

Flexible Cystoscopy

The urinary tract clears the body of any waste products through your urine; urine is formed in the kidneys and consists of unwanted chemicals and water. Here, it travels to the bladder through some narrow tubes, which are called ureters. Urine is stored in the bladder and is then released from the bladder through the urethra or opening where your urine comes out.

A Cystoscopy is a simple procedure that involves looking into the bladder with a “telescope with a light”, called a Cystoscope. This is passed via the urethra.

Why is a Cystoscopy performed?

There are many reasons to need to examine the inside of the urethra and bladder and these include haematuria (blood in the urine), recurrent urine infections, unusual cells found in the urine, pelvic pain or bothersome symptoms associated with passing urine such as frequency or urgency or obstructed or blocked passage of urine.

What are the alternatives?

An alternative to this procedure is to choose not to have treatment, recognising the risks of your condition. You should ask your doctor about this choice. Ultrasound and special urine tests may help but cannot be as conclusive as looking in the bladder. Sometimes a rigid cystoscopy in the operating theatre under anaesthetic is advised or is an option.

What is examined?

The lining of the urethra and its calibre, the closing mechanism or sphincter of the urethra, the lining of the bladder to look for inflammation or tumours, the thickness of the bladder muscle coat, the size or capacity of the bladder and in some cases of pain, the response of the bladder to filling with fluid.

What happens before and during the procedure?

Before admission your urine will be checked for infection. You will usually be able to continue all of your usual medications. You will not need to fast. You will be given a gown to change into and taken into the procedure room. You will be assisted onto a special chair or examination couch. The opening to the bladder and surrounding area is washed with antiseptic solution and then some local anaesthetic gel is placed into the urethra where the telescope will be passed. You are covered with a sterile drape and the urologist inserts the cystoscope into the bladder. Sterile fluid flows through the cystoscope and this expands the bladder and urethra to allow them to be viewed, sometimes this feels a little cold or a little strange.

For females it is usually no more uncomfortable than a gynaecological examination.

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Procedures during the Cystoscopy

In some cases other procedures can be performed during the Cystoscopy such as taking a specimen from the bladder wall lining if it does not look normal (biopsy). If you have a stent or small plastic tube placed between your kidney and bladder, this can be grasped and removed during a flexible cystoscopy.

After the Cystoscopy

You will be taken to the toilet and asked to pass urine, this may feel cool as it is the fluid from the test that is being passed, it may also be uncomfortable. You will then change and go home. If passing urine is uncomfortable or you feel the strong urge to pass urine, this will usually respond to drinking more fluids, Ural sachets or occasionally simple pain relief such as Panadol or Panadeine tablets. There may be temporary burning or bleeding on urination that will usually also respond to the above measures.

Are there any complications?

Cystoscopy is usually very safe. In about 1 in 200 cystoscopies a urinary tract infection may result which may give you pain with passing urine and fever. Rarely there is perforation or damage to the bladder requiring another more major procedure. You should contact the urology nurse or your doctor after the procedure if:

- Pain or bleeding is severe or lasts longer than two days.
- You develop symptoms of infection, such as a fever.
- You are unable to urinate.

What are the benefits of the procedure?

It may help the doctor make the diagnosis or in some cases treat the problem.

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