

Gynaecology: Cystoscopy (and biopsies)



Information for day surgery patients

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is a cystoscopy?

The term 'cystoscopy' involves inspection of the inside of the bladder. This is made possible by inserting a special telescope called a cystoscope through the urethra (the tube that moves urine from your bladder to the outside) into the bladder. This enables the doctor to examine the inside of the bladder, which can be viewed on a television screen, to see if it is normal or not.

Why do I need this procedure?

A cystoscopy can be performed for two reasons:

- To make a diagnosis as a consequence of various symptoms, such as blood in the urine, repeated urine/kidney infections, problems voiding (passing urine).
- To take a biopsy (small sample taken to examine under a microscope) or treat some conditions such as removing bladder stones.

What are the benefits?

- To confirm you do not have any abnormalities that require treatment and that you require no further investigation.
- To diagnosis an abnormality – the most common abnormalities found during a cystoscopy are benign (noncancerous) growths that can be confirmed by taking a biopsy.

What are the alternatives to surgery?

An ultrasound scan may be able to diagnosis what is causing your symptoms, but the cystoscopy enables your clinician to confirm a diagnosis and to make sure the symptoms you are experiencing are not due to an underlying serious condition.



Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

What happens before the procedure?

Arranging the date for your operation: In the outpatient clinic, the doctor will fill in an admission card online and this will be sent to the admissions team. They will then contact you by phone or post to arrange a mutually convenient date for you to come in for your procedure.

Pre-assessment clinic: Before having your procedure, you may be given a date to attend the pre-assessment clinic. At the time of your pre-assessment, a nurse will explain the procedure to you, the type of anaesthetic you will receive (usually a general anaesthetic), what to expect after surgery and at home, and answer any questions you may have. You will be asked to complete a health questionnaire and the date for your procedure will be confirmed, along with any necessary instructions (for example, when to stop eating and drinking).

Please be prepared by having with you details of any medication you are currently taking, or bring them with you if you have your pre-assessment in the hospital. You must also tell us if you are allergic to any medicines, tablets or plasters.



What happens during the procedure?

After your anaesthetic has taken effect, the doctor will insert the cystoscope through the urethra into the bladder. Your bladder is then filled with water so that it stretches the bladder wall, enabling the doctor to view the entire bladder wall.

Any specimens taken will be sent to the laboratory for routine examination.

How long does the procedure take?

This depends on the condition but the average time ranges from 10 minutes to 20 minutes.

What happens after the procedure?

If you had a general anaesthetic you will be returned to the ward for at least one hour to allow you time to recover, as you will feel drowsy. People can vary in the time it takes them to recover so you may be up and about after an hour, or it may take a couple of hours. Please let your escort know so they can be flexible.

Following the procedure, it is usual to have mild discomfort. The majority of patients need only simple painkillers.

Once you feel well enough to sit up you will be encouraged to drink and eat, then to get up and dressed ready to go home. You can usually leave hospital after you have passed water.

Please refer to our main Day Surgery Centre leaflet for advice on travelling home after a procedure and the support of a carer in the first 24 hours following surgery.



Returning to normal activity

You may experience frequent urination for the first day after the procedure. To ease the burning we recommend you drink extra non-alcoholic fluids, especially in the first couple of days.

Most people are able to return to their regular activities after just a few days.

Will I need to come back to the hospital?

If your surgeon needs to see you again, we will write to you offering you a new appointment.

What are the possible risks from the anaesthetic?

If you have a general anaesthetic: Immediately after a general anaesthetic you may feel tired, dizzy or weak. You must have someone collect you and stay with you for the first 24 hours. During the first 24 hours you must not:

- Drive or operate any motorised vehicle or electrical equipment
- Sign any legal documents or make important decisions
- Drink alcohol

If you have either general or local anaesthetic: Whatever type of operation you have had, during the first week to 10 days, you may occasionally feel weak or dizzy. If this happens, sit down until the feeling passes. You may feel a little depressed; we call this 'post-operative blues'. This should soon pass but if symptoms persist, please contact the Day Surgery Centre for help and advice.



What are the possible risks of surgery?

Infection: may include one or more of these signs:

- A raised temperature of 38°C (100.4°F) or greater
- Abdominal pain
- Cloudy/offensive smelling urine
- Persistent burning when passing urine
- Blood in your urine

Please contact your GP (home doctor) immediately or ring the Day Surgery Centre for advice. In the meantime continue to drink extra fluids to ease the inflammation.

Inflammation: You will probably experience a burning sensation in your urethra and you may pass small amounts of blood in your urine for a few days. This is due to the lining of the urethra being inflamed or irritated by the cystoscope or when the tissue specimens were taken.

Bleeding: You may notice a very small amount of blood in your urine, which will usually stop within 24 hours. It is rare for a woman to have to come back into hospital for more treatment because of the bleeding. If it continues for more than 48 hours or you have large blood clots which are difficult to pass, contact your GP or ring the Day Surgery Centre for advice straight away.

Valuables

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.



Who can I contact with queries and concerns?

If you have any further problems following your procedure, please contact us:

Day Surgery Centre on **020 3299 3483** or **020 3299 2188** between 7.30am and 7pm (Monday to Friday). Ask to speak to the assessment nurse.

Urgent enquiries or emergencies

For urgent enquiries only please call **08448 222888** and ask for pager number **813086**. Please leave a message with your name and telephone number and the on-call nurse will get back to you within the hour.

If you have had no reply after one hour, please contact your GP or nearest Accident & Emergency department.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like this leaflet in a different format or language please contact PALS on 020 3299 3601.

Useful contacts:

Bladder and Bowel UK

Tel: 0161 607 8219

www.bbuk.org.uk

We wish you a speedy recovery.