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What Does Flexible Cystoscopy Involve?

By Yolanda Smith, BPharm

Flexible cystoscopy is an examination of the interior of the bladder with a fine, soft tube with a telescopic camera called a flexible cystoscope. It differs from traditional rigid cystoscopy, due to the soft nature of the tube that allows the procedure to be carried out under local rather than general anesthetic.

Purpose

A flexible cystoscopy can provide valuable insight about the function of the bladder and any possible problems that may be occurring. The flexible tube can be inserted into the renal system to visualize the area and help in the diagnosis of particular conditions.

Cystoscopy is often required to diagnose certain conditions with confidence, beyond the utility of other diagnostic tests, such as urine and blood examinations or X-rays. It may be useful to help determine the cause of:

- Recurrent urinary tract infection (UTI)
- Chronic pain or difficulty passing urine
- Unusual growths, ulcers or stones
- Hematuria

Procedure

The flexible cystoscopy procedure typically takes place in the Day Surgery Unit under local anesthetic. There is no need for any special preparation before the procedure and patient can drink and eat as usual.

Upon admittance, the patient is asked to empty their bladder, and a urine sample is often also taken at this time.

The entire examination takes approximately ten minutes. First, the skin surrounding the urethra is cleaned with a mild disinfectant and then covered with a paper sheet. Local anaesthetic gel is then applied to the urethra, which takes approximately five minutes to become effective. Once the area is numb, the flexible cystoscope can be gently inserted into the urethra and pushed further up until the soft tip enters the bladder.

It is common for patients to notice slight stinging as the cystoscope passes through the sphincter to enter the bladder. Men may be asked to attempt to pass urine to open the sphincter and allow the cystoscope to pass through more easily.

Once inserted, water is used to expand the bladder and allow a clear view of the bladder lining, which may cause a sensation of wetness followed by the emptying of the bladder.

In some cases, a biopsy of the bladder lining may be taken for a laboratory analysis that detects signs of certain diseases.

Follow-Up

The results of the cystoscopy are available immediately and can be discussed with the patient before they are discharged from the hospital. If a biopsy is taken, the results from the laboratory may take up to three weeks to return.

Patients can go home once they have passed urine and everything appears to be normal, although slight burning pain may be evident for up to 24-48 hours. Some individuals may notice blood in their urine, which is normal up to 24 hours following the procedure. Patients should be advised to stay hydrated by drinking water and to continue partaking in daily activities as normal.

Contact with the patient's general practitioner will be made, usually via a letter explaining the results of the examination.

Risks

Some patients may experience a urinary tract infection following the flexible cystoscopy procedure. Signs of this

may include fever, pain, bleeding and burning when passing urine, which persists more than 48 hours following the procedure. This can usually be treated with a short course of antibiotic under the care of the general practitioner.

Other possible complications include urinary retention, due to inflammation of the renal system and outflow of the bladder, and damage to the urethra or bladder.

References

- <https://www.whittington.nhs.uk/default.asp?c=7065&t=1,3918,151,6622,6880>
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