

Cystoscopy

The urinary tract clears the body of any waste products through your urine; urine is formed in the kidneys and consists of unwanted chemicals and water. Here, it travels to the bladder through some narrow tubes, which are called ureters. Urine is stored in the bladder and is then released from the bladder through the urethra or opening where your urine comes out.

A cystoscopy is a simple procedure that involves looking into the bladder with a "telescope with a light", called a cystoscope. This is passed via the urethra.

Why is a cystoscopy performed?

There are many reasons to need to examine the inside of the urethra and bladder and these include haematuria (blood in the urine), recurrent urine infections, unusual cells found in the urine, pelvic pain or bothersome symptoms associated with passing urine such as frequency or urgency or obstructed or blocked passage of urine.

What are the alternatives?

An alternative to this procedure is to choose not to have treatment, recognizing the risks of your condition. You should ask your doctor about this choice. Ultrasound and special urine tests may help but cannot be as conclusive as looking in the bladder.

What is examined?

The lining of the urethra and its calibre, the closing mechanism or sphincter of the urethra, the lining of the bladder to look for inflammation or tumours, the thickness of the bladder muscle coat, the size or capacity of the bladder and in some cases of pain, the response of the bladder to filling with fluid.

What happens before and during the procedure?

Before admission your urine will be checked for infection. You will usually be able to continue all of your usual medications. You will need to fast for your anaesthetic, that is nothing to eat or drink including coffee, tea and water from midnight or after 7am depending on the time of your procedure. You will be given a gown to change into and taken into the operating theatre. Once you are asleep on your back your legs will be placed up on supports and the opening to the bladder and surrounding area washed with antiseptic solution. You are covered with a sterile drape and the urologist inserts the cystoscope into the bladder. Sterile fluid flows through the cystoscope and this expands the bladder and urethra to allow them to be viewed.



Procedures during the cystoscopy

In some cases other procedures can be performed during the cystoscopy such as taking a specimen from the bladder wall lining if it does not look normal (biopsy). The bladder can also be filled to its capacity and held there to produce a stretch or distention. This is done for pain or frequency. Cautery or diathermy can also be used to stop bleeding from biopsy places or any other areas that are of concern.

Other procedures that may be performed by using various instruments which are passed down the side channels on the cystoscope include removing an object from the bladder such as a stone or stent (a small tube), or obtaining a urine sample from each of the ureters to check for infection or tumour which involves only one kidney. The doctor can remove small polyps or tumours from the lining of the bladder. It is possible to insert a stent into a narrowed ureter. This helps the flow of urine if there is a narrowing. It is possible to perform a special X-ray of the ureters and kidneys. A doctor can inject a dye into the ureters up towards the kidney. This shows up on X-ray pictures and helps to show problems of the kidney or ureter.

After the cystoscopy

You will wake up and be given a drink and allowed to pass urine, sometimes this is uncomfortable, you may feel the strong urge to pass urine and this will usually respond to drinking more fluids, Ural sachets or occasionally simple pain relief such as panadol or panadeine tablets. There may be temporary burning or bleeding on urination that will usually also respond to the above measures.

Are there any complications?

Cystoscopy is usually very safe. In about 1 in 200 cystoscopies a urinary tract infection may result which may give you pain with passing urine and fever. Rarely there is perforation or damage to the bladder requiring another more major procedure. You should contact the urology nurse or your doctor after the procedure if:

- Pain or bleeding is severe or lasts longer than two days.
- You develop symptoms of infection, such as a fever.
- You are unable to urinate

What are the benefits of the procedure?

It may help the doctor make the diagnosis or in some cases treat the problem.

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