



## Having a cystoscopy (inpatients)

---

**This leaflet gives you information and answers some of the questions that you may have about undergoing a cystoscopy as an inpatient. If you have any further worries or questions about the procedure, please contact us – numbers at the end of the leaflet.**

---

### What is a cystoscopy?

This is an examination of the bladder using a cystoscope (telescope) that is passed up into the bladder via the urethra (the tube through which you pass urine). The doctor may also take a small biopsy (tissue samples) from the lining of the bladder using the cystoscope.

The procedure can be performed under either a local anaesthetic (you are awake but numb) or general anaesthetic (you are asleep) - in your case it has been decided to use a general anaesthetic.

A cystoscopy may be done to help to find the cause of symptoms such as:

- Frequent urinary tract infections.
- Blood in your urine (haematuria).
- Unusual cells found in a urine sample.
- Persistent pain when you pass urine.
- Difficulty in passing urine (which may be due to prostate enlargement or a narrowing of the urethra).

Cystoscopy may also be done to monitor the progress of conditions. For example, some people have a routine cystoscopy every now and then after treatment for a bladder tumour. This helps to detect any early recurrence, which can be treated before it spreads further.

### After the cystoscopy

You will return to the ward on a trolley, escorted by a nurse. Once you are settled into bed, your blood pressure and pulse will be taken until you are fully awake. You will be offered water and something to eat if you are not feeling sick. You will be encouraged to drink plenty and to rest. You may have some discomfort and notice blood when passing urine, but this should settle within a couple of days and is quite normal after this operation.

Occasionally, patients may require a catheter following this operation although this is rare. If you have a catheter inserted this will usually be removed the following day.

A doctor or nurse will review your condition. If you are passing urine satisfactorily, you can eat and drink well and you are comfortable, you may be able to go home. You will need to make arrangements for someone to collect you from the ward, and take you home in a private car or taxi.

**You must also arrange for a responsible adult to look after you for at least 24 hours following your discharge home.**

## Going home

You may be given antibiotics to take home after the examination as a precaution against infection. Anaesthetic drugs remain in the body for 24-hrs and gradually wear off. During this period you are under the influence of these drugs and it is essential that you follow these instructions:

- Do not drive a car or any other vehicle, including bicycles.
- Go straight home and take things easy but gently mobilise as much as you are able.
- Do not operate machinery or appliances such as cookers or kettles.
- Do not lock the bathroom/toilet door, or make yourself inaccessible to the one looking after you.
- Do not make any important decisions or sign legal paperwork.
- Drink plenty of fluids. A glass an hour (approximately 6 pints in 24-hrs) and eat a light diet.
- Take a painkiller, such as paracetamol, if necessary.
- Do not take strenuous exercise.
- Should you have persistent burning or stinging when you pass your water; develop a shivery/shaky attack or a high temperature, these may be signs that you have an infection and you should contact your GP.
- Allow three days off from work.
- You can resume sexual activity when you feel comfortable.

## Follow-up appointment

Please keep any appointments made for you. These will either be given to you on leaving the ward or sent in the post. The doctor will discuss the result of your operation and any biopsy results or the possibility of any further treatment. It may also be necessary to have repeat examinations at regular intervals.

## What are the risks of this operation?

Most cystoscopies are done without any problem although, as with all operations, there are risks that you may develop allergic reaction to drugs or anaesthetic.

For the first 24 hours after the procedure you may have a mild burning feeling when you 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. The antibiotics mentioned above will reduce the chances of infection.

After you have had a cystoscopy, contact your GP if:

- Pain or bleeding is severe.
- Any pain or bleeding lasts longer than two days.
- You develop symptoms of infection.
- You are unable to pass water.

## Useful contacts

Prostate Research Campaign UK Tel: 020 8877 5840 <a href="http://www.prostate-research.org.uk">www.prostate-research.org.uk</a>	Continence Foundation Helpline: 0845 345 0165 <a href="http://www.continence-foundation.org.uk">www.continence-foundation.org.uk</a>
Cystitis and Overactive Bladder Foundation Tel: 01908 569169 <a href="http://www.cobfoundation.org">www.cobfoundation.org</a>	British Association of Urological Surgeons <a href="http://www.baus.org.uk">www.baus.org.uk</a>

## Useful numbers

Pre-Operative Assessment:	0118 322 6546
Hopkins Ward:	0118 322 7771
Royal Berkshire Hospital:	0118 322 5111
West Berkshire Community Hospital:	01635 273492

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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

RBFT Urology, July 2024  
Next review due: July 2026