

Patient information factsheet

Having a cystoscopy in the outpatient clinic

We have given you this factsheet because your doctor has recommended that you have a cystoscopy. It explains what a cystoscopy is and what the procedure involves so you know what to expect. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is a cystoscopy?

A cystoscopy is an examination in which we look at the inside of your bladder using a narrow, flexible or rigid tube (telescope) called a cystoscope.

It is used to investigate the cause of urinary symptoms such as:

urgency

frequency

· recurrent urine infections

- bladder pain
- poor urinary flow
- blood in the urine

The cystoscopy should allow us to make an accurate diagnosis and help your specialist to decide on the best treatment plan for you.

A cystoscopy may also be used for certain bladder treatments, such as Botox (also known as botulinum toxin A, is a medicine used to treat a variety of muscle disorders, including muscle spasms and an overactive bladder) or Bulkamid (a bulking agent injection used to treat stress incontinence - when urine leaks out at times when your bladder is under pressure, such as when you cough or laugh).

For more information about having Botox injections, please read our 'Botox treatment for an overactive bladder' factsheet which can be found in the 'Useful links' section on page 3.

How should I prepare for my procedure?

Before your procedure, you may eat and drink as normal and take any regular medication. If you are taking any medication to thin your blood, please contact us before your procedure as we may give you different advice.

If you are having a cystoscopy to have Botox or Bulkamid treatment, we will arrange an appointment for you in the outpatient department to provide a urine sample in the week before your procedure. This is so that we can check you do not have a urine infection. We will try our best to see you at your arranged appointment time, but please be aware that there may be a short wait. We thank you for your patience. If you are unable to come to the department to provide a urine sample before your procedure, please let us know.

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If we take a urine sample on the day of your procedure and find that you have an infection, we will need to reschedule your procedure for another day.

What does the procedure involve?

The procedure will be performed by a nurse specialist or a doctor in an outpatient setting under local anaesthetic (medication that numbs a specific area of the body). This means you will be able to go home the same day.

Once you are comfortable on the examination couch, we will insert a local anaesthetic gel into your urethra (tube that carries urine from your bladder out of your body) and leave it in place for a few minutes. This makes the insertion of the cystoscope as comfortable as possible.

We will then insert the cystoscope into your urethra and pass it through into your bladder. Once in place, we will run sterile water slowly into your bladder so that we can inspect your bladder lining. This may make you feel like you need to pass urine. If at any time you are too uncomfortable, please let us know. A nurse will be with you throughout the procedure. Once the procedure is complete, we will remove the cystoscope and you will be able to sit up.

How long will it take?

A cystoscopy usually takes 10 to 15 minutes.

What are the risks?

A cystoscopy is not a very invasive procedure but as with any procedure, there may occasionally be complications.

Risks include:

- infection
- · inability to pass urine
- blood in your urine
- pain (if you are having Botox or Bulkamid treatment)
- perforation of the bladder wall (this is rare)

Please speak to your specialist if you would like more information about these risks.

What should I expect after the procedure?

If you have had Bulkamid treatment

After the procedure, we will take you to a room where you can recover. You will be able to go home once you have passed urine. Sometimes we may ask you to have a scan of your bladder to ensure you are fully emptying your bladder. If this is the case, we will perform this scan in the department.

You may notice your urine contains blood and you have some discomfort when passing urine. This will settle within a couple of days. Simple pain relief medication such as paracetamol will help (always read the packaging before taking any medication).

Contact your general practitioner (GP) if you have any signs of infection, such as:

- · increasingly blood-stained urine
- bladder pain
- a burning sensation when you pass urine

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In the 24 hours after the procedure, drink extra fluids (at least 1 to 2 litres of water).

You can drive and work as normal after your procedure. However, we do recommend that you arrange for a relative or friend to drive you home after your procedure in case you feel unwell.

Follow up

Your specialist will discuss any findings with you and make recommendations for any further investigations or treatment. We will send you any further appointments that may be needed.

Contact us

If you have any further questions or concerns, please contact us.

H level outpatients

Telephone: **023 8120 6034** (Monday to Friday, 8.30am to 4pm)

Gynaecology secretaries

Telephone: **023 8120 8504** (Monday to Friday, 8am to 5pm)

Bramshaw ward

Telephone: **023 8120 6035** (evenings and weekends)

Useful links

www.nhs.uk/tests-and-treatments/cystoscopy

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Womenshealth/Botox-treatment-for-an-overactive-bladder-1335-PIL.pdf

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