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# Rigid Cystoscopy

## (+/- Biopsy or Stent Removal)

This procedure involves inspection of the bladder and urethra with bladder biopsy (if indicated). It is performed with a telescope; a ureteric stent can also be removed using this telescope.

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This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

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### What are the alternatives to this procedure?

Flexible cystoscopy using local anaesthetic or treatment without information that this test might produce.

### Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
  - ~ Asasantin
  - ~ Aspirin
  - ~ Fish oil
  - ~ Iscover
  - ~ Persantin
  - ~ Plavix
  - ~ Warfarin
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5-10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform the procedure in conjunction with Dr Campbell and with your permission.

### Where do I go for my procedure?

The procedure is available at many sites so please ask for the exact location details.

Otherwise present to the admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation. If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

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## Rigid Cystoscopy continued...

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### Do I need to do anything special before my procedure?

We ask you to fast for 6 hrs prior to the procedure.

### During the procedure

In order to perform the procedure, it is necessary to insert the instrument which is rigid, into the bladder via the water pipe (urethra). A local anaesthetic jelly is used to numb and lubricate the urethra which makes passage of the instrument into the bladder as comfortable as possible. Once the instrument is in place, the examination will only take a few minutes to complete. Attached to the instrument is a telescopic lens, a light source and some sterile water to fill the bladder so that all the lining can be inspected.

### Immediately after the procedure

Once the procedure is finished, Dr Campbell will explain the findings. You will also be advised of the need for any further treatment.

The average hospital stay is less than 1 day.

### Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

#### Common (greater than 1 in 10)

- ~ Mild burning or bleeding on passing urine for a short period after the procedure
- ~ Biopsy of abnormal areas in bladder

#### Occasional (between 1 in 10 & 1 in 50)

- ~ Infection of the bladder requiring antibiotics

#### Rare (less than 1 in 50)

- ~ Temporary insertion of a catheter
- ~ Delayed bleeding requiring removal of clots or further surgery
- ~ Injury to the urethra causing delayed scar formation.
- ~ Injury to the bladder if a biopsy performed requiring either temporary insertion of a catheter or an open operation to repair the injury

### General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

#### Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

### What should I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hrs to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly bloodstained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

### What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact Dr Campbell on (07) 3367 1608, or your family doctor since you may require treatment with antibiotics and/or the temporary passage of a catheter.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre on (07) 3394 7111 are other resources that are also available.

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## Rigid Cystoscopy continued...

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### Are there any other specific points?

Your referring doctor will be sent a report of the procedure and if biopsy samples have been taken during the cystoscopy, your referring doctor will be informed of the results. You maybe asked to make a follow-up appointment after the test to discuss any further treatment. Additional or alternative treatment may, however, be recommended at the time of the test.

### Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

### Who can I contact for more help or information?

#### **Dr Peter Campbell**

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,  
Chasely St,  
Auchenflower, QLD 4066  
(07) 3367 1608,  
[www.campbellurology.com.au](http://www.campbellurology.com.au)

#### **The Wesley Hospital, Urology Ward**

451 Coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7168  
[www.uhc.com.au/wesley](http://www.uhc.com.au/wesley)

#### **The Wesley Emergency Centre**

451 coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7333

#### **Greenslopes Private Hospital, Continence Advisor**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7978  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Urology Ward**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7261  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Emergency Centre**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 6777  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **The Queen Elizabeth II Jubilee Hospital, Urodynamics Department**

Kessels Rd,  
Coopers plains, QLD 4108  
(07) 3275 6346

#### **American Urological Association Foundation**

1000 Corporate Blvd, Suite 410,  
Linthicum, MD 21090  
1800 828 7866  
[www.UrologyHealth.org](http://www.UrologyHealth.org)

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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

*I have read this information sheet and I accept the information it provides.*

Signature

Date

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