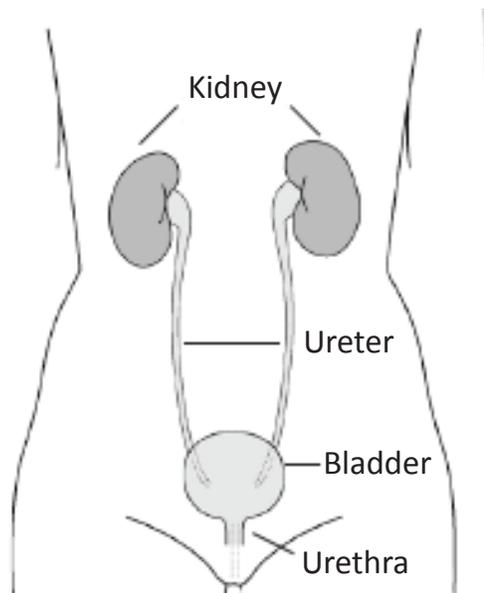


## Cystoscopy

To understand a cystoscopy, it is helpful to become familiar with the urinary system (See Figure 1). The system's main purpose is to remove urinary waste products from the body. Urine is produced by the kidneys, moves through the ureters and is stored in the bladder. The bladder is a balloon-like organ that stores urine. The urethra is the tube that carries urine from the bladder out of your body.

*If you have any questions or concerns, please ask your doctor or nurse.*

**Figure 1**



A cystoscopy is an exam used to check the bladder and urethra.

It can be used to:

- Inspect the inside of your urethra and bladder.
- Remove stones from the bladder or ureters.
- Place or remove a ureteral stent.
- Instill medicine into the bladder.
- Biopsy the urinary tract by removing small pieces of tissue for testing.

A cystoscopy is done using a telescope-like instrument called a cystoscope. The cystoscope is passed through the urethra, allowing the doctor to see inside the bladder.

A cystoscopy may be done in a doctor's office or in the hospital's operating room (OR). Your doctor will discuss which option is best for you.

## Preparation and Procedure

If the test is done in the OR, you will be asked to sign a written consent. The OR procedure and any special preparation will be explained to you.

There may be some discomfort during the exam. Some patients may require sedation or anesthesia. Depending on the type of medicine used for your procedure, you may need to stop eating and drinking food a certain amount of time before your exam.

Before the exam, you will change into a hospital gown. During the cystoscopy, you will be asked to lie on the exam table covered with a drape, with knees elevated and legs apart. The urethral opening and genital area will be washed and covered with towels. Anesthetic jelly is applied to the urethral opening to numb the area.

The cystoscope is inserted through the urethra and into the bladder. Sterile fluid flows through the cystoscope into the bladder to expand it, allowing the doctor to study specific areas of the bladder and urethra.

After the exam, the cystoscope is removed. If the cystoscopy is done in the OR under anesthesia, you may need to go to the recovery room for at least 1 hour. You will then be returned to your hospital room or the Same Day Surgery Unit.

## After the Exam

Following cystoscopy, a catheter (a flexible rubber tube) is sometimes left in place to empty the bladder. This may cause some discomfort or a feeling that you need to urinate. Your doctor determines how long the catheter will be left in place.

You may have bloody urine for 2 to 3 days. Call your doctor if the amount of bleeding increases or does not subside. You may pass blood clots in your urine, especially if you had a biopsy. It is not unusual to pass small blood clots and have some bloody urine for a couple of weeks after your cystoscopy. Again, call your doctor if the bleeding does not subside.

You may have:

- Dysuria (painful urination)
- Frequency (urinating often)
- Urgency (strong desire to urinate)

These symptoms are common, especially if medicine is instilled into the bladder or a ureteral stent is placed. Avoiding alcohol and caffeine, such as coffee, tea and chocolate, may help relieve these symptoms. Drink plenty of water, unless instructed otherwise. Your doctor may also prescribe an antibiotic or other medicine.

Cystoscopy results are available soon after the procedure; biopsy results usually take 2 to 4 days. Your doctor will discuss the results with you. Before you go home, you will be given specific guidelines for follow-up care.

## Special Instructions

If you are going home with a catheter in place or a ureteral stent, do not take a tub bath until it is removed by your doctor.

Drink plenty of water (6 to 8, 8-ounce glasses) over the first 24 hours.

You may resume your normal activities.

Do not drive or operate machinery if you are taking narcotic pain medicine.

Be sure to keep all follow-up appointments with your doctor.

## Call Your Doctor if:

- The catheter is not draining fluid.
- You have severe pain.
- You are unable to urinate (and do not have a catheter).
- You have fever with temperature above 101° F or chills.
- You have increasing blood in the urine.

If you have any questions about the procedure, consult your doctor or nurse.

If you have any additional questions or concerns, please call your doctor..

## Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at [hlc@nm.org](mailto:hlc@nm.org), or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at [nm.org](http://nm.org).

*Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.*

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363, the Northwestern Lake Forest Patient Relations manager at 847.535.8282 and/or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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