

**Cystoscopy and Crushing of a Bladder
Stone (Litholapaxy)**
Urology
Patient information Leaflet

Under review

Why do I need this procedure?

To remove stone/stones found in the urinary bladder. Stones do not always cause any symptoms and can be discovered as an incidental finding on an X-ray. However, when symptoms do occur these may include severe lower abdominal and back pain, difficult urination, frequent urination at night, fever, painful urination and blood in the urine. The majority of individuals who are symptomatic will complain of pain which comes in waves. Bladder stones vary in their size, shape and texture- some are small, hard and smooth whereas others are huge, spiked and very soft. One can have one or multiple stones. Bladder stones are more common in men who have prostate enlargement.

What does the procedure involve?

This procedure involves crushing or disintegration of bladder stone(s) using telescopic instruments or laser and removal of the stone fragments using suction apparatus

What are the alternatives to this procedure?

Open surgery, 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 will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A special telescope is inserted into the bladder to see the stones. These are then broken up using a crushing instrument, a mechanical disintegration probe or a laser. The stone fragments are removed from the bladder and a catheter inserted.

After the Operation

After your operation you will normally go back to the urology ward (B6 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

The catheter will be removed within 24-48 hours following which you will be able to pass urine normally. Some burning, frequency of urination and bleeding are common within the first 24-48 hours after catheter removal.

The average hospital stay is 1-5 days. **Please make sure you have a lift available to take you home.**

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 short period after operation
- Temporary insertion of a catheter
- Need for an additional procedure (e.g. resection of the prostate gland) if this is thought to be the cause of the stone formation

Occasional (between 1 in 10 and 1 in 50)

- Infection of bladder requiring antibiotics
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found
- Recurrence of stones or residual stone fragments

Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Very rarely, 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)

The rates for hospital acquired infection may be greater in high-risk patients e.g. with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

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. This may continue for some time. Avoid heavy lifting or strenuous exercise for at least a week, and longer if you notice the bleeding getting worse.

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 ward or GP immediately.

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

www.patient.co.uk

www.patientinformation.org.uk

www.rcoa.ac.uk (for information about anaesthetics)

www.prodigy.nhs.uk.PILS

www.besttreatments.co.uk

www.nhs.uk

This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਕੋ ਟੈਲੀਫੋਨ ਨੰਬਰ **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ਟ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء ا اتصل بمنسق المعلومات للمريض
0800 0730510 على التلغون **Information Co-ordinator**

حسب ضرورت اس ایف ایف کو ایف ایف زبان (اردو) میں حاصل کرنے کے لئے برہم پرائی ٹیلیفون نمبر **0800 0730510** پر ویڈیو انٹرفیشن کو اور ایگزیکٹ (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں انٹر) کے ساتھ رابطہ تم کریں۔

Originator:	Caroline Salt
Date:	November 2012
Version:	1a
Date for Review:	November 2015
DGOH Ref:	DGOH/PIL/00760