

# Urologist



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## PATIENT INFORMATION BROCHURE

### *RIGID CYSTOSCOPY*

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Patient well-being is my first priority!

# Rigid Cystoscopy

A diagnostic day procedure under general anaesthetic, where a rigid cystoscope is placed in the bladder via the urethra

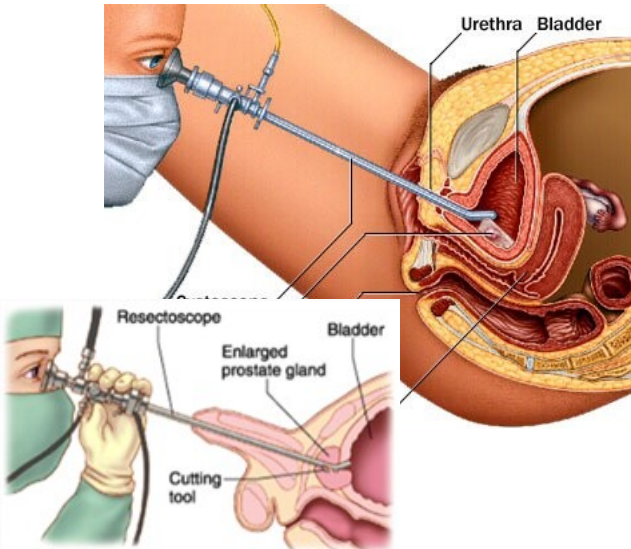
## Why is it done?

To investigate:

- Haematuria (blood in the urine)
- Recurrent urinary tract infections
- Space occupying lesions in the kidneys, ureters and bladder
- Abnormal cells suggestive of urothelial carcinoma, on urine cytology

## Risk factors:

- Strong family history of bladder cancer
- Smokers or passive smokers
- Factory workers: dyes, paints, etc
- Exposure to Schistosoma (Bilharzia)
- Renal stone disease, bladder stones



## How is it done?

- This is done under General anaesthesia.
- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant gel and saline irrigation.
- The bladder is then distended with saline.
- The inside of the bladder is viewed for pathology.
- A retrograde pyelogram could be done at the same time, (placement of small silicone catheters up the kidney pipes). Through these iodine contrast is injected up into the kidney collecting systems. This facilitates the viewing of kidney pipes and kidney collecting systems on X-ray to exclude any upper tract pathology.
- If any abnormalities are found in the kidney/ureters, a ureteroscopy (which is the placement of a long thin camera up the ureter) will be performed.
- If any suspicious lesions are seen, a biopsy will be taken.
- Urine would have been sent for cytology, to rule out the existence of cancer.
- Antibiotics may be given to prevent infection.

## What to expect after the procedure?

- Pain on initial passing of urine
- Bladder infection ranging from a burning sensation to, fever, to puss (rare)
- Blood stained urine
- Lower abdominal discomfort which will persist for a few days
- NB! Each person is unique and for this reason symptoms vary.

## What next?

- This all depends on what is found during the procedure. All the options will be discussed in detail.
- With the removal of stents, the ureters have been dilated and will regain function (peristalsis) as soon as the stents are out. Thus slight pain can be expected in the first 24-48hrs.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Patients should schedule a follow-up appointment within 7 days.
- Please don't hesitate to direct all further queries to Jo.
- **REMEMBER: THOSE WHO SUFFER IN SILENCE, SUFFER ALONE!**