

Gynaecology Department

Cystoscopy and Bladder Biopsy

What is a cystoscopy?

A Cystoscopy is an examination inside the bladder using a special telescope called a cystoscope. The cystoscope is passed through the urethra (tube from the bladder to the outside) into the bladder. The images are then displayed on a television monitor so the doctor can see what may be causing your symptoms.

There are two types of cystoscopy:

- **Flexible cystoscopy:** A fine fibre optic telescope (cystoscope) is passed through the urethra into the bladder. It has fibre optics inside which allow the telescope to bend to see all the inside lining of the bladder.
- **Rigid cystoscopy:** A shorter, straight, rigid telescope is passed through the urethra into the bladder. This information leaflet is about rigid cystoscopy.

Both instruments have a side channel. This allows some devices to pass down the side channel in the cystoscope into the bladder so that the doctor can take a biopsy or give treatment.

Why may a cystoscopy be necessary?

A cystoscopy is performed to help diagnose and find the cause of symptoms such as:

- Frequent urinary tract infections;
- Urinary incontinence or overactive bladder;
- Blood in the urine (haematuria);



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- Unusual cells found in a urine sample;
- Persistent pain when you pass urine;
- If there is difficulty in passing urine;
- During a surgical procedure such as a hysterectomy or incontinence tape procedure to ensure there has been no damage to the bladder or urethra.

A cystoscope can also be used to perform procedures or treat conditions such as:

- Taking a biopsy (a small piece of tissue) from the lining of the bladder to help make a diagnosis;
- To inject bulking agents into the neck of the bladder to help the sphincter muscle close if there is a problem with leaking or urine when you cough or sneeze.
- To inject Botulinum toxin (Botox) into the muscle of the bladder if it is overactive.

Is there an alternative to cystoscopy?

Urine tests and Ultrasound scanning can show some problems such as bladder stones and tumours. Although these are useful techniques cystoscopy is more successful in clearly identifying and diagnosing problems in the bladder. Cystoscopy also allows the doctor to perform a biopsy or give certain treatments which cannot be performed with ultrasound.

What happens during a cystoscopy?

Cystoscopy is normally performed as a day case under local or general anaesthesia at UHCW. Most women tolerate it well under local anaesthesia.

If you are having the procedure done under general anaesthesia:

- You will be asked to have nothing to eat and drink eight hours before your cystoscopy.
- You will be admitted to the ward on the morning of the cystoscopy.

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- You will be asked to provide a urine sample to check for signs of infection before you go to theatre.
- The doctor will see you prior to the procedure and ask you to sign a consent form. You can ask the doctor any questions you may have about the cystoscopy at this point.
- You will also be seen by the anaesthetist prior to the procedure.
- You will put on a hospital gown and be taken to theatre.
- You will be lying on your back with your knees raised apart.
- During the cystoscopy the doctor will clean the skin surrounding the urethra (water pipe) and place some numbing jelly onto the opening of the urethra.
- The cystoscope is then gently passed through the urethra into the bladder. Sterile water is used to fill the bladder. This allows the doctor to carefully examine the bladder.
- The procedure takes approximately 10-15 minutes to complete. It may take longer if a biopsy is performed.
- The bladder is then emptied and the cystoscope removed.
- You will be woken up and taken to recovery. Then you will be taken to the ward.
- You can go home later that day once you have passed urine.

What can I expect after the cystoscopy?

Following the anaesthetic please ensure there is somebody to take you home from the hospital and be with you for 24 hours. For the first 24 hours you may have:

- Mild burning sensation when you urinate;
- The feeling you need to urinate more often than normal;
- If you have a biopsy the urine may be pink.

Make sure you drink plenty of water after the procedure to help dilute the urine.

Are there any risks with this procedure?

Most cystoscopies happen without any problems and you recover quickly. The risks of the procedure are low and they include:

- Urinary tract infection;

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- Bleeding: this usually stops without any treatment but rarely may require a second procedure or a catheter to be inserted into the bladder;
- Injury to the bladder or urethra due to the cystoscope perforating the bladder or urethra;
- Risks of the anaesthetic.

When you get home please call Ward 23 (024 7696 7000) if you have:

- Severe pain and heavy bleeding;
- Pain or bleeding that lasts longer than two days;
- Develop a high temperature, have pain and burning when you pass urine or have smelly or cloudy urine.

What about the results and follow up?

The doctor will come to see you after the procedure and inform you of the findings. If a biopsy is taken it will take several weeks for a report to become available. An appointment will be made to discuss your results with you in the Urogynaecology clinic.

If you require any further information please call 024 7696 7000.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 we will do our best to meet your needs.

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