

Cystoscopy information sheet

Cystoscopy is an endoscopic examination of the bladder that allows the mucous membrane of the bladder and urethra to be examined. The examination is carried out under local anaesthesia with a special instrument called a cystoscope. It is inserted into the bladder through the urethra and the camera displays all the action on the screen, allowing immediate recording, if necessary. Usually, the bladder examination is safe and well tolerated and is performed on an outpatient basis with local anaesthesia using 2% Lidocaine gel.

With cystoscopy, **it is possible to:**

- diagnose diseases of the urethra and bladder;
- assess the effectiveness of treatment;
- remove foreign bodies from the bladder and urethra;
- diagnose bladder cancer, take biopsies, if necessary, and monitor the outcome after treatment;
- investigate the causes of haematuria.

Cystoscopy cannot be performed if the patient has:

- acute urinary tract infection;
- urethral trauma;
- significant urethral stricture.

There are no dietary restrictions **prior to the procedure.**

Inform your doctor and nurse if you are **taking blood-thinning medications** or if you are **allergic to anaesthetics.**

Before the examination, you will be asked to empty your bladder in the restroom. You will be asked to undress from the waist down in the procedure room and then placed in the correct position on the examination table for the examination. The genital area will be cleaned with an antiseptic solution, the urethra will be anaesthetised with Lidocaine gel, which will be left to act for about five minutes. During this time, the lower body will be covered with a disposable sheet. To start the examination, the cystoscope is inserted into the urethra and slowly and carefully advanced into the bladder. The bladder is filled with sterile irrigation fluid, which allows the doctor to view the entire bladder wall.

If abnormalities are found in the mucous membrane, the doctor can immediately take a biopsy and send it to the laboratory for analysis. After a complete examination of the urethra and bladder, the instrument is carefully removed from the urinary tract. During the insertion of the cystoscope and the procedure, you will be asked to breathe calmly and deeply, relax and remain still. **Relaxation of the lower body and abdominal muscles, along with deep and calm breathing, helps better tolerate the examination and prevents excessive trauma to the urethra and bladder mucosa.** The examination takes 3-10 minutes; including preparation, it takes half an hour. The results of the study are explained to the patient during or immediately after the procedure.

After the procedure, mechanical friction may cause brief burning sensations in the urethra, frequent and/or painful urination and blood-tinged urine, which typically lasts up to 24 hours. These symptoms usually resolve on their own within a few days. We recommend drinking more fluids than usual for two to three days. Take over-the-counter painkillers (e.g. paracetamol), if necessary. The risk of complications is minimal.

Rare possible complications of cystoscopy:

- Signs of urinary tract infection: pain and tingling when urinating, frequent urination, pain in the lower abdomen/side
- Significant bleeding and/or blood clots in the urine
- Urinary obstruction and a feeling of incomplete bladder emptying

Very rare possible complications of cystoscopy:

- Urinary retention
- Fever, chills

If these symptoms occur, please contact the urology department or go to the emergency centre.

Contact telephone of the Medicum Central Urology Office: +372 5885 1814; Monday, Thursday 08:30-15:30