

Gynaecology

Flexible cystoscopy

What is a flexible cystoscopy?

A flexible cystoscopy lets your clinician look inside your bladder using a thin camera called a cystoscope. The cystoscope is a thin, flexible fibre-optic telescope and is about as thick as a pencil.

The cystoscope enters the bladder by passing through the urethra (the tube that carries urine out of the body), and the doctors can then see the pictures on a TV screen.

Why do you need a flexible cystoscopy?

A flexible cystoscopy is done to help find the cause of symptoms such as:

- Frequent urinary tract infections (UTIs)
- Blood in your urine (haematuria)
- Unusual cells found in a urine sample
- Persistent pain when you pee (pass urine)
- Trouble passing urine
- Urinary Incontinence (leaking urine without control)

Sometimes a cystoscope is used for treatments like:

- Taking a biopsy (a piece of tissue) from the lining of the bladder
- Using medicines like bulking agents to treat bladder neck weakness that causes leaks when coughing, laughing, exercising etc.
- Injecting Botox (Botulinum toxin) into the muscle of an overactive bladder

Most of the time, a cystoscopy doesn't find anything wrong, but it can help figure out what might be causing your symptoms.



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What happens during a flexible cystoscopy?

Flexible cystoscopy is a short procedure done in an outpatient clinic. It is usually done with a local anaesthetic. You can eat and drink normally before your appointment.

When you arrive, you will need to pass urine. If you have any signs of an infection, the test might be delayed until the infection has gone. Before the procedure, you will be asked to sign a consent form to show you understand what will happen and that you agree for it to go ahead. If you have any questions or concerns, you can ask the doctor before signing.

After checking for any allergies, you will be given an antibiotic to help prevent a urine infection. You will be asked to wear a hospital gown or take off the bottom half of your clothing. You will then be taken through to a treatment room, where you will be asked to lie on your back on an examination table. A nurse will stay with you to make sure you are comfortable during the procedure.

The doctor will clean the opening to your urethra, the outside of the vagina and the nearby skin and put some numbing gel in it to make the procedure more comfortable. The doctor will gently insert the cystoscope into your bladder. To help see inside, sterile saline is slowly put into your bladder. If the doctor is just looking inside your bladder, a flexible cystoscopy will take about 5 to 10 minutes. If a biopsy is needed, it may take longer. Once the procedure is done, the doctor will remove the cystoscope.

Your doctor will then discuss the outcome of the procedure with you. If a biopsy was taken, it will be sent to the laboratory to be checked and the results might take a few days or weeks to come back. The doctor will contact you with the results.

During the procedure, you might feel your bladder filling, and it may feel wet, or like you need to pass urine. After the procedure, you can go to the toilet to pee out the saline that was put in your bladder. Once that's done, you can leave the clinic right away. You can bring a relative or friend with you, but it is not necessary.

Side-effects and complications

Most flexible cystoscopies are done without any problems and you should recover quickly. In the first 24 hours after the procedure, you may have a mild burning feeling when you pass urine, or you may need to go more often than usual. Your urine might also look pink due to slight

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bleeding, especially if a biopsy was taken.

You should drink around 1.5 litres of water a day to help keep your urine clear and reduce stinging. The most common problem is bleeding after a biopsy, but it usually stops on its own without any treatment. Rarely, you may need a second procedure to stop the bleeding.

Sometimes, a catheter might be put into your bladder for a short time. Rare complications include the cystoscope perforating the bladder (going through the bladder wall), or you may get a urinary tract infection.

You should tell your GP if you have:

- Pain or heavy bleeding
- Pain or bleeding that lasts longer than 2 days
- Symptoms of infection, like high temperature (fever) or pain when you pass urine.

Contact us

If you have any questions or would like further information, please call the Urogynaecology Department on 024 7696 7024.

British Association of Urological Surgeons: www.baus.org.uk

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