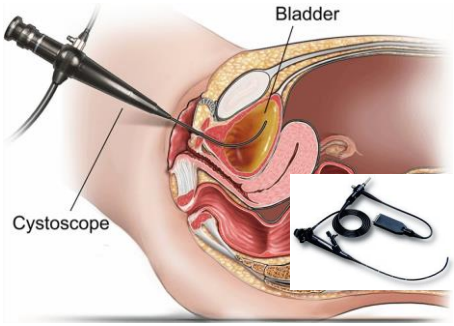
3 THE PROCEDURE

LOCAL ANAESTHESIA

Flexible cystoscopy is usually an outpatient procedure. Local anaesthetic lubricating gel is placed into the urethra. Sedation or general anaesthesia is not usually required for a routine diagnostic flexible cystoscopy.

CYSTOSCOPY

A thin flexible telescope is gently passed through the urethra into the bladder. Sterile fluid opens the bladder so the lining can be inspected. The urethra, prostate/bladder neck and bladder are examined. Findings are documented and discussed with you.



WHAT MAY BE DONE?

- Urine may be collected for testing or cytology
- A ureteric stent can sometimes be removed
- Small samples may occasionally be taken through a flexible scope
- A suspicious bladder lesion usually requires a separate TURBT/biopsy procedure for definitive diagnosis and treatment

The examination itself is usually brief. Most patients go home soon afterwards and can resume light normal activity the same day.

CONTACT & FOLLOW-UP

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RESULTS & FOLLOW-UP

Your urologist will explain the findings. Normal cystoscopy may complete the investigation, while abnormal findings may require imaging, urine cytology, biopsy/TURBT or further treatment. Surveillance timing depends on the underlying condition.

This brochure provides general information only and does not replace personalised medical advice. Follow the specific instructions given by your urologist and treating team.

OUTSIDE • BI-FOLD/TRI-PANEL PUBLISHER-STYLE LAYOUT

Urologist

Dr Jo Schoeman
UROLOGIST

PATIENT INFORMATION BROCHURE

FLEXIBLE CYSTOSCOPY

Scan website
drjoschoeman.com.au

A gentle outpatient examination of the urethra and bladder.

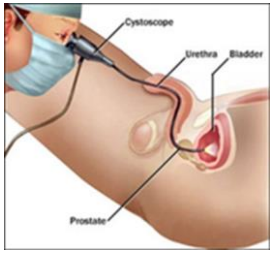
Please visit drjoschoeman.com.au for more information

1 WHY IS FLEXIBLE CYSTOSCOPY DONE?

Flexible cystoscopy allows direct inspection of the urethra and bladder. It is commonly used to investigate urinary symptoms or haematuria and to monitor patients with a previous bladder tumour.

COMMON INDICATIONS

- Visible or non-visible haematuria when cystoscopy is indicated
- Suspected or previous bladder cancer
- Abnormal urine cytology
- Recurrent urinary symptoms or selected recurrent UTIs
- Suspected urethral narrowing or bladder outlet pathology
- Assessment of the urethra, prostate/bladder neck and bladder
- Surveillance after treatment for non-muscle-invasive bladder cancer



2 BEFORE YOUR PROCEDURE

- Tell the team if you have UTI symptoms, fever, allergies or are taking blood thinners
- A urine test may be requested if infection is suspected
- Routine fasting is usually unnecessary for local-anaesthetic flexible cystoscopy unless specifically instructed
- Take usual medicines unless your treating team advises otherwise
- Antibiotics are not automatically required for every patient; prophylaxis is individualised according to infection risk and local policy

EAU guidance supports flexible cystoscopy in both men and women when available. USANZ endorses EAU Guidelines subject to Australian and New Zealand conditions.

4 AFTER YOUR PROCEDURE

PASSING URINE

Mild stinging or burning when passing urine is common for a short time. A small amount of blood or pink urine can also occur.

FLUIDS

Unless you have a medical reason to restrict fluids, drinking normally or a little extra for the rest of the day may help with urinary irritation.

ACTIVITY

Most people can return to normal light activity soon after the procedure. Follow any additional instructions if a biopsy, stent removal or other treatment was performed.

INFECTION

A urinary infection can occur after cystoscopy. Seek advice if burning becomes worse rather than better, urine becomes cloudy or offensive, or you develop fever or chills.

RESULTS

The appearance of the urethra and bladder can usually be discussed immediately. Cytology, culture or pathology results take longer.

BLADDER CANCER ASSESSMENT

EAU guidance states that cystoscopy is central to diagnosing bladder cancer and cannot be replaced by urine cytology or another non-invasive test when bladder cancer is suspected.

If a suspicious tumour is seen, definitive assessment commonly proceeds to transurethral resection of bladder tumour (TURBT) for tissue diagnosis and staging.

5 POSSIBLE COMPLICATIONS

Flexible cystoscopy is generally well tolerated. Possible complications include:

- Temporary burning or urinary frequency
- Minor blood staining of the urine
- Urinary tract infection
- Temporary difficulty passing urine or urinary retention
- Urethral irritation or, rarely, injury
- Discomfort during passage of the scope
- Very rarely, a significant bleeding or infectious complication

SEEK URGENT MEDICAL HELP FOR

Inability to pass urine

Heavy or persistent bleeding / clots

Fever, rigors or feeling significantly unwell

Severe or worsening lower abdominal pain

Persistent symptoms that are not settling

6 FOLLOW-UP

Follow-up depends on why cystoscopy was performed and what was found. Patients undergoing bladder-cancer surveillance require a risk-adapted schedule; patients with a new suspicious lesion generally need histological confirmation.

Updated from Dr Schoeman's flexible cystoscopy patient information and aligned with current EAU guidance endorsed by USANZ for Australian and New Zealand conditions.