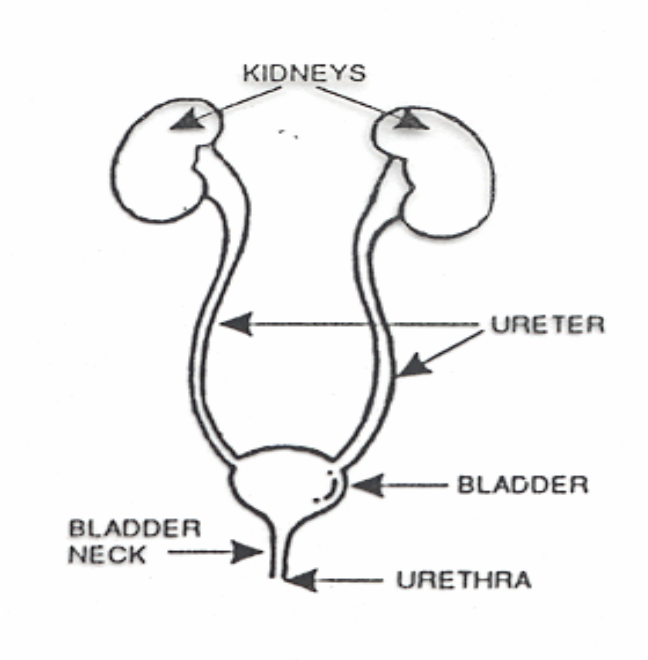
CYSTOSCOPY PATIENT INFORMATION

The information contained in this booklet is intended to assist you in understanding your proposed surgery; some of the content may or may not apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.

What does the Bladder do?

The bladder is a hollow, muscular organ in the pelvis behind the pubic bone.

The function of the bladder is to collect, store and expel urine as the kidneys produce it. When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Then, under your control, the outlet pipe (urethra) muscles relax and the bladder contracts until it is empty of urine.



What is a Cystoscopy?

A cystoscopy is an examination of the bladder and urethra with an instrument called a cystoscope. The cystoscope is inserted into the bladder via the urethra under anaesthetic. The cystoscope allows the doctor to look at the urethra and the bladder and take any tissue samples required.

Why do I need a Cystoscopy?

A cystoscopy can be performed to remove a ureteric stent (small plastic tube in the ureter extending from the kidney to the bladder). This procedure can also be done to diagnose the following:

- inflammatory conditions of the bladder
- bladder stones
- cancerous growths in the bladder
- strictures of the urethra
- stenosis (stiffening) of the bladder neck
- bleeding of unknown cause

Potential Complications

The cystoscopy carries a very small risk of excessive bleeding and urinary tract infection. You will be monitored for these risks and treated promptly if they occur.

- **Excessive bleeding**
  Your vital signs (blood pressure and pulse) and urine will be monitored for signs of excessive bleeding.

- **Infection**
  Your temperature will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given directly into your bloodstream during your operation and continued post-operatively if necessary. You can also assist with the prevention of infection by maintaining good hygiene and doing your deep breathing exercises. Early mobilisation also helps.

Length of Stay

The usual length of stay is one to two days. However, if you need to stay longer for a medical reason, your doctor will discuss this with you.

Before Surgery

Informed consent

After consultation with the doctor you will be asked to sign a form to give written consent for the surgeon to perform the operation and for an anaesthetic to be administered. Relevant sections of the form must also be completed if you agree to a blood transfusion and/or if your particular surgery involves the removal of a body part and you wish to have this returned. Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent. The following health professionals are available to help you with this process.

Nurses

A nurse will explain what to expect before and after surgery. Please ask questions and express your concerns; your family or people close to you are welcome to be involved.

n you are discharged from hospital your nurse will arrange for you to receive ongoing support, advice and practical help, if needed.

