

Risks

As with any surgical procedure, there is a risk of swelling, bruising, and infection. Generally, for a person in good health without any serious underlying conditions, the risk is minimal. Side effects, which are usually mild and resolve within a couple of hours to days, include burning during urination and blood in the urine. Complications are rarely serious and may include the following:

- Adverse reaction to anesthesia
- Excessive bleeding
- Formation of scar tissue, which can result in narrowing of the urethra (stricture)
- Infection (fever, chills, severe pain, vomiting)
- Tear or perforation of the urethra, bladder, or ureter
- Testicular pain and swelling (may indicate infection)
- Urinary retention (inability to urinate), usually as a result of swelling, bladder distention, or anesthesia

Rarely, complications such as acute urinary retention occur following cystoscopy. This condition is a medical emergency and requires prompt medical attention.

CYSTOSCOPY OR CYSTOURETHROSCOPY



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Cystoscopy or Cystourethroscopy

A procedure usually performed by a urologist that allows the physician to see the inside of the lower urinary tract (urethra, prostate, bladder neck, and bladder). Cystoscopy can be used to detect abnormalities of the lower urinary tract or to assist in transurethral surgery.

In this procedure, a cystoscope is inserted into the bladder through the urethra. A cystoscope is a thin, telescope-like tube with a light and tiny camera attached. A cystoscope can be flexible or rigid and is about half the diameter of the urethra.

Cystoscopy may be used to evaluate and diagnose the following conditions:

- An enlarged prostate gland
- Cancer of the bladder
- Growths that may or may not be cancerous
- Inflammation caused by infection or injury
- Hematuria (blood in the urine)
- Chronic pelvic pain
- Frequent urinary tract infections
- Unusual cells found in urine sample
- Interstitial cystitis
- Pouches in the bladder
- Need for a bladder catheter
- Painful urination
- Urinary blockage
- Urinary incontinence or overactive bladder
- Urinary stones

Abnormalities that can be detected using the cystoscope include the following:

- Diverticula (sacs caused by abnormal holes in the urethra)
- Ectopic (displaced) ureter
- Fistula (abnormal passage)
- Trabeculation (strands of connective tissue)
- Tumors
- Ureterocele (ballooning of the lower end of the ureter)

Cystoscopy may be used to treat some conditions such as:

- Remove a stone from the bladder
- Obtain a urine sample from each of the ureters
- Remove small tumors or polyps from the lining of the bladder
- Perform a special x-ray of the kidneys or ureters
- Remove the prostate gland
- Insert a small tube into a narrowing ureter to promote the flow of urine

The Procedure

A cystoscopy is generally an outpatient procedure involving regional or general sedation or it may be performed in a physician's office, under local anesthesia. Before undergoing the cystoscopy, patients should inform their physician if they are taking any medications, especially blood thinners.

If regional or general anesthesia is being used, patients are instructed to fast for at least 4 hours before the procedure. If local anesthesia is being used, a topical anesthetic is introduced prior to the procedure to numb and lubricate the urethra.

During the procedure, the cystoscope is slowly inserted into the urethra to the bladder. Using the camera, the physician examines the urethra and introduces a sterile liquid (e.g., water, saline) into the bladder to improve the view of the bladder wall. As the bladder fills, the patient may experience an uncomfortable urge to urinate.

Additional instruments can be passed through the cystoscope to allow the urologist to perform procedures, such as stone removal, bladder biopsy, resection of a bladder or prostate tumor, and cauterization.

In some cases, the physician uses another instrument called a ureteroscope to allow visualization of the ureter. This procedure, which is called ureteroscopy, may be used to diagnose and treat urinary stones higher in the urinary tract. Ureteroscopy usually is performed under regional or general anesthesia.

Cystoscopy usually takes from a few minutes to about 20 minutes to perform and is painless. If the physician removes a stone, or sample of tissue (biopsy), the procedure may take longer. After the procedure, fluid is drained from the bladder and a catheter (thin, flexible tube) may be left in the bladder.

After the Procedure

If local anesthesia is used, patient can usually go home immediately following the procedure; when regional or general anesthesia is used, patients are required a recovery time of 1 to 4 hours. After the anesthesia wears off you may experience back pain, bladder spasms, and a frequent urge to urinate.

There may be temporary swelling of the urethra which may cause a stinging sensation while urinating, but this will pass in a couple of days. Also, there may be a small amount of blood in the urine. This too should pass within 48 hours, if not consult your physician.