

Cystoscopy

A cystoscopy is a simple procedure that involves looking into the bladder using a “telescope with a light,” called a Cystoscope. The telescope is passed via the wee pipe called the urethra.

This information applies to a Cystoscopy under general anaesthetic where there are often other procedures done at the time. Another option is to use a smaller telescope to do a flexible cystoscopy which can view the bladder without the need for a general anaesthetic.

A cystoscopy is performed

to examine the inside of the urethra and bladder for haematuria (blood in the urine), recurrent urine infections, unusual cells found in the urine, pelvic pain or other symptoms associated with passing urine such as frequency, urgency, poor urine flow, or passage of urine.

Alternatives include

ultrasound and special urine tests, which may help form a diagnosis but cannot be as conclusive as looking in the bladder. If you choose not to go ahead with a cystoscopy, some conditions may not be diagnosed or appropriately treated.

The Cystoscopy will inspect

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 and capacity of the bladder and in some cases of pain; the response of the bladder to filling with fluid.

Before the procedure

it is important to have a urine test (1 week prior) so that any infections can be treated. Sometimes your urine may need to be tested on the day of the cystoscopy.

During the procedure

and once you are asleep on your back, your legs will be placed up on supports and the opening to the bladder and surrounding area washed with antiseptic solution. 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.

Additionally, during the cystoscopy a biopsy can be taken from the bladder wall lining if it does not look normal. The bladder can also be filled to its capacity and stretched (distension). Cautery or diathermy can also be used to stop bleeding from biopsy places or any other areas that are bleeding – for example ulcers.

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Objects can be removed from the bladder such as a stone or stent (a small tube that runs from the ureter to the bladder to bypass a blockage in the ureter or kidney). Urine samples can be collected to check for infection or tumour. Small polyps or tumours can be removed from the lining of the bladder.

It is possible to perform a special X-ray of the ureters and kidneys by injecting a dye into the ureters up towards the kidney. This shows up on X-ray pictures and helps to show the problems of the kidney or ureter.

Cystoscopy is usually very safe

Around 1 in 200 cystoscopies may result in a urinary tract infection which may give you pain when passing urine and a fever. Rarely there is perforation or damage to the bladder requiring another major procedure; OR a catheter being placed for an extended period to allow bleeding (risk 1/10000).

It is common to experience:

- Mild discomfort when voiding after the procedure.
- Small amount of blood in the urine after the procedure.

Rare complications may include:

- Urine retention.
- Bladder perforation (see above).

After the procedure

Please follow the instructions on the post-op discharge sheet.