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Hong Kong Baptist Hospital

Cystoscopy / Flexible Cystoscopy

Procedure Information Sheet

Introduction

This is a procedure that involves passing an endoscope through the urethra to allow examination of the urethra and urinary bladder.

The Operation / Procedure

1. Different types of anaesthesia can be conducted according to patients conditions
    1.1   Local Anaesthesia
    1.2   Intravenous Sedation
    1.3   Monitored Anaesthesic Care
2. A local anaesthetic lubricant jelly is injected into the urethra.
3. A flexible fibre-optic cystoscope is passed via the urethra into the bladder.
4. Fluid is infused, through the cystoscope, to distend the bladder allowing for easier examination.
5. A biopsy may be required.

Before the Operation / Procedure

1. Discuss with doctor in charge about the operation management, nature of operation and possible risks. Read through and understood this information sheet and complete the consent form.
2. Patient should follow the instruction from doctor to keep fasting of diet if necessary.
3. Patients should inform your doctor any medical condition (for example diabetes, heart diseases, high blood pressure, etc) and any medications you are currently taking. (for example aspirin or blood thinner, may need to stop for a period before operation)

After the Operation / Procedure

1. Increase fluid consumption after the examination.
2. Burning sensation may be experienced when voiding, and urine may be slightly blood-stained.

Risk and Complication

1. Post anaesthetic complication such as
    -    Vomiting
    -    Dizziness
2. Urinary tract infection.
3. Heavy haematuria after biopsy.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Hospital Authority Coordinating Committee in Surgery: Rigid Cystoscopy (2018)

Patient's Signature:_____   Date:_____

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____