

Patient Information to be retained by patient

Flexible cystoscopy (+/- biopsy / cystodiathermy / stent removal)

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). Abnormal areas within the bladder can also be biopsied and/or cauterised (cystodiathermy). Stents can also be removed using the flexible cystoscope.

Why do I need this procedure?

The procedure may be recommended if your clinician suspects that there may be an abnormality, or as part of surveillance following previous bladder cancer treatment, or to remove a previously inserted stent.

Are there any alternatives?

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

How do I prepare for it?

You can continue to take your regular medication unless you have been told otherwise. If you are taking aspirin, clopidogrel, warfarin, rivaroxaban, dabigatran (or any other blood thinning medication) regularly, you must discuss this with your urologist.

You can continue to eat and drink as normal.

You will be asked to attend the urology clinic and to provide a urine sample prior to the procedure. Feel free to ask any questions you have about the procedure or what will happen afterwards. The surgeon / specialist nurse may examine you. They will also check that this consent form has been completed and signed.

What does it involve?

The procedure is performed under a local anaesthetic. A telescopic instrument, called a cystoscope, is passed along your urethra to your bladder for a thorough inspection. Any abnormal areas can be biopsied and / or diathermied with a heat probe. Only a small area can be biopsied using this instrument and larger lesions may require a general anaesthetic and further procedure. For stent removal, a fine grasper is passed through the cystoscope to remove it.

What happens afterwards?

Following the procedure, you will usually be discharged home once you have passed urine satisfactorily.

What should I look out for at home?

You may continue to pass a small amount of blood in your urine for up to a week after the procedure. You may also have some minor discomfort when passing urine. If biopsies were taken, there is a small risk of further bleeding 10-14 days post-operatively. This is normal and you can help it settle by drinking plenty of fluids.

By the time of your discharge from hospital you should be given advice about:

- your recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home
- your follow-up arrangements, including when you will be told of any test results.

If you have not been given this information, please ask before you go home.

If I have had a biopsy when will I get my results?

You will be advised before discharge about receiving the results of your biopsy. The samples take around 14 days to be assessed. The results are usually discussed by all the specialists involved in your care at a multi-disciplinary team (MDT) meeting, before further treatment decisions are made. We will contact you and your GP with the results.

Will I have any follow-up?

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

Is there anything else I should look out for?

If you develop a fever, worsening bleeding, severe pain or an inability to pass urine, 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 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 continues, please consult your GP, as you may have a urine infection.
- Need for biopsy / diathermy: If there are any suspicious areas within the bladder, or a bladder tumour is present, these can be biopsied through the cystoscopy, and then cauterised with a heat probe.

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

- Urine infection: If you have a persistent 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, a deep biopsy is performed, or bleeding occurs, a temporary catheter tube may be placed into your bladder at the end of the procedure. This is commonly removed the following day.

Rare (less than 1 in 50 patients)

- Persistent bleeding: If bleeding after the procedure does not settle, 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).
- Perforation of the bladder: If a bladder tumour is removed, a perforation of the bladder wall may occur. Usually this only means that the catheter may be kept in place for a few days longer to allow the area to heal. However, if the bladder perforation causes leakage of bladder irrigation into the abdomen, then an open operation is required to repair the defect.

- 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 can cause a small risk of urine retention. For that reason, you should pass urine before leaving the department to ensure you can void safely. Following discharge, if you have any problems passing urine 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 (+/- biopsy / cystodiathermy / stent removal)

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

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, need for biopsy / diathermy of any abnormalities within the bladder.*

Uncommon but more serious risks:

- *Urine infection requiring antibiotics, urine retention.*

Rare but serious risks:

- *Persistent bleeding requiring surgery, perforation of the bladder, 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.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Flexible cystoscopy (+/- biopsy / cystodiathermy / stent removal) (RCHT1584) 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 (+/- biopsy / cystodiathermy / stent removal) (RCHT1584) 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:

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Flexible cystoscopy (+/- biopsy / cystodiathermy / stent removal)

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, need for biopsy / diathermy of any abnormalities within the bladder.*

Uncommon but more serious risks:

- *Urine infection requiring antibiotics, urine retention.*

Rare but serious risks:

- *Persistent bleeding requiring surgery, perforation of the bladder, 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.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Flexible cystoscopy (+/- biopsy / cystodiathermy / stent removal) (RCHT1584) 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 (+/- biopsy / cystodiathermy / stent removal) (RCHT1584) 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: _____