Cystoscopy and Hydrostatic Bladder Distension
Urology
Patient information Leaflet
Why do I need this procedure?

Bladder distension (stretching the bladder) has shown some success in reducing urinary frequency and giving pain relief to patients. Sometimes, the relief achieved by bladder distension is only temporary though (weeks or months).

What does the procedure involve?

This procedure involves telescopic inspection of the bladder, over-distension of the bladder and possible bladder biopsy or removal of abnormal areas using heat diathermy.

What are the alternatives to this procedure?

Various medications taken orally or instilled into bladder, augmentation (enlargement) of the bladder with intestine, observation.

Before the Operation

You will be admitted on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation. If you are taking Warfarin, Aspirin or Clopidogrel (Plavix ®) on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits. You will be told before your discharge when these medications can be safely re-started.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation.

Prior to your admission date, you will receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

Your admission letter will contain guidance about when you can eat and drink before your operation.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix ®)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign a consent form giving permission for your operation to take place, showing that you understand what is to be done and confirming that you wish to proceed. Please ensure that you have discussed any concerns and asked any questions you may have before signing the form.

**What happens during the procedure?**

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you. You may be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted through the water pipe (urethra) to inspect both the urethra itself and the whole lining of the bladder.

The capacity of the bladder when full is measured and the bladder is then stretched gently with fluid, under slight pressure, to increase its capacity. The normal stay is less than 1 day. **Please make sure you have a lift home available.**

**After the Operation**

After your operation you will normally go back to the Day Case Unit or Urology ward (C6 or B5). You can start eating and drinking as soon as you recover from the anaesthetic. In general terms, you should expect to be told how the procedure went and you should:

- Let the staff know if you are in any discomfort
- Be told what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what should happen next
Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

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
- Often a biopsy of the bladder may need to be performed at the same time

Occasional (between 1 in 10 and 1 in 50)
- Infection of the bladder requiring antibiotics
- There is no guarantee of relief of bladder symptoms
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found

Rare (less than 1 in 50)
- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Perforation of the bladder requiring a temporary urinary catheter or return to theatre for open surgical repair

Hospital acquired infection
- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly bloodstained.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

A follow-up appointment will be arranged before your discharge from hospital after the operation to assess the effects of the surgery.
**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Medication**

Please make sure before you come into hospital you have enough of your regular medication to take when you get home as it’s unlikely that the medication prescribed by your GP or another hospital Consultant will be changed. Also please make sure you have a supply of painkillers to take when you get home. We recommend Paracetamol which can be purchased in pharmacies or supermarkets, alternatively whatever painkillers you normally take. Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay your discharge.

**Further Information**

**Hospital Contact Numbers**

If you have any questions or are unsure about any of the information provided in this booklet, please contact a member of our Urology team on one of the numbers listed below.

Urology Nurse Specialists:–
Monday – Friday 08:00 – 16:00
Tel: 01384 456111 Extension 2873 or Mobile 07787512834
Out of Hours (16:00 – 08:00 Monday – Friday) and at weekends
Ward C6 Tel: 01384 244282

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

**Other Resources**

[www.rcseng.ac.uk/patient_information](http://www.rcseng.ac.uk/patient_information)
[www.patient.co.uk](http://www.patient.co.uk)
[www.patientinformation.org.uk](http://www.patientinformation.org.uk)
[www.rcoa.ac.uk](http://www.rcoa.ac.uk) (for information about anaesthetics)
[www.prodigy.nhs.uk/PILS](http://www.prodigy.nhs.uk/PILS)
[www.besttreatments.co.uk](http://www.besttreatments.co.uk)
[www.nhs.uk](http://www.nhs.uk)
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