http://www.bangaloreadvancedurology.com
+91-8197516666 bau.bangalore@gmail.com

CYSTOSCOPY AND DILATATION (IN WOMEN)

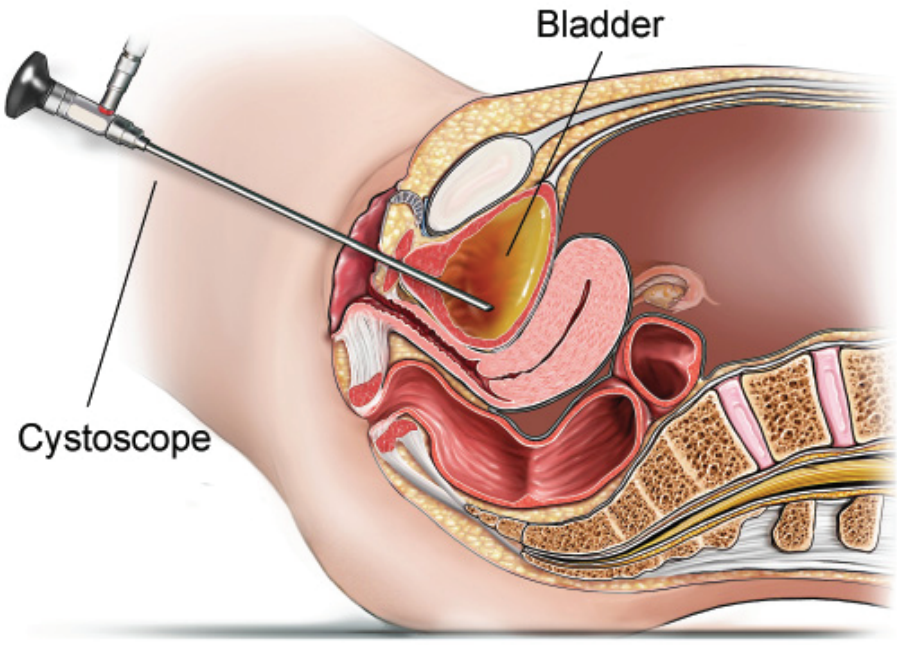

Figure 1
A rigid cystoscopy

What are the alternatives to this procedure?

Alternatives to this procedure include open surgery, observation and cutting of the narrowing.

What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

Please tell your surgeon(before 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 a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are 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 telescope is inserted through the water pipe (urethra) to inspect both the urethra itself and the whole lining of the bladder. Dilators (pictured right) are then used to stretch the opening of the urethra gently.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask 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; and
- Make sure that you are clear about what has been done and what happens next.

You will normally be allowed home once you have passed urine satisfactorily. If a catheter is left in place, this will usually be removed within 24 hours. You will be discharged once you have passed urine satisfactorily

The average hospital stay is one day.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

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 self-catheterisation to keep the narrowing from closing down again.

Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics.
- Permission for telescopic removal/ biopsy of bladder abnormality/stone, if found.
- Recurrence of narrowing or symptoms necessitating further procedures.

Rare (less than 1 in 50)

- Perforation of bladder requiring a temporary urinary catheter or open surgical repair.
- Delayed bleeding requiring removal of clots or further surgery.
- Urinary incontinence due to damage to the urethra.

Hospital-acquired infection

Please note: The rates for hospital-acquired infection may be greater in "high-risk" patients. This group includes, for example, patients with long-term drainage tubes, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

When you get home, you should drink twice as much fluid as you would normally for the first 24 - 48 hours to flush your system through.

When you first pass urine, it may sting and it may be lightly bloodstained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

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?

You will normally receive an appointment for outpatient follow-up at six to 12 weeks after the procedure. Your care may, however, be returned to your GP with no routine follow up appointment being booked.

Some post-menopausal women may benefit from the use of vaginal oestrogen cream, to try and prevent dryness of the vagina which sometimes accompanies urethral narrowing.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.