



Spire Healthcare

Treatment summary

Diagnostic tests: bladder investigations

What's involved?

A cystoscopy is an examination of the inside of the bladder (the organ that stores urine in the body). There are two types of cystoscopy: flexible cystoscopy and rigid cystoscopy.

Flexible cystoscopy

Flexible cystoscopy is done using a thin, flexible, tube-like telescope called a cystoscope. The cystoscope is passed carefully up the urethra (the tube that passes urine out of the body) and into the bladder.

A flexible cystoscopy is useful for finding out what is causing symptoms, or as a check-up for certain bladder conditions. During the procedure, your doctor may take one or more biopsies (samples of the lining of the bladder) for examination in a laboratory.

Flexible cystoscopy is routinely done as an out-patient or day-case, with no overnight

stay in hospital. It's usually performed under local anaesthesia, which means that you are awake during the procedure. The local anaesthetic is normally in the form of a gel that is placed into the opening of the urethra.

Rigid cystoscopy

Rigid cystoscopy is done using a rod-like instrument called a rigid cystoscope. This instrument has a light and a lens at the tip, and a channel through which surgical instruments can be passed.

Rigid cystoscopy is used to detect abnormalities, take samples of tissue (biopsies) and perform surgery inside the urinary system. It is usually carried out under general anaesthesia, which means you will be asleep throughout the procedure. Sometimes the procedure can be done using epidural or spinal anaesthesia. These techniques completely numb the pelvic region during the operation but you will still be awake.

During rigid cystoscopy a catheter (a fine flexible tube) may be passed into the urethra to drain urine from the bladder into a bag. Depending on the treatment you have had, the catheter may be connected to a system which washes any blood and blood clots out of your bladder for the first 24 hours. This is called bladder irrigation. The catheter may feel a bit uncomfortable but it will usually be removed the day after your operation.

For treatment by rigid cystoscopy you may need to stay one night or more in hospital, depending on the extent of your surgery.

Your surgeon will explain the benefits and risks of having a cystoscopy and will discuss which procedure is most suitable for you.

Cystoscopy is a commonly performed and generally safe procedure. For most people, the benefits of having a clear diagnosis are much greater than any disadvantages. However, all medical procedures carry an element of risk.

It's quite normal for the urine to contain some blood following a cystoscopy - during the first 24 hours after a flexible cystoscopy and for up to 14 days following rigid cystoscopy.

The main complication specific to cystoscopy is urinary tract infection which may require treatment with antibiotics.

It is possible to damage the urethra or to create scar tissue causing narrowing (stricture) of the urethra. A stricture causes difficulty urinating. Further cystoscopy may be required to remove the scar tissue or repair any damage.

The chance of complications depends on the exact type of procedure you are having and other factors such as your general health. You should ask your doctor to explain how any risks apply to you.

To find out more about having diagnostic tests with Spire Healthcare, please contact your local Spire hospital.

Normally, you will need to obtain a GP or consultant referral before we can carry out any tests.



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