



INFORMATION SHEET

Flexible Cystoscopy & Urodynamic Studies

A flexible cystoscopy is an examination of the bladder using a flexible fibre-optic telescope. This enables the doctor to examine the urethra and bladder without a general anaesthetic. It is a simple, quick and painless procedure.

A urodynamic study is an evaluation of the bladder's ability to hold and empty urine. The evaluation is assisted with a computerised study.

Before the Procedure

No special preparation is required for the procedure. You may eat and drink as normal.

If you require time off work for this procedure, please discuss this with your doctor.

Please allow at least 1½ hours for the appointment and review by the doctor and you will be able to drive yourself home.

Keep taking your usual medications.

Please do not feel embarrassed or upset if you have difficulty controlling your bladder during the test, as the test is designed to find the cause of your problem.

During the Procedure — Cystoscopy

You will be escorted to theatre, asked to change and to empty your bladder.

You will be asked to lie on the examination table, the nurse will explain the procedures and be in attendance throughout the procedures.

The area will be cleaned with an antiseptic solution and sterile drapes will be placed to guard against infection.

Local anaesthetic jelly will be used to make the procedure more comfortable.

The cystoscope will then gently be passed into your urethra and bladder. The bladder will slowly be filled with sterile water to make the whole lining of the bladder visible.

The doctor will explain the procedure again as he examines your bladder.

During the Procedure — Urodynamic Studies

Two small catheters are placed into your bladder. The first catheter is used to fill your bladder with fluid and the second catheter measures the pressure inside your bladder.

A small catheter is also placed into your rectum. This allows the computer to calculate the true bladder pressure.

Your bladder will be filled with sterile water.

The nurse will ask you to describe the differing sensations you feel during the procedure and the computer will record these.

Once your bladder is full you will be asked to pass your water into the flow meter, which can measure the bladder pressure and flow of urine. The computer can then calculate whether your bladder has a normal emptying capacity.

A bladder ultrasound scan is performed at the completion of the urodynamics study.

After The Procedure

The tubes will be removed and you will be able to get dressed.

The results are printed and discussed with you by your doctor.

A sick certificate and follow-up appointment will be arranged if necessary

You should be able to resume normal activities the next day.

A courtesy call may be made as part of our quality control program in approximately 7 days.

Post-operative and Discharge Planning

In the event of an emergency please contact the practice on 8223 1472 between 9.00 a.m.-5.00 p.m. or telephone your doctor after hours (the number is in the telephone book).

After the procedure you may experience:

- The passing of blood stained urine
- Frequency, urgency and burning when passing urine, this should settle within 24 hours.

You should drink extra water over the next 24 hours and take Ural sachets (from the chemist) eight hourly if discomfort persists.

If the symptoms do not settle within 24 hours, or occur thereafter, please telephone the practice to speak to your doctor or the nurse.

RISKS AND COMPLICATIONS

Flexible cystoscopy and urodynamic studies is a safe and commonly performed procedure. Side effects are generally mild and short-lived.

Difficulties passing urine – it is common to notice mild frequency, urgency and burning when passing urine, which should settle in 24-48 hours. Drinking extra water can help this. Ural sachets (from the Chemist) taken 8 hourly can help.

Passing blood in the urine – less likely to occur unless a biopsy is taken although it should also settle in 24-48 hours. It is important to drink water as mentioned above.

Urinary Infection – occurs rarely and should be suspected if difficulties passing urine do not settle. May require treatment with antibiotics.

Unsuccessful procedure – rarely it may be difficult to visualize the bladder and the cystoscopy may need to be repeated.

