



## Preparing for a cystoscopy

### What is a cystoscopy?

A cystoscopy is a procedure in which a thin telescope (called a cystoscope) is used to look inside your bladder. This is inserted through the urethra, the tube that carries urine from the bladder to the outside of the body. The surgeon will see pictures of the inside of the urethra and bladder on a screen. There are two types of cystoscopy:

- **flexible cystoscopy** – a thin (about the width of a drinking straw), bendy cystoscope is used. This can be inserted using a local anaesthetic gel to numb the area
- **rigid cystoscopy** – a slightly wider cystoscope that doesn't bend. Because small surgical instruments can be passed down this, problems in the bladder can be treated at the same time with this procedure.

### What type of anaesthetic could I have for a rigid cystoscopy?

There are two main types of anaesthetic given for this type of surgery:

- **general anaesthetic** – anaesthetic drugs make you unconscious, so you are completely unaware throughout your operation
- **spinal anaesthetic** – the lower half of your body is numbed by an injection in your lower back.

You may also be offered **sedation** (medicine to relax you).

The anaesthetist will discuss with you the best options for you based on your health, age and type of surgery required.

### How long will I be in hospital for?



You should be able to go home the same day.

### Before the operation

- Consider what you can do to improve your health before the operation. Stopping smoking, reducing alcohol consumption, eating more healthily and exercising have all been shown to help patients recover more quickly after surgery. Ask your GP practice about lifestyle support available to you. Don't worry if your surgery is at short notice and you don't have time to make changes beforehand. It is still helpful to consider these in case you need further surgery.
- If you have existing medical conditions (eg diabetes, high blood pressure, chest or heart disease) check with your GP that your medication is up to date and as effective as it can be. This can help prevent delays to your surgery and give you the best chance of your operation and recovery going well.



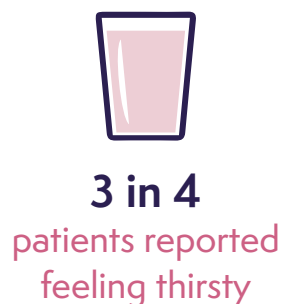
## Preparing for surgery | Cystoscopy

- You should take your normal medication to the hospital with you. The staff will advise you on how and when to take it on the day. Remember to wear any hearing aids and take some spare batteries.
- It is normal to feel anxious about an operation. To help you relax before and after your surgery think about bringing some headphones and music with you, or something to read. Consider learning some breathing exercises or relaxation techniques.
- On the morning of your operation (or the previous evening) you should have a bath or shower to reduce the risk of infection. 
- The hospital will advise you on when to stop drinking and eating (the day of the operation). If you drink plenty of water before this time, you will certainly feel better and may even reduce complications.
- Make sure you have some over-the-counter painkillers available at home. The hospital will advise you on how to take these.
- If you are having a general anaesthetic, spinal anaesthetic or sedation for your procedure, you should arrange for an able-bodied adult to take you home and be with you the first night at home after surgery. If you have others you care for, you should arrange appropriate help for them too. 
- You should consider taking one or two days off work to recover after surgery.

### After the operation

- If you've had a flexible cystoscopy with local anaesthetic you should get back to normal fairly quickly.
- If you've had a rigid cystoscopy with a general anaesthetic or sedation you might feel a bit drowsy or unsteady immediately after surgery. If you've had a spinal anaesthetic you will need to wait until your leg power returns to normal before you go home.
- It is normal to have a burning or stinging feeling when passing urine (wee) for a few days afterwards. You may also feel like you need to go to the toilet more often than usual. Sometimes after a spinal anaesthetic you may need a catheter (soft tube) in your bladder at first.
- It is normal to see a small amount of blood in your urine for a few days, so your wee will be pinkish in colour.

### Research shows that in the first day after a cystoscopy:\*



\*Walker EMK et al. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. *Br J Anaesth* 2016;**117**:758–766.

### Recovering at home

- If you've had a general anaesthetic you may feel tired afterwards for a day or two while your body recovers. It's a good idea to take things easy and not make too many plans for the days after the operation.
- If you are not very active, wear your compression stockings and do gentle leg exercises to reduce your risk of blood clots.
- It's important to drink plenty of water (up to 2 litres per day) for a few days.
- If you feel pain or discomfort you can take painkillers, as instructed by the hospital.
- Most people will need to take one or two days off work. You can self-certify for this, but you can ask for a fit (sick) note to cover this period from the hospital.
- If you have had a general anaesthetic or sedation, you should wait at least 24 hours before you drive. You should wait until you feel well and comfortable to drive safely.



### Things to look out for at home

You should contact your GP or the hospital where you had your surgery if:

- the pain is severe or does not stop after a few days
- you continue to pass blood when going to the toilet for longer than a week
- your urine is very bloody or bright red (rather than pinkish)
- you notice clots/lumps of blood in your urine
- you are unable to pass urine
- you notice a bad smell when you pass urine
- you develop a fever/high temperature over 38°C
- you feel sick or vomit
- you develop pain in your lower back or in your side
- your lower legs become swollen and painful.

These symptoms may occur if you have developed an infection and may need further treatment, usually with antibiotics.

**If you feel very unwell you should go to your nearest accident and emergency department as soon as possible.**

### Additional resources available online

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- Preparing for surgery: Fitter Better Sooner toolkit and animation ([rcoa.ac.uk/fitterbettersooner](https://rcoa.ac.uk/fitterbettersooner))
- You and your anaesthetic and Your spinal anaesthetic ([rcoa.ac.uk/patientinfo/leaflets-video-resources](https://rcoa.ac.uk/patientinfo/leaflets-video-resources))

- Caring for someone who has had a general anaesthetic or sedation ([rcoa.ac.uk/patientinfo/sedation](http://rcoa.ac.uk/patientinfo/sedation))
- Risks associated with your anaesthetic ([rcoa.ac.uk/patientinfo/risks](http://rcoa.ac.uk/patientinfo/risks))
- Patient information series ([rcoa.ac.uk/patientinfo/leaflets-video-resources](http://rcoa.ac.uk/patientinfo/leaflets-video-resources))

### NHS Choices

- Cystoscopy ([nhs.uk/conditions/cystoscopy](http://nhs.uk/conditions/cystoscopy))

## Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose.

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## Tell us what you think

We welcome suggestions to improve this leaflet.

If you have any comments that you would like to make, please email them to: [patientinformation@rcoa.ac.uk](mailto:patientinformation@rcoa.ac.uk)

This leaflet has been reviewed by the RCoA Patient Information Group (which includes lay members) and by the RCoA Professional Standards Advisory Group.

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This leaflet will be reviewed within five years of the date of publication.

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