



Cystoscopy (examination of bladder)

This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is a cystoscopy?

A cystoscopy is an investigation where a small telescope is passed into your child's bladder via the water passage (urethra). This enables the whole of the bladder to be examined.

Why does my child need a cystoscopy?

A cystoscopy is often performed to help with diagnosis – to help to find the cause of symptoms such as: frequent urinary tract infections, blood in your urine (haematuria), incontinence, and persistent pain when passing urine or difficulty in passing urine.

What are the alternatives?

Depending on your child's symptoms and circumstances, it may be possible to examine the bladder using ultrasound (an imaging technique using sound waves).

It may be essential to have a cystoscopy in order to diagnose some bladder conditions. Your doctor will explain the benefits and risks of having a cystoscopy, and will also discuss the alternatives to the procedure.

What does surgery involve?

The operation is carried out under general anaesthetic and lasts for about 30 minutes. Once your child is asleep, the surgeon will insert the cystoscope into the bladder, and may take some photographs. A biopsy (sample of tissue) may also be taken.

What are the risks?

Most cystoscopies are done without any problem. For 24 hours your child may have a mild burning feeling when they pass urine and feel the need to go more often than usual. Also, the urine may look pink due to mild bleeding, particularly if a biopsy was taken. Occasionally, a urine infection develops shortly after a cystoscopy. This can cause a fever (high temperature) and pain when you pass urine. Rarely, the cystoscope may damage or perforate the bladder.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre; however, children may want their own nightwear, slippers and dressing gown to change into.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful.

One parent / carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens afterwards?

After the operation your child will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if the vomiting persists.

When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount. We will also check that your child can pass urine before they will be allowed home.

Advice at home after cystoscopy

- Your child will need regular pain relief (e.g. paracetamol and ibuprofen) after the operation – please make sure you have some, and follow the instructions that are given on the packaging.
- Please encourage your child to drink plenty of water or weak squash in order to relieve the stinging sensation that may occur when they go to the toilet.

- Your child will need the following day off school after the procedure but they may resume normal activities providing they feel up to it.
- Please contact the ward or your GP if the pain or bleeding is severe, any pain or bleeding lasts longer than two days or your child develops symptoms of infection (e.g. fever, irritability).

Contacting us

Pre-op nurse: 0118 322 7518

Kempton DBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: February 2027