

Discharge advice following cystoscopy / biopsy

 Information for patients



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



What is a cystoscopy?

A cystoscopy is an inspection of the bladder and urethra (water pipe) with a telescope. On occasion biopsies (small tissue samples) are taken from the bladder during a cystoscopy.

What are the benefits of having a cystoscopy?

The main benefit of this procedure is to identify any abnormal areas within the bladder.

What does the procedure involve?

A cystoscopy is carried out under a general anaesthetic, which means that you will be asleep during the procedure.

A telescope is inserted through the water pipe (urethra) to inspect both the urethra and the lining of the bladder. Occasionally, it is necessary to stretch the opening of the urethra to introduce the instrument.

If biopsies are taken the use of special forceps are inserted down the telescope, and sometimes you will have a catheter inserted.

What are the risks associated with having a cystoscopy?

Most procedures have a potential for side effects and risks which you should consider, for this procedure these include;

- mild burning or bleeding on passing urine for a short period after the operation
- infection of the bladder requiring antibiotics

These risk will be discussed with you by your consultant.

Are there any alternatives to a cystoscopy?

Alternatives to a cystoscopy may include:

- rigid cystoscopy under a general anaesthetic - your consultant will advise you if this is necessary
- no treatment - which may leave the cause of your symptoms unexplained

What will happen if I decide not to have the procedure?

You always have the option of not having treatment though you need to be aware that potential complications include ongoing urine infection and being unable to pass urine.

Giving your consent

Before we are able to undertake any medical treatment, test or examination we must seek your consent first. For some procedures we do this by asking you to sign a written consent form. It is important that you fully understand what the procedure involves before you give your consent. The information in this leaflet aims to provide as much information about the procedure to help you make this decision. If you need more information or are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information. Please do remember that you are entitled to change your mind at any point, even after the consent form has been signed.

How long will I be in hospital for?

The operation will be performed as a day case, which means you will not need to stay in hospital overnight.

What should I look for when I get home?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP or the Urology Department.

What can I expect after the procedure?

Catheter insertion

Occasionally a catheter may be inserted. This will be removed a few hours or a few days later depending on the procedure. You will be offered something to eat and drink once you are fully awake.

When you are ready to get up a nurse will take you to the changing room where they will ask you to get ready and also to pass urine. Once you have passed urine the nurse will ask if they can check how well you have emptied your bladder. This is done by using a bladder scanner. This is a special piece of equipment to read the amount of urine left in the bladder. If the bladder contains less than 300 mls then you will be allowed to go home.

If you are unable to pass a satisfactory amount of urine there may be a chance that you will have to be re-catheterised and have your catheter removed within 24 to 48 hours. This will be arranged by the nurses before going home.

Bleeding

You may notice some bleeding when passing urine; this is due to the nature of the operation. Please do not be alarmed this is natural and should settle in a day or two. You should drink twice as much fluid as you would normally for the first 24 to 48 hours to flush your system through.

Pain relief

You may experience some mild pain after this operation. You should take either the painkillers you were given from the hospital or a mild painkiller such as paracetamol. Follow the instructions carefully and do not exceed the stated dose.

When will I be able to resume normal activities?

Work

You may return to work and your normal activities as soon as you feel able. If you need a sick note please speak to the nursing staff or your GP.

Driving

It is your responsibility to make sure you are fit to drive after surgery (normally after 24 to 48 hours). You should check with your insurance company that your cover is valid before you start driving again.

Will I need a follow-up appointment?

You will receive a follow up appointment through the post.

Who should I contact if I have any concerns?

Within the first 24 hours of discharge you can contact:

Day Surgery Unit:

- **0114 226 6020**
7.00am to 8.00pm

If the Day Surgery is closed overnight you should contact either:

Urology Assessment Unit, Royal Hallamshire Hospital:

- **0114 226 5149**
24 hours

Ward H1 Royal Hallamshire Hospital:

- **0114 271 2402**
- **0114 271 2492**

Ward H2 Royal Hallamshire Hospital:

- **0114 271 2299**
- **0114 271 2744**

After the first 24 hours you should arrange to see your GP.

If you need advice out of hours you could also visit the Walk-in Centre on Broad Lane, Sheffield or call the NHS helpline on 111.



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