What is a flexible cystoscopy?
A flexible cystoscopy is a procedure to check for any problems in your bladder using a flexible fibre-optic telescope (cystoscope). Your doctor has recommended a flexible 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 flexible 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). 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 flexible cystoscopy?
A scan may give some information about the cause of the problem. However, a flexible 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 rigid cystoscopy that allows your surgeon to treat certain problems with the bladder and urinary tubes. However, a rigid cystoscopy involves a general or spinal anaesthetic.

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. You may need to give a sample of your urine to check for any infection. The procedure usually takes about five minutes.
Your doctor will use antiseptic to clean the area at the opening of the urethra (tube that carries urine from the bladder). They may squeeze some local anaesthetic jelly into the urethra to help prevent infection and reduce discomfort.

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

Your doctor will pass the cystoscope into your bladder through your urethra (see figure 1). You
will feel as if you are passing urine. Try to relax your muscles, as you would do normally when you pass urine, as this will make it easier to move the cystoscope into your bladder.

Your doctor will use the cystoscope to look for any problems in the lining of your bladder. They will pass fluid through the cystoscope and into your bladder to help them make the diagnosis.

Your doctor will let you know if they need to perform a biopsy. You will feel an uncomfortable, tugging sensation when the tissue is removed.

At the end of the procedure, your doctor will remove the cystoscope.

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.

The possible complications of a flexible 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.

- **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. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the procedure.

- **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).

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 passed urine.

- **Returning to normal activities**

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 flexible 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. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

- **Lifestyle changes**

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

- **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 flexible 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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