

Gynaecology Department

Flexible cystoscopy

What is a flexible cystoscopy?

A flexible cystoscopy is a procedure which enables us to look inside your bladder with a thin camera called a cystoscope. The image is displayed on a TV monitor.

The cystoscope enters the bladder by passing through the urethra (the tube that carries pee out of the body).

A flexible cystoscope

This is a thin, flexible fibre-optic telescope. It is about as thick as a pencil and allows us to see around bends.

Why do you need a flexible cystoscopy?

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

- Frequent urinary tract infections
- Blood in your urine (haematuria)
- Unusual cells found in a urine sample
- Persistent pain when you pass urine
- Difficulty in passing urine. A stricture (narrowing) of the urethra may be present
- Incontinence (passing urine involuntarily)



Patient Information

A flexible cystoscopy is also used to treat certain conditions or to perform procedures. Instruments are passed down the side channels of the cystoscope in order to:

- Take a biopsy (a piece of tissue) from the lining of the bladder
- Inject the bladder neck with bulking agents to treat weakness in the sphincter (muscles which close the bladder) which can cause leakage when coughing, laughing, exercising etc.
- Inject Botox (Botulinum toxin) into the muscle of an overactive bladder

Often, a flexible cystoscopy shows no abnormalities. However, it may help to rule-out certain causes of your symptoms.

What happens during a flexible cystoscopy?

Flexible cystoscopy is done as day case/outpatient procedure. It is usually carried out under a local anaesthetic. You can eat and drink normally before attending your appointment.

When you arrive you will be asked to pass urine. If there is any sign of urine infection present, the procedure will be postponed until this has resolved.

Before the examination you will be asked to sign a consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

After checking for any allergies, you will then be given an antibiotic to reduce the risk of developing a urine infection. You will be asked to wear a hospital gown or remove 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 couch. A nurse will be present to monitor that you are well and not experiencing excessive discomfort during the procedure.

The opening to your urethra (the outside of the vagina) and the nearby skin will be cleaned. Some anaesthetic gel is then applied to the opening of the urethra to numb the lining of the urethra. This helps the cystoscope to pass into the urethra with minimal discomfort. The cystoscope is then gently

Patient Information

inserted into the bladder. Sterile saline is used to slowly fill your bladder which can then be carefully examined.

If the doctor is just looking inside your bladder, a flexible cystoscopy will take 5-10 minutes. It may take longer if a procedure, such as a biopsy, is necessary. The cystoscope is then removed.

Your doctor will then discuss the outcome of the procedure with you. If a biopsy is taken, the sample will be sent to the laboratory to be tested and looked at under a microscope. It may be several days or weeks before we get the result of the biopsy. Once we have the result, we will write to you or make you an appointment to discuss the results.

When you have the procedure using local anaesthetic, you may be aware of your bladder filling and can often feel wet during the procedure. You may also experience the urge to pass urine which may be uncomfortable.

Once the procedure is completed you will be able to walk to the toilet to pass the fluid that has been used to fill your bladder. You will be able to leave the clinic immediately after the procedure. You may wish to have a relative or friend with you, but this is not essential.

Are there any side-effects or possible complications?

Most flexible cystoscopies are done without any problems. You should recover quite quickly. For the first 24 hours after the procedure, you may experience a mild burning feeling when you pass urine, or you may need to go more often than usual. Also, the urine may look pink due to slight bleeding, particularly if a biopsy has been taken.

You should drink plenty of water (approximately 1.5 litres a day) to help keep your urine clear. This dilutes the acid in the urine and reduces stinging. The most common problem is bleeding after a biopsy. This almost always settles without any other treatment. Rarely, you may require a second procedure to stop the bleeding.

Very occasionally a catheter may be inserted into the bladder for a short time. Extremely rare complications include the cystoscope perforating the

Patient Information

bladder (going through the bladder wall). Occasionally, after a flexible cystoscopy, you may develop a urinary tract infection.

You should tell you GP if you have:

- Pain or severe bleeding
- Pain or bleeding that lasts longer than two days
- You develop symptoms of infection, such as a high temperature (fever) or pain when you pass urine.

Further Information

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

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7024 we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Gynaecology
Contact:	27000
Updated:	August 2022
Review:	August 2024
Version:	2.2
Reference:	HIC/LFT/2080/16