

Cystoscopy (also known as “Cystourethroscopy”)

PLEASE STOP ALL VITAMINS 2 DAYS PRIOR TO THIS APPOINTMENT

A cystoscopy is a simple procedure where a doctor looks into the bladder and urethra (the tube that takes urine from the bladder to the outside of your body) with a special instrument called a cystoscope. Cystoscopy is done for various reasons that are described below.

What is a cystoscope?

A cystoscope is a very thin telescope, which is passed into the bladder via the urethra. It is usually much smaller than the opening into which it passes. There are two types of cystoscopes:

- **Rigid** cystoscope is a solid, straight telescope with various viewing angles. (Figure 1)
- **Flexible** cystoscope is a flexible fiber-optic telescope. It is about as thick as a pencil. The fiber-optics allows the doctor to see around bends.



Figure 1

Your doctor will make the decision of which type of scope to use. The doctor can look through the cystoscope, while pictures are displayed on a TV monitor for the patient to see. Both types of cystoscopes have side channels to allow various thin devices to be passed into the bladder. For example, the doctor may take a small sample (biopsy) from the lining of the bladder by using a very thin “grasping” instrument, which is passed down a side channel of the cystoscope

When is a cystoscopy done?

A cystoscopy is usually done to help to find the cause of symptoms. There are many different reasons to do cystoscopy but here at The Incontinence and Pelvic Support Institute some of the more common reasons are:

- Frequent urinary tract infections
- Blood in your urine (hematuria)
- Incontinence
- Difficulty in passing urine (which may be due to prostate enlargement, a stricture or narrowing of the urethra, or female organ prolapse)

What should the patient do to prepare for the cystoscopy?

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All patients are asked to stop all vitamins, mineral supplements or Pyridium® (phenazopyridine is the generic name) two (2) days prior to the procedure. There is no other preparation required on the part of the patient.

What happens during a cystoscopy?

Cystoscopy is usually done in our office in an awake state. The patient wears a gown provided to them and lies on their back on a special reclining chair. (Shown in Figure 2) The opening to the urethra (at the outside of the vagina or at the end of the penis) and the nearby skin will be cleaned. A “jelly” containing local anesthetic is then squirted into the opening of the urethra to numb it. This helps the cystoscope to pass into the urethra with as little discomfort as possible. Since a local anesthetic is used, a sedative is rarely necessary.



Figure 2

The doctor will gently pass the cystoscope into the bladder. He or she will carefully examine the lining of the urethra and bladder. Sterile water will be passed through the cystoscope to slowly fill the bladder. The filling of the bladder makes a more thorough examination of the lining of the bladder possible. As the bladder fills the patient will feel the urge to pass urine.

A cystoscopy generally takes only 5 to 10 minutes. When a procedure, such as a biopsy (small sampling of the lining), is done, the time will be a little longer.

What happens after the procedure?

After the procedure and to help reduce possible post procedure infection or irritation, your doctor may give or prescribe medications that could change the color of urine to orange, green or blue depending on the type of the medication. You may need to temporarily wear protective pads or liners to protect your undergarment. Your doctor may also prescribe an antibiotic to be taken for 1 or 2 days to prevent an infection. You will need to notify your doctor with any signs of infection extending beyond the first day such as pain, chills or fever. Patients who normally drive themselves home from a regular doctor's appointment can drive themselves home after a cystoscopy.

Are there any side effects or possible complications?

Most cystoscopies are done without any problem. For the next 24 hours patients may have a mild burning sensation when they pass urine and likely feel the need to urinate more often than usual. Also, the urine may look pink due to mild bleeding, particularly if a biopsy was taken. Occasionally, a urine infection develops shortly after a cystoscopy. Very rarely, the cystoscope may significantly injure the bladder.

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