

Check flexible cystoscopy clinic

What is the check flexible cystoscopy clinic?

This clinic is for patients who are being followed up at regular check ups after a bladder tumour has been removed. You may or may not have had additional treatments. At this appointment you will have a flexible cystoscopy (the same procedure as you had when your bladder tumour was first found). A cystoscope (fine telescope) is passed through the urethra (water pipe) into the bladder.

All patients should bring a mid stream sample of urine in a sterile container to the appointment. This is to ensure you are free of urinary infection.

You can eat and drink as normal on the day of the check cystoscopy.

Why would I need this procedure?

This procedure enables the clinician to visualise the urethra and bladder to see if there is any disease recurrence.

Check cystoscopies are planned at regular intervals depending on the grade and staging of your original bladder tumour. The intervals will get further apart over time all the while there are no recurrences. Sometimes you may be seen after a shorter interval if there is a suspicious area or you experience bleeding before the next planned check cystoscopy.

Will I have an anaesthetic?

Local anaesthetic gel is used, passed via a syringe into the urethra.

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, eg paracetamol.

You may notice blood in your urine for the first 24 hours, drink an extra 3 to 4 glasses of water to flush your system. 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?

Attending for your regular checks will ensure any disease recurrence is found early on and is more easily treated. If your bladder is clear of tumour recurrences you will be booked for another check cystoscopy. How soon this will be is dependent on what your original diagnosis was and how long has passed without disease being present.

What if a recurrence of bladder tumour is found?

If very small areas of disease recurrence are found you may be offered **cystodiathermy** at the time of the check cystoscopy to remove it. Alternatively you may be offered an appointment on another day.

This will depend on:

- The grade of original bladder tumour
- The size of the recurrence
- How many areas of recurrence there are
- Where it is in the bladder
- If you have a pacemaker fitted (you cannot undergo cystodiathermy in a clinic room but this can be done in theatre)
- How you feel about being treated immediately

If you had a high grade tumour at original diagnosis you may need to have the recurrence removed under a general anaesthetic on another day. The clinician will advise you what is appropriate.

What is cystodiathermy?

A small electrode is passed via a cystoscope and a very small electrical charge burns away the papillary recurrence.

The clinician will explain the procedure and ask for your verbal consent. A diathermy plate will be applied to your leg (it has a sticky back) and attached to the diathermy machine. A diathermy wire is passed via the cystoscope and it too is connected to the diathermy machine. Short bursts of electric current are passed which generate small localised areas of heat burning away the papillary recurrence.

This should not be painful and is described as small pin prick sensations or tiny stings at the time. It does not take very long to perform and you can go home directly. A follow up check cystoscopy will be arranged for a few months time.

Where will the procedure take place?

Check cystoscopies and cystodiathermy are done in a clinic room. Patients who have larger or multiple areas of recurrence may require a general anaesthetic procedure in theatres on another day.

How long will I be in hospital?

You should expect to be at the hospital around one hour for your check (with or without diathermy treatment).

What should I do when I go home?

Follow the same advice as for after a check cystoscopy alone. Drink an extra 3 to 4 glasses of water for a couple of days.

Consent

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

Sources of information

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

Urology Department - Conquest Hospital - Tel: 0300 131 5055 or 0300 131 5058
Urology Investigation Suite - Eastbourne DGH - 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.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Hand sanitiser 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 the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: 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

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The following clinicians have been consulted and agreed this patient information:
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The directorate group that have agreed this patient information leaflet: Planned - Urology

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