

Patient Information

Rigid Cystoscopy, Biopsy and Diathermy

Department of Urology

What is a rigid cystoscopy?

This involves passing a rigid cystoscope (telescope) through the urethra (water pipe) into the bladder to remove, biopsy or diathermy a suspected bladder tumour or suspicious area within the bladder. The procedure is done under general (you are asleep) or spinal (numb from the waist down) anaesthetic. It can be performed as a day case procedure if you are fit and well with no other significant medical problems otherwise you will be admitted to the ward for an overnight stay.

What is a biopsy?

This involves taking small samples from your bladder which are then sent to the laboratory to be looked at under the microscope.

What is diathermy?

Diathermy is the use of high frequency electric current to produce heat. It is used to cut or destroy tissue or to stop bleeding

What are the benefits of having this operation?

To diagnose and treat problems within the bladder.

Are there any risks? (1)

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation.
- Temporary insertion of a catheter.

Occasional (between 1 in 10 and 1 in 50)

- Bladder infection requiring antibiotics.
- Finding cancer or other abnormality which may require further surgery or other treatment.

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Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation (strictures).

- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
- MRSA bloodstream infection (0.02% - 1 in 5000).

Are there any alternatives?

An open operation or observation – your doctor will discuss these with you if appropriate.

What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation and to sign your consent form. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions. This is an outpatient appointment and takes about 1 hour. You may need further tests and/or another appointment to see an anaesthetist prior to your operation if your assessment suggests this is necessary. You can bring a relative or friend with you if you wish.

Your operation

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink non clear fluids, such as soup, milk etc., for 6 hours before your operation. You should not chew chewing gum after midnight the night before your operation. You can have tap water up to 2 hours before your operation. After this you will be asked not to drink anything further. It is important to take all your regular medication on the morning of your operation unless advised not to.

If you are diabetic, you will need a diabetic plan. The nurse will give you details of your diabetic plan either at your pre-admission clinic appointment or before your admission if we are awaiting your blood test results.

Before going to theatre, you will be asked to have a shower and put on a hospital gown and possibly special stockings, these stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), this will be given to you on

the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

What does the operation involve?

A small rigid telescope (cystoscope) is passed into your bladder through the urethra. Biopsies are then taken or abnormal areas removed and diathermy used if needed. The biopsy samples are sent to the laboratory where they will be looked at under the microscope. The operation usually takes about 20-30 minutes but can be longer if the abnormality is large. After the operation you will go to the recovery area until you are stable and well enough to return to the ward.

What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing and pain. As you recover from the anaesthetic these checks will be done less often.

The tubes and drains you may have are listed below. Do not worry about them; they are there to give you fluid or to drain fluid away. They are normally removed the same day or next morning.

- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and fluid will be given through this to make sure you do not become dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.
- **Urinary catheter** - Occasionally some patients require a catheter (a tube placed into your bladder through your urethra). Urine drains via the catheter into a bag. The catheter is normally removed the day of, or day after, your operation. Your urine may be blood stained, this is quite normal and the blood should clear over the next few days.

When will I be able to go home?

Ward patients – normally you will go home the day after your operation.

Day case patients go home later the same day after recovering from the anaesthetic if they feel well and experience no problems afterwards.

Will I have any follow up?

An outpatient appointment will be made for you to come back to clinic approximately 6 weeks after you are discharged home.

Discharge Information

- It may burn or sting when you pass urine initially after your operation. This should improve over 1-2 days

- If you develop a temperature, smelly/cloudy urine or burning when you pass urine, you may have a urine infection. You need to contact your GP as soon as possible as you may need antibiotics.
- You may see blood in your urine; this is normal and should clear after 4-7 days. If the bleeding does not clear or becomes very blood stained, you should contact your GP for advice.
- You can eat and drink normally. Unless you have been told to restrict your fluid intake, you should try to drink 1.5 to 2 litres of fluid per day to reduce your risk of infection and flush out any blood in the urine
- You should wait at least 24 hours before driving or returning to work after your operation as long as you feel well enough to do so. Check with your insurance company to see when they are happy for you to start driving again.
- You can resume sexual activity when you feel comfortable to do so.
- You may notice blood again 10-14 days after your surgery, this is normally caused when the scabs over the operation sites fall away. You should increase your fluid intake to flush this out. Should your urine remain heavily blood stained and does not clear after increasing your fluid or you get clots making passing urine difficult, you should call your GP as soon as possible for advice.

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

Urology Wards: -

D2 West: - 01633 – 234103 (24 hours)

D2 East: - 01633 – 234040 (24 hours)

Urology Day Ward: -

Tel. No: - 01633 – 656378 Monday – Friday office hours

Urology Outpatients Department: -

Tel. No: - 01633 – 234979 Monday – Friday office hours

Urology Nurses

Laura Reynolds – Urology Nurse Practitioner: -

Tel. No: - 01633 – 234758 Monday – Thursday office hours

Sarah Osman – Urology Nurse Practitioner: -

Tel. No: - 01633 – 234043 Monday – Thursday office hours

Reference:

1. British Association of Urological Surgeons (2014) <http://www.baus.org.uk>

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