

# PROCEDURE EDUCATION LITERATURE

## Cystoscopy

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VUA literature is designed to educate and empower our patients to participate in their healthcare. We hope that you will read this set of information so that you can be more informed about the procedure that you are going to undergo. Please, if you still have any further questions or concerns, do not hesitate to contact the physician to ensure everything is thoroughly explained.

### INTRODUCTION

Cystoscopy is an office-based procedure that uses a small fiber optic camera placed inside your urethra (the tube through which you urinate). The camera has on its end lighting and magnification so that we may carefully examine the bladder and inside the urethra. The purpose to do this procedure, or indication, is that we are able to see tumors, areas of inflammation, abnormal variations in anatomy, stones, diverticula (outpouchings), enlarged prostates, etc. The procedure takes just a few minutes and can be done using only numbing jelly to minimize discomfort.

When we do see something abnormal, we are limited on what we can do in the office. Thus, if needed, you will need a follow up procedure in the operating room, under anesthesia, to accomplish treatment. Through the cystoscope, we can pass instruments to take biopsies (tissue sample) of areas that we believe are abnormal. In this case, small biopsies can sometimes be done in the office. An area that we biopsy then will be cauterized (burned) if there is any bleeding. Cauterization can also be used to kill cells that we perceive to be abnormal.

When you are told to return for "stent removal", that implies that you already have undergone a procedure in the hospital operating room to remove a stone or biopsy, inside the ureter (tube carrying urine from the kidney) that necessitated placement of a stent. This allows the area to heal temporarily, and after 7-10 days, you are instructed to return to remove the plastic tube. This is done via cystoscopy by putting a grasper through the camera to pull out the tube inside the bladder.

### THE PROCEDURE

Diet	There is no need to fast or not eat. We recommend eating a light meal the morning of the procedure
Position	You will be lying on your back or in lithotomy position
Preparation	Your urethra will be cleansed using a chlorhexidene or iodine solution
Duration	It will take about 5 minutes or sometimes more if a biopsy is needed
Results	Your surgeon will usually tell you what is found right a way unless a biopsy is taken
Biopsy	The specimen will be analyzed and will take up to 2 weeks
Pain	The initial feeling is cold irrigation. When the camera passes through the external sphincter you will feel a sting or pinch. If a biopsy is to be taken, you might feel a little pinch when the tissue is grabbed. After the tissue is removed, we may cauterize (burn) the area with a special instrument. Again, you may feel a little sting. If a stent is being removed, you will feel a pinch on that side up to the flank.

## AFTER THE PROCEDURE

Diet	Please drink a lot of fluids
Antibiotics	We generally prescribe 2 days of antibiotics to prevent an infection
Color of urine	Your urine may be cranberry clear or wine colored but will usually clear
Pain	You will feel burning during urination for a few voids, but will usually clear
Results	Your surgeon will usually tell you what is found right a way unless a biopsy is taken. If a biopsy is taken, please make an appointment in 2 weeks. We generally, as a policy, do not give biopsy results over the phone. No news <b>IS NOT</b> good news, and <u>you are accountable</u> if you do not return to the office for your results.
Complications	These problems can happen, although we try to prevent them. They are usually rare and include but are not limited to: bleeding requiring hospitalization, transfusion, severe infection requiring ICU monitoring, retention of urine or inability to urinate afterwards requiring a temporary catheter, bladder perforation requiring hospitalization and possible operations, scar formation (strictures) causing future obstruction and need for other procedures, injury to the ureters (tubes carrying urine from the kidneys), and extremely rare but reportable minute, numerable risk of mortality.
At home	If you have any of these symptoms, go back to the ER: fever above 101F, inability to urinate, passing blood clots, severe nausea, vomiting, severe abdominal pain, flank pain, leg swelling, chest pain, shortness of breath.