

Flexible Cystoscopy with Urethral Dilatation

What is flexible cystoscopy with dilatation?

A flexible cystoscopy enables a doctor or nurse specialist to view the urethra (tube through which you pass urine) and bladder lining. A flexible cystoscope (fine telescope) is passed through the urethra into the bladder.

On arrival all patients are seen by a nurse who will ask for a brief medical history, including allergies. **Please bring a mid-stream urine sample with you in a sterile container.** Your sample will be checked to ensure you are free from urinary infection.

It is not always necessary to change into a hospital gown for the procedure, but you may be asked to do so.

Once in the clinic room, each patient is prepared with a wash of the urethral opening. A local anaesthetic gel is passed into the urethra; this also acts as a lubricant.

During the flexible cystoscopy, sterile water is passed into the bladder (via the cystoscope). This process fills the bladder allowing the clinician to view the entire bladder surface. You may experience the sensation of having a full bladder and you can use a toilet immediately the procedure is completed.

Some patients attend to have their urethra dilated (stretched) to improve urine flow. Sometimes it is not possible to pass the cystoscope into the bladder due to a stricture (narrowing) of the urethra and the clinician will perform dilatation.

In **women**, urethra dilators (graduated instruments) are passed to dilate (stretch) the urethra prior to flexible cystoscopy.

In **men**, dilatation may be performed with dilators or using a water-filled balloon dilator via the cystoscope depending on where the stricture is. The location of the stricture is identified by passing the cystoscope into the urethra. It may then be removed, and dilators used to stretch the urethra. Alternatively, if appropriate, the clinician may perform balloon dilatation via the cystoscope and then advance the cystoscope to inspect the bladder.

What are the alternatives?

In men, strictures are sometimes treated surgically. This would be done under general anaesthetic on another day.

What are the potential risks and side effects?

You may experience discomfort at the time of the procedure, lasting up to 72 hours. If you do, you should take your normal pain relief, e.g. Paracetamol.

You may notice blood in your urine for the first 24 hours so drink plenty of fluids on the day of the procedure: i.e. three to four extra glasses of water.

There is a slight risk of a urine infection. Should you experience burning or stinging on urinating or feel unwell, please contact your GP.

Occasionally male patients are catheterised for around one week after balloon dilatation to allow the urethra time to heal without narrowing again. You will be taught catheter care and how to manage either drainage bags or how to use a catheter valve (tap).

What are the expected benefits of treatment?

Dilatation of the urethra should improve your urine flow rate.

The urethra and bladder can be visualised through flexible cystoscopy enabling the practitioner to identify any further treatment required.

What should I do before I come into hospital?

You can eat and drink as normal.

Will I have an anaesthetic?

Local anaesthetic gel is used. It is passed into the urethra via a syringe and so no needles are required.

How will I feel afterwards?

There may be slight discomfort so please take your normal pain relief.

How long will I be in hospital?

Even though the procedure takes only a few minutes, you should expect to be at the hospital for between one and two hours. This allows for pre-assessment by a nurse prior to the procedure and consultation with the doctor.

What should I do when I go home?

Drink additional fluids – at least three to four cups of water that day.

How soon will I be able to resume normal activities?

As soon as you feel ready to.

Will I have to come back to hospital?

Your practitioner will arrange an outpatient appointment or further investigations as necessary.

Men are often taught to pass a catheter, (intermittent self dilatation – in and out) to maintain the urethra and minimise the risk of requiring repeat dilatation. Monitoring of your urine flowrate will be done periodically in a flow/stricture clinic.

You may be discharged at this time back into the care of your GP.

When can I return to work?

Usually, you can resume work the same day.

Sources of information

If you require further information, please contact a member of the nursing team:

Urology Department - Conquest Hospital
Urology Investigation Suite - Eastbourne DGH

Tel: 0300 131 4500 Ext: 8468 or 8344
Tel: 0300 131 4500 Ext: 770640

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Consent

Although you consent for this treatment, you may at any time after that withdraw consent. Please discuss this with your medical team.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

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The directorate group that has agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery - Urology

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