

Patient Information to be retained by patient

Flexible cystoscopy (Diagnostic / Surveillance)

affix patient label

What is a flexible cystoscopy?

This is a procedure to inspect the inside of your urethra (water pipe) and bladder using a telescopic instrument (flexible cystoscope).

Why do I need a cystoscopy?

Some urinary symptoms are due to problems in the bladder or the urethra. Sometimes the cause will be clear from X-rays or tests of the blood or urine, but often the only way your doctor can be sure what is going on is to take a look inside with a cystoscope. The procedure is also used as part of surveillance following previous bladder cancer treatment.

Are there any alternatives?

Rigid cystoscopy can be performed, but this requires a general anaesthetic.

How do I prepare for it?

No special preparation is required. This means that on the day of the investigation you can eat and drink as normal. You simply turn up for your appointment, have your cystoscopy and then leave the clinic under your own steam. There is no need to rest afterwards.

When you get to the clinic you will usually be asked to change into a hospital gown. This is to stop your clothes getting wet during the procedure. You will then be asked to empty your bladder. The nurse will give you a container and instructions if a urine specimen is needed.

Although you do not need a general anaesthetic for flexible cystoscopy, the urethra needs to be prepared with anaesthetic jelly, which is squeezed gently into it from a tube or syringe. The jelly numbs the urethra and lubricates it. It may also contain an antiseptic.

What does the cystoscopy involve?

The doctor will clean your genitals with a mild disinfectant and then surround the area with a paper sheet. Try not to touch it with your hands.

The flexible cystoscope is taken from the machine used to disinfect it. The doctor then gently inserts the tip of the instrument into your urethra. You may be given a commentary as the instrument goes into the bladder. Sometimes the image is displayed on a TV screen.

Men may be asked by the doctor to try and pass urine when the instrument reaches the sphincter below the prostate gland. In trying to pass urine the sphincter naturally relaxes and the cystoscope can pass through more easily. Don't worry, no urine will actually come out while the cystoscope is in the urethra. There may be momentary stinging as the sphincter opens.

The flexible cystoscope has a control device which allows the doctor to steer it by bending its tip. Once the end of the instrument is in the bladder, twisting the instrument and steering it in this way brings the whole of the lining into view.

When the bladder is empty, there are folds in the lining. Sterile water or saline is run into the bladder through the cystoscope to stretch out these folds and fill the bladder. This way the whole of the lining can be seen. It is therefore natural at the end of the examination to feel as if you need to pass water again.

It is usual for a nurse to stay with you throughout the examination, which is very quick. You may experience some slight discomfort, but it will not last long.

What should I expect afterwards?

Most patients have no trouble after a flexible cystoscopy. A mild burning on passing urine usually gets better after a day or so. Drinking extra water can help. A little bleeding is common especially if a biopsy specimen has been taken.

Will I need any follow-up?

Depending on the cystoscopy findings, a follow-up plan will be made for you prior to your discharge.

Is there anything else I should look out for?

An occasional problem after flexible cystoscopy is a water infection. If you have a temperature, pain, persistent burning or bleeding, contact your GP immediately.

Contact us

If you have any questions, worries or concerns, please phone the urology clinical nurse specialists on 01872 253143.

Are there any risks or complications?

As with all procedures, there are some risks involved. You should be reassured that, although these complications are well recognised, most patients do not suffer any problems after this procedure.

Common (greater than 1 in 10 patients)

Mild burning or bleeding on passing urine: if present, this should improve within a few days. If it persists, please consult your GP, as a urine infection may be present.

Occasional (between 1 in 10 and 1 in 50 patients)

- Urine infection: If you have a persisting burning sensation when passing urine, or feel feverish, please consult your GP as an infection may be present, which will require antibiotics.
- Temporary insertion of a catheter: If the procedure is prolonged, or bleeding occurs, a temporary catheter tube may be placed into your bladder at the end of the procedure. This is usually removed the following day.

Rare (less than 1 in 50 patients)

- Persistent bleeding: If bleeding after the procedure does not settle, then you may need to be admitted to hospital, so that any clots can be removed from your bladder (and any bleeding areas can be cauterised).
- Injury to the urethra leading to scar formation: this can be treated endoscopically by making an incision into the urethral scar under a general anaesthetic.

- Urine retention: During the procedure your bladder is gently filled with water so that all areas of your bladder can be inspected. Distending the bladder in this way can confer a small risk of urine retention. For that reason, you should pass urine before leaving the department to ensure you can void (empty your bladder) safely. If following your discharge there are any problems, contact your GP practice.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language,
please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Flexible cystoscopy (Diagnostic / Surveillance)

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

A procedure to inspect the urethra and bladder with the use of a telescopic instrument (flexible cystoscope)

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To inspect your urethra and bladder.*

Significant, unavoidable or frequently occurring risks:

- *Burning or bleeding on passing urine.*

Uncommon but more serious risks:

- *Urine infection requiring antibiotics, urine retention.*

Rare but serious risks:

- *Persistent bleeding requiring surgery, injury to the urethra, hospital acquired infection.*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

Any extra procedures which may become necessary during the procedure (including associated risks):

- *Other procedure (please specify):*

I have given and discussed the Trust's approved patient information leaflet for this procedure: Flexible cystoscopy (Diagnostic / Surveillance) (RCHT1587) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Flexible cystoscopy (Diagnostic / Surveillance) (RCHT1587) which forms part of this document.

Patient signature: Name (PRINT): Date:

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

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