This document is intended for information purposes only and should be used in conjunction with the advice and further details to be discussed by Mr. Ahmed at your consultation meeting.

What is a rigid cystoscopy?
A rigid cystoscopy is a procedure to check for any problems in your bladder using a rigid fibro-optic telescope (cystoscope). Sometimes certain problems with the bladder and urinary tubes can be treated at the same time.

Your doctor has recommended a rigid cystoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the healthcare team.

Why do I need a rigid cystoscopy?
Your doctor is concerned there may be a problem with your bladder. For example, you may be getting blood in your urine, repeated infections or you may have an irritable bladder (a sudden and uncontrolled urge to pass urine).

If your doctor does see a problem during the cystoscopy, they may perform a biopsy (removing a small piece of tissue), or they may be able to treat the problem using the cystoscope.

If the cystoscopy is normal, your doctor may be able to tell you straightaway and they will reassure you.

Are there any alternatives to a rigid cystoscopy?
A scan may give some information about the cause of the problem. However, a cystoscopy often leads to a diagnosis.

Some problems with the lining of the bladder can be seen only with a cystoscope.

It is possible to have a flexible cystoscopy that needs only an anaesthetic jelly. However, certain problems with the bladder and urinary tubes cannot be treated with a flexible cystoscopy.

What will happen if I decide not to have a cystoscopy?
Your doctor may not be able to confirm what the problem is. If you decide not to have a cystoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?
The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

A rigid cystoscopy is usually performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. The procedure, including the anaesthetic, usually takes less than half an hour.
Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should help prepare you for the procedure, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

**What complications can happen?**
The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. The possible complications of a rigid cystoscopy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 **Complications of anaesthesia**
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 **Complications of rigid cystoscopy**
   * **Bleeding** during or after the procedure. You may notice a small amount of blood the first couple of times you pass urine (risk: 1 in 5). Most women who have a biopsy will notice blood in their urine. Any bleeding is usually very little. The healthcare team can pass water through a catheter (tube) and into your bladder to wash out any blood or to remove any blood clots (called a ‘bladder washout’).
   * **Infection** (risk: 1 in 30). If you need to pass urine often and only pass small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, let your GP know. You may need treatment with antibiotics.
   * **Narrowing of the urethra** (stricture), caused by scar tissue forming. This is unusual after a single cystoscopy. If this happens, you may need further surgery (risk: less than 1 in 1,000).

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Figure 1
Cross-section of the female pelvic region showing a rigid cystoscopy

Your doctor will pass the cystoscope into your bladder through your urethra (tube that carries urine from the bladder) (see figure 1). Your doctor will use the cystoscope to look for any problems in the lining of your bladder and perform biopsies if needed. They will pass fluid through the cystoscope and into your bladder to help them make the diagnosis. If your doctor finds a small growth, it may be possible to remove it using the cystoscope. At the end of the procedure, your doctor will remove the cystoscope.

**What should I do about my medication?**
You should make sure your doctor knows the medication you are on and follow their advice. You may need to stop taking **warfarin** or **clopidogrel** before your procedure.
If you are a diabetic, it is important that your diabetes is controlled around the time of your procedure. Follow your doctor’s advice about when to take your medication.
If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

**What can I do to help make the procedure a success?**
If you smoke, stopping smoking several weeks or more before the procedure may reduce your chances of getting complications and will improve your long-term health.
• **Making a hole in the bladder.** If this happens, you may need a catheter placed in your bladder for a few days while the hole heals. If the hole does not heal, you may need surgery. You should discuss these possible complications with your doctor if there is anything you do not understand.

**How soon will I recover?**

• **In hospital**
  After the procedure you will be transferred to the recovery area where you can rest. You should be able to go home the same day, after you have recovered from the anaesthetic and passed urine. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

• **Returning to normal activities**
  You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours. You may experience a little stinging the first few times you pass urine. Drink up to 3 litres (5 pints) of water a day to help you pass urine more easily. A rigid cystoscopy is usually not a painful procedure. If you have any discomfort, take simple painkillers such as paracetamol. You should be able to go back to work the day after the cystoscopy unless you are told otherwise. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• **The future**
  A member of the healthcare team will tell you what was found during the cystoscopy and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

**Summary**

A rigid cystoscopy is usually a safe and effective way of finding out if there is a problem with your bladder. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

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