it could result in your operation being cancelled. You may wish to remove these before you come into hospital.

What are the risks?

As with any surgery there are some risks. A general anaesthetic has an increased risk if you are older, have heart or chest problems, you smoke or are overweight. Your doctor will discuss the risks and benefits with you before you sign a consent form.

Are there any complications?

- After the procedure you will experience a burning sensation when you pass urine the first few times.
- You may have some discomfort, this should settle in 1–2 days. Taking pain killers such as paracetamol should help to reduce the discomfort. If it does not settle, you could have a bladder infection and you may need antibiotics, therefore you should see your GP. Taking warm baths may also help to reduce any discomfort.
- It is not unusual to have a little bit of bleeding afterwards. This should settle in 1– 2 days.
- There is a small risk of damage to the urethra or bladder. If you have any concerns please ring the ward for advice.

How will I know what happened at my operation?

Before you go home a doctor will explain what your Gynaecologist found and discuss what treatment may be necessary. Arrangements for any follow-up will also be made. Your GP will be informed about your operation.

What about when I get home?

Rest at home for 24 hours after your operation. Drink plenty of fluids (especially water), 1 to 2 litres is recommended, as this will help your bladder recover and reduce the chance of infection. If discomfort or bleeding lasts for more than a few days, please contact your GP. If discomfort or bleeding lasts for more than a few days, please contact your GP.

What if I'm worried or have questions?

Please contact your GP or Ward 25 GATU 01274 364438 (24 hours).

By Textphone: You can contact us using the Relay UK app. Textphone users will need to dial 18001 before the number to be contacted.

Wristbands: When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times. If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

Smoking: Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

If you need this information in another format or language, please ask a member of staff to arrange this for you.