

Flexible Cystoscopy

What is flexible cystoscopy?

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

Please bring a mid-stream urine sample with you in a sterile container. Your sample is checked to ensure you are free from urinary infection.

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

A flexible cystoscopy is usually a quick procedure lasting approximately one to two minutes. Very often the patient is able to view the same images the practitioner sees via a screen.

Each patient is prepared with a wash of the urethral opening. A local anaesthetic gel is passed into the urethra, and this also acts as a lubricant.

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

What are the alternatives?

You may have had an x-ray or ultrasound scan of the urinary system but by using flexible cystoscopy the lining of the urethra and bladder can be visualised. The procedure can be performed in theatre under general anaesthetic in exceptional circumstances.

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 pain relief, e.g. Paracetamol.

You may notice blood in your urine for the first 24 hours, drink plenty of fluids on the day of the procedure; at least three to four extra glasses of water.

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

What are the expected benefits of treatment?

The urethra and bladder tissues can be visualised, and the practitioner will be able to determine the appropriate treatment action. There may be further interventions/investigations required or you may be discharged at this time back to the care of your GP.

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?

You should expect to be at the hospital up to an hour for cystoscopy only. If you are also to have an x-ray and ultrasound scan, you should allow up to three hours.

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?

You may be discharged at this time or if necessary, the practitioner will arrange further investigations or outpatient appointment.

When can I return to work?

You can usually 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

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

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:

Susan Crosby-Jones: Matron, Urology Investigation Suite

Rebecca Rushton: Lead Nurse – Specialist Urology Diagnostic Nurse

Simon Tyler-Murphy: Lead Nurse - Urology and Acute Continence Service

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery - Urology Department

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