

### **Introduction**

Cystoscopy is an investigation in which a soft and flexible cystoscope or a straight and rigid cystoscope about 6mm in diameter is passed through the urethra into the urinary bladder. The direct visualization enables doctor to examine any abnormalities of the lower urinary tract such as tumours, urethral strictures, stones or inflammation.

Additional therapeutic procedures such as haemostasis, bladder biopsy, insertion or removal of ureteral stent can also be performed at the same time.

### **Procedure**

1. As arranged by doctor, patient can have cystoscopy done under local anesthesia, intravenous sedation or monitored anesthetic care.
2. For flexible Cystoscopy, you are required to lie flat. For rigid Cystoscopy, your feet are positioned and well supported on stirrups.
3. Sedatives will be injected as instructed. Doctor and nurse will closely monitor patient's vital signs.
4. Doctor will instill local anesthetic jelly through urethra. Cystoscope is then inserted slowly into bladder.
5. Sterile water or normal saline is infused to distend the bladder to facilitate direct visualization. It is normal if patient feels urgency.
6. If indicated, doctor will take bladder tissue or perform haemostasis during cystoscopy.
7. Usually, the procedure takes about 15-20 minutes to finish.

### **Pre-procedural Preparation**

1. Doctor will explain to patient the reason, the procedure and possible complications. Patient must understand and sign a consent form.
2. Please inform doctor the medical history such as:
  - Diabetic mellitus, heart disease, hypertension or lung disease
  - Current drug history
  - Allergy history to drug, food etc
3. No food or drink 4 hours before cystoscopy as instructed by doctor.
4. Remove dentures, spectacles (including contact lens), metallic accessories.

### **Possible risks and complications**

- Common  
Mild blood in urine, urethral soreness and urgency. These will usually subside after 1-2 days.
- Uncommon  
Urinary tract infection. Medication is needed.
- Rare  
Bladder injury, perforation of urethra or bladder resulting in bleeding or infection. Medication and surgical intervention may be necessary.

**Post-procedural information**

1. If intravenous sedation is used, patients should be bed rest until fully awake. If patient needs to get out of bed (especially the first attempt), please press call bell to inform nursing staff for assistant to avoid fall. Patients should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.
2. Patients attending the endoscopic procedure must be aware that treatment or procedure that will be carried out on them may require general anaesthesia, sedation (e.g. monitored anaesthesia care -MAC) or a combination of techniques (“**anaesthesia/sedation**”). **Patients must fully understand and acknowledge that patients recovering from anaesthesia/sedation after the surgery must not leave the Hospital unaccompanied as a matter of patient safety. In this regard, patients wish to leave the hospital within 24 hours after the procedure should be accompanied by a responsible adult who is able to accompany them home.**
3. Encourage fluid intake to help alleviate the discomfort during invitation.
4. Increased frequency of urination, pain during urination and small amount of blood in urine may occur.
5. Blood in urine is related to biopsy during the procedure. Patient should seek medical advice if this sign becomes serious.
6. Follow up as instructed by doctor.
7. Take medication (if any) as prescribed by doctor.
8. Call your doctor immediately for advice if you have abdominal pain, heavy blood in urine, fever, severe pain during urination etc.

**Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference**

[www.ekg.org.hk/pilic/public](http://www.ekg.org.hk/pilic/public)  
[www.surgeryencyclopedia.com](http://www.surgeryencyclopedia.com)

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_.  
I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor’s treatment plan.

<b>Name:</b>	
Pt No.:	Case No.:
Sex/Age:	Unit Bed No:
Case Reg Date & Time:	
Attn Dr:	

Patient / Relative Signature: \_\_\_\_\_  
Patient / Relative Name: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_  
Date: \_\_\_\_\_