Tests

Blood samples

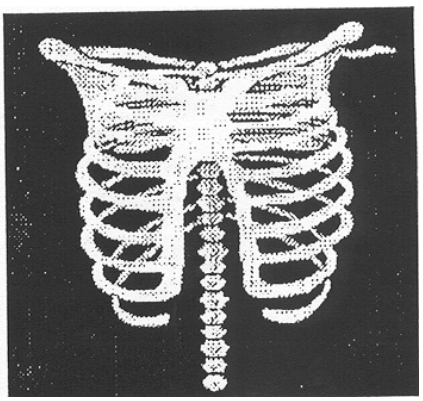
Samples of your blood will go the laboratory to check your general health before surgery.

Midstream urine

A sample of your urine is sent to the laboratory to check that there is no bacteria.

Chest x-ray

If requested by the doctor or anaesthetist, a chest x-ray will be performed to check on the health of your lungs.



ECG

An electrocardiogram (ECG) of your heart may be required depending on your age and any diagnosed heart conditions.

Other measures

Nil by mouth

As your stomach should be empty before an anaesthetic, you must not eat anything or drink milk products six hours prior to surgery. You may, however, be able to drink clear fluids up to two hours before surgery - the Pre-Admission Clinic or ward nurse will clarify this with you.

Breathing exercises will be taught to you by your nurse or physiotherapist pre-operatively. They are important as they help to keep your lungs clear of fluid and prevent chest infection. They should be carried out regularly after surgery by supporting your abdomen with a soft pillow, taking four to five deep, slow breaths, then one deep cough.

After Surgery

You are transferred to the Recovery Room next to the operating theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you back to the ward on your bed.

On the ward

Your nurse will check the following regularly:

- Vital signs - your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The amount of urine you are producing
- The effectiveness of pain relief
- The amount of oxygen in your blood

You may have

Intravenous (IV) fluids

A small tube (leur) is placed into a vein in the forearm to give you fluids and medications.

Oxygen

Oxygen is often given for the first 24 hours after surgery via nasal prongs or a facemask to help with breathing and healing.

Urinary catheter
You will have a tube in the urethra that will drain the urine from your bladder. This can be secured to your leg for comfort.

Pain relief after your surgery

A cystoscopy is not usually painful post-operatively. However, you may experience a burning sensation in the urethra and a strong desire to pass urine (bladder spasm). These symptoms can be relieved by medications that reduce the acidity of the urine and/or relieve pain. A local anaesthetic jelly applied to the catheter insertion area may also help. If these measures are not successful, you may require IV pain relief.

The **PAIN SCORE** is a way of your nurse establishing how much pain you are experiencing by your grading of your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine.

If you have pain or discomfort, please tell your nurse.

Food and fluids

After you have fully woken up from your anaesthetic, you will be able to progress from sips to a full diet in a short space of time.

Mobility

You will usually be up and about a short time after your surgery. Your level of activity will increase as you recover.

Removal of drips and drains

Intravenous (IV) fluid

This is removed when you are drinking normally. The leur (plastic tube) is removed when you no longer require intravenous medications.

Urinary catheter

This will be removed as soon as possible in consultation with your doctor.

Discharge Advice

- See your GP promptly if you experience chills, fever or pain in your bladder or back, or your urine is cloudy and offensive smelling. These symptoms may be indicative of a urinary tract infection and require treatment.
- Your urine may be slightly bloodstained for the first few days after discharge from hospital. This is normal and should resolve within one week. If bleeding persists, becomes heavy or clots appear, contact your GP promptly.
- Drink at least one to two litres of fluid over a day if possible. This is easier if you vary your fluids (eg. fruit juice, cordial, tea) in addition to water.
- Your hospital doctor will provide your first sickness benefit certificate/medical certificate and will advise you when to return to work.

Follow-up

Discharge letter

You and your GP will receive a copy of a letter outlining the treatment you received during your hospital stay. This will be posted to you if it is not completed by the time you leave hospital.

GP

When you are discharged from hospital you will be under the care of your GP who will look after your general health and monitor your progress.

Outpatients appointments

You will receive an appointment for Urology Outpatients approximately six weeks after discharge. This will be posted to you.

3 References: Mosby's Genitourinary Disorders, Clinical Nursing, Mikel Gray 1992
Urological Nursing 3rd Edition, Urological Nursing' 2004
Campbell's Urology 7th Edition, Urology, 1998