

Patient Instructions
Cystoscopy

The basic information presented here was developed by clinicians. It may differ to some extent from your particular situation. This information is intended to be used only in conjunction with professional guidance from healthcare providers.

Cystoscopy is a procedure that lets your doctor look inside your bladder. The doctor will use a special instrument equipped with a lens and a light called a “cystoscope”. The cystoscope is inserted into your urethra (the tube that drains the urine from the bladder) and lets the doctor get a close up look at the inside of your bladder.

You may need this test if you have blood in your urine or are having trouble passing urine. Other reasons for this test could be to check for infection, stones, cancer in the bladder, problems in the urethra such as stricture (narrowing), or prostate problems.

Your **cystoscopy** is scheduled for: _____

at _____ AM / PM at:

- There are no special preparations for this test.
- If you are having the test done in the clinic you may drive yourself home.
- If you receive any sedative medications you must arrange to have someone drive you home
- Tell your doctor or nurse about any allergies you have and **all** medications you are taking, especially warfarin (Coumadin), Ibuprofen, (Advil, Motrin), products that contain aspirin, or any herbal supplements.

Description of Procedure:

You will need to sign a consent form before the procedure. You will be asked to put on a hospital gown. The nursing staff will check your vital signs: temperature, blood pressure, breathing and pulse rate. You may receive an antibiotic injection or and oral antibiotic pill to take.

You will lie on your back with your knees bent up and apart. The skin in your groin area will be cleaned with an antiseptic solution. The nurse will put numbing lubricating jelly-medicine into your urethra. The doctor will then put the cystoscope into your urethra so that the inside of the bladder can be examined. The doctor may take a specimen of urine or bladder wall to send to the lab. The average procedure usually takes about 15-20 minutes.

Tell the doctor or nurse if you have any pain, feel short of breath, dizzy, weak, sweaty, or if your heart is racing.

If you receive sedation, when the procedure is finished you will be watched closely until you are fully awake or until the numbness has worn off. The doctors may also want to be sure that you can urinate (pee) without any problems before you can go home. **IF YOU WERE GIVEN A SEDATIVE MEDICINE OR HAD GENERAL ANESTHESIA, SOMEONE WILL NEED TO DRIVE YOU HOME.**

After the Procedure:

1. You may see some blood in your urine. If so, it will look pink. This should go away within 48 hours.
2. You may have some burning when you urinate which should go away in 1 or 2 days.
3. Drink 6 to 8 glasses (soda pop can size) of liquid each day.
4. Eat your regular diet.
5. Take regular-strength Tylenol for any pain, unless your doctor has told you not to.
6. You may be given an oral antibiotic. If so, take as directed until finished.
7. If you were given a sedative medicine do not drive a car or operate any machinery for several hours after the procedure. We recommend that someone stay with you to assist you as needed.
8. Your doctor or nurse may give you additional instructions.

Call Your Doctor or Nurse if...

1. Your urine becomes bright red or has clots in it.
2. You have trouble passing urine or you feel pain or burning which persists or is getting worse when you urinate.
3. You have pain and/or swelling in your abdomen or pelvis.
4. You have nausea or vomiting not controlled by your medication.
5. You have a fever of more than 101⁰ F or shaking chills.
6. You have any additional questions or concerns.