Patient Information Flexible Cystoscopy & Transurethral Ablation (TULA) Department of Urology

What is a flexible cystoscopy and TULA?

This is a procedure to inspect the inside of your urethra (water pipe) and bladder using a telescopic instrument (flexible cystoscope). During the cystoscopy, abnormal areas within the bladder can be removed using a laser (this is called transurethral laser ablation or TULA). A fine laser fibre is passed through the cystoscope and abnormal tissues are destroyed.

Why do I need this procedure?

The procedure may be recommended if your clinician suspects that there may be an abnormality that can be removed under local anaesthetic, or as part of surveillance following previous bladder cancer treatment.

Are there any alternatives?

Rigid cystoscopy can be performed, but this requires a general or spinal anaesthetic.

How do I prepare for it?

You can continue to take your regular medication unless you have been told otherwise. If you are taking aspirin, clopidogrel, warfarin, rivaroxaban, dabigatran (or any other blood thinning medication) regularly, you can continue to take them for this procedure.

You can continue to eat and drink as normal.

You will be asked to attend the urology clinic and to provide a urine sample prior to the procedure. Feel free to ask any questions you have about the procedure or what will happen afterwards. The surgeon / specialist nurse may examine you. They will also check that your consent form has been completed and signed.

What does it involve?

The procedure is performed under a local anaesthetic. A local anaesthetic gel is passed using a syringe into your urethra. The cystoscope (telescopic instrument) is passed along your urethra to your bladder for a thorough inspection. Abnormal tissues are treated using a laser fibre which is passed through the scope.

What happens afterwards?

Following the procedure, you will usually be discharged home once you have passed urine satisfactorily. You should be able to resume normal activities within 24 hours if feeling able.

What should I look out for at home?

You may have some discomfort for up to 72 hours – this is usually relieved by taking simple painkillers such as paracetamol. Drink plenty of water to flush out your bladder.

You may continue to pass a small amount of blood in your urine for up to a week afterwards. There is also a small risk of further bleeding for up to 10-14 days. This is normal and you can help it settle by drinking plenty of fluids.

There is a small risk of developing a bladder infection, which may need treating with antibiotics. If your urine becomes cloudy and offensive smelling, you may have developed a urine infection. Contact your GP and provide them with a urine sample for testing.
If you develop a fever, worsening bleeding, severe pain or an inability to pass urine, contact your GP immediately. By the time of your discharge from hospital you should be given advice about:

- your recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home
- your follow-up arrangements, including when you will be told of any test results.

If you have not been given this information, please ask before you go home.

Are there any risks or complications?

As with all procedures, there are risks involved. Although these complications are well recognised, most patients do not suffer any problems.

Common (greater than 1 in 10 patients)

- Mild burning or bleeding on passing urine: If present, this should improve within a few days. If it continues, please consult your GP, as you may have a urine infection.

Occasional (between 1 in 10 and 1 in 50 patients)

- **Urine infection** – if you have a persistent burning sensation when passing urine, or feel feverish, please consult your GP as an infection may be present, which will require antibiotics.

- **Temporary insertion of a catheter** – if the procedure is prolonged and or bleeding occurs, a temporary catheter tube may be placed into your bladder at the end of the procedure. This is usually removed the following day.

Rare (less than 1 in 50 patients)

- **Persistent bleeding** – if bleeding after the procedure does not settle, you may need to be admitted to hospital so that any clots can be removed from your bladder (and any bleeding areas can be cauterised).
- **Perforation of the bladder** – if a bladder tumour is lasered, a perforation of the bladder wall may occur. Usually this only means that the catheter may be kept in place for a few days longer to allow the area to heal. However, if the bladder perforation causes leakage of bladder irrigation into the abdomen, then an open operation is required to repair the defect.
- **Injury to the urethra leading to scar formation** – this can be treated endoscopically by making an incision into the urethral scar under a general anaesthetic.
- **Urine retention** – during the procedure your bladder is gently filled with water so that all areas of your bladder can be inspected. Distending the bladder can cause a small risk of urine retention. For that reason, you should pass urine before leaving the department to ensure you can. Following discharge, if you have any problems passing urine contact your GP practice.

Will I have any follow-up?

Depending on the underlying condition, a follow-up plan will be made for you prior to your discharge.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Ward D 2 East
01633 234043 / 234044 (24 hrs)

Urology Outpatients Department
01633 234979
Monday – Friday office hours

Urology Day Ward
01633 656378 / 656377
Monday – Friday office hours

Uro-Oncology Clinical Nurse Specialists
Julie Simpson Louise Broadway
Kathleen Connor-Middleton
01633 238976 (will return voicemails when not on clinical duties) Monday – Friday office hours

Urology Nurse Practitioner

Laura Reynolds 01633 234758
Monday – Friday office hours

Urology Surgical Care Practitioner
Jeyanthi Ravi 01633 236054
Tuesday – Friday office hours

Flexible cystoscopy appointments
01633 234974
Monday – Friday office hours

Surgery/Pre-admission queries
01633 234970 / 238568
Monday - Friday

Reference:

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

“This document is available in Welsh/
Mae’r ddogfen hon ar gael yn Gymraeg”.