

## RIGID CYSTOSCOPY, BIOPSIES OR RESECTION OF A BLADDER TUMOUR

### ***What does this procedure involve?***

This is one of the most common procedures performed by urologists. A telescope is passed along the waterpipe (urethra) and the lining of the bladder is inspected. Any suspicious areas may be biopsied or if a tumour is seen it can be resected. The area is then cauterised to stop any bleeding.

### ***What are the alternatives?***

1. Flexible cystoscopy is usually performed under local anaesthesia. In very rare circumstances where it is too risky for you to have a general or spinal anaesthetic, the urologist may biopsy a suspicious area during this procedure
2. No treatment: monitoring of your symptoms over time

### ***What happens on the day?***

Your urologist will review your history and medications and your bladder diary. You must let the staff know if you have any allergies, especially to latex. The procedure will be discussed with you again and consent obtained.

An anaesthetist will discuss the options of a general anaesthetic or spinal anaesthetic with you. They will also discuss pain relief after the procedure. You may be given a pair of stockings to wear during the procedure to prevent blood clots.

### ***Details of the procedure***

- You will receive either a general anaesthetic or a spinal anaesthetic (where you will be unable to feel anything from the waist down)
- You will be given antibiotics in your vein before the procedure starts
- Local anaesthetic is applied to the waterpipe and a telescope is gently passed to the bladder
- Any lesions or suspicious areas will be biopsied, resected and cauterised
- Occasionally a catheter is placed overnight if a lesion has been resected
- Most patients are able to go home on the same day if only biopsies were taken. You will be required to pass urine before going home.
- The procedure findings will be discussed with you once you are in recovery

***Are there any possible after effects?***

<b>After Effect</b>	<b>Risk</b>
Burning or discomfort passing urine	Almost all patients
Blood in your urine for a few days	Almost all patients
Infection in your urine requiring antibiotics	Between 1 in 2 & 1 in 10 patients
Temporary insertion of a catheter	Between 1 in 10 and 1 in 50 patients
Anaesthetic or cardiovascular problems including chest infection, chest clot, heart attack or deep vein thrombosis or death	Between 1 in 50 & 1 in 250 patients

**GENERAL INFORMATION*****Before the procedure***

Please let your urologist know if you are prone to urine infections or have any metal prosthesis in your body

You will be advised when to stop blood thinners before this procedure.

***After the procedure***

- Burning or bleeding usually lasts no more than 2-3 days
- Drink plenty of fluids for 24 hours after the procedure
- If you develop fevers, severe pain on passing urine or inability to urinate, you should contact the rooms immediately or present to your GP
- A follow up appointment may be made for you to discuss further treatment
- If you are discharged on the same day as your anaesthetic you may not drive home and must have someone pick you up
- You may return to work once you are comfortable

**References**

- The United Kingdom Continence Society
- British Association of Urological Surgeons