

Cystoscopy



Endoscopy of the urinary bladder via the urethra is called cystoscopy. Diagnostic cystoscopy is usually carried out with local anesthesia. General anesthesia is sometimes used for operative cystoscopic procedures. When a patient has a urinary problem, I may use a cystoscope to see the inside of the bladder and urethra. The urethra is the tube that carries urine from the bladder to the outside of the body. The cystoscope uses optical fibers (flexible glass fibers) that carry an image from the tip of the instrument to a digital camera at the other end. The cystoscope is as thick as a pencil and has a light at the tip. Many cystoscopes have extra tubes to guide other instruments for surgical procedures to treat urinary problems. There are two main types of cystoscopy - flexible and rigid - differing in the flexibility of the cystoscope. Flexible cystoscopy is carried out using local anesthesia on both sexes. Typically, lidocaine gel (such as Urojet) is used as an anesthetic, instilled in the urethra. Rigid cystoscopy can be performed under the same conditions, but is generally carried out under general anesthesia, particularly in male subjects, due to the pain caused by the probe.

I may recommend cystoscopy for any of the following conditions:

- Blood in the urine (hematuria)
- Frequent urinary tract infections
- Unusual cells found in urine sample
- Painful urination, chronic pelvic pain, or interstitial cystitis
- Urinary blockage such as from prostate enlargement, stricture, or narrowing of the urinary tract
- Stone in the urinary tract
- Unusual growth, polyp, tumor, or cancer

The Procedure

In most cases, you are able to eat normally and return to normal activities after the test. You will be asked to give a urine sample before the test to check for infection and to sign the procedure consent. If urinary tract infection is present you will be treated with antibiotics and return for the test in one or more weeks. You should avoid urinating for an hour before this part of the test. You will have to remove your clothing covering the lower part of the body. Male patients lie on their backs with their knees slightly parted. Female patients will be placed into stirrups. My medical assistant or I will clean the area around the urethral opening and apply a local anesthetic. Subsequently I will gently insert the tip of the cystoscope into the urethra and slowly glide it up into the bladder. You and your relative may observe the anatomical structures as the cystoscope passes into the bladder. Men will likely feel an urge to urinate as the scope passes through the muscle that voluntarily closes the urethra (sphincter muscle). Relaxing the pelvic muscles or even trying to urinate helps to make this part of the test easier. Sterile water will flow through the cystoscope to slowly fill the bladder and stretch it so that I have a better view of the bladder wall. As the bladder reaches capacity, you will typically feel some mild discomfort and the urge to urinate. The time from insertion of the cystoscope to removal may be only a few minutes, or it may be longer if there is an unusual finding that needs digital photographic documentation. After the test, patients often have some burning feeling when they urinate and often see small amounts of blood in their urine. Sometimes the closure muscle is irritated and the patients have to go frequently to the bathroom. This should subside within few hours. Occasionally, patients may feel some lower abdominal pains, reflecting bladder muscle spasms, but these are not common. (These problems should not last more than 24 hours. Tell your doctor if bleeding or pain is severe or if problems last more than a couple of days.)

Common prescriptions to relieve discomfort after the test include:

- Drink 32 fluid ounces (1 L) of water over 2 hours.
- Ask your doctor if you can take a warm bath to relieve the burning feeling. Hold a warm, damp washcloth over the urethral opening
- You may need a prescription for Urelle, Utira C or Pyridium to decrease the burning

Sometimes I will prescribe an antibiotic to take for 1 to 3 days to prevent an infection. This is advisable especially if you developed infections after previous cystoscopy. **Please let me know whether you ever had UTI after cystoscopic procedure.** However, recent trends have been to discourage this kind of prophylactic treatment (prescribing antibiotics as a preventative when there is no other evidence of infection) because it tends to increase the rate at which bacteria develop resistance to the antibiotic drug. (If you have signs of infection - including pain, chills or fever call my office.)