



Information and consent form for Cystoscopy

Surname: _____

Forename: _____

Date of Birth: _____

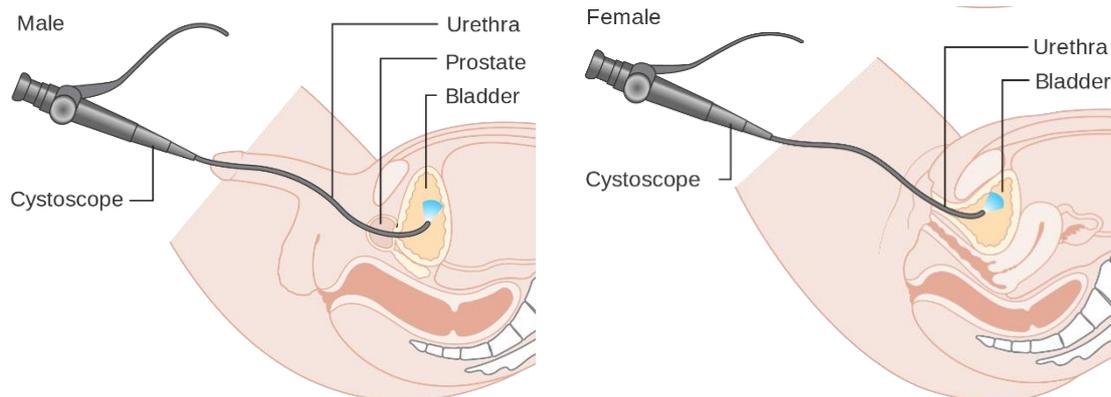
What is a cystoscopy?

A cystoscopy is a procedure where a camera is used to look inside the bladder. A special tube, called a cystoscope, is inserted through the bladder tube (urethra) into the bladder. There are 2 types of cystoscopes: a rigid and a flexible.

The rigid cystoscope is a straight tube that is used to perform other procedures in the bladder or the kidneys. The procedure is done in theatre under general or local anesthesia.

A flexible cystoscope is a fiber-optic camera that can bend around corners to gain access into the bladder. It is normally used to make a diagnosis or monitor treatment. We also use a flexible cystoscope to remove a JJ-stent.

A flexible cystoscopy can be done in the rooms without anesthesia or only with sedation.



Why do I need a cystoscopy?

A cystoscopy is performed to gain access to the bladder through the urethra for evaluation or treatment of conditions in the urinary tract – the urethra, prostate, bladder, ureters, or kidneys.

Other procedures can be done during the cystoscopy:

- Retrograde pyelogram: a small, thin tube is inserted into the kidney tubes (ureters). A contrast medium is injected up into the kidneys while taking x-rays to see the ureters and kidneys for any masses or blockage.
- Removal of blood clots or stones from the bladder.
- Ureteroscopy: a thin camera is inserted into the ureter to gain access to the kidney or remove something from the ureter.

- Transurethral resection: special equipment can be connected to the cystoscope to cut out bladder growths or to remove the inside of the prostate when it is causing blockage.
- Insertion or removal of a JJ-stent that is used to drain urine from the kidneys to the bladder.

Before the procedure:

You will be admitted to the hospital and the nursing staff will prepare you for theatre.

You need to stop eating and drinking any fluids for 8 hours before your admission. The anaesthetist will see you before the procedure. Please inform us of any medical conditions, previous complications during anesthesia or medication use.

If you are using any blood thinning medication, you might have to stop it or change it before your admission. Do not stop any of your medication before discussing it with your urologist. You will not be able to drive yourself after the procedure.

What happens during the procedure?

You will receive a general anesthesia or a spinal anesthesia so that you will not feel any pain. The cystoscope will be placed through your urethra. We use water to flush the bladder so that we can see better.

Procedures that can be done during will be done. The procedure normally takes about 10 minutes.

After the procedure you will be taken to the recovery room until you are fully awake.

What happens after the procedure?

You can normally go home after on the same day unless your urologist decides otherwise. If you have a catheter or had a procedure that might cause extra pain, you might have to sleep over.

You will receive a script for pain medication when you are discharged. Sometimes you might also need antibiotics.

Ask for a medical certificate if you need one.

After the cystoscopy you might:

- Feel burning when passing urine
- See some blood in the urine.
- Feel like passing urine frequently and urgently
- Have some discomfort over the bladder area or kidney.
- Have pain or burning in the urethra.

These symptoms normally subside within 48 hours after the procedure. Contact your doctor if it persists for longer or you develop fever or shivering.

What are the risks of the procedure?

These complications do not happen often but might include:

- Urinary tract infection
- Bleeding in the urine
- Abdominal pain
- Possible injury to the urethra or bladder
- Narrowing of the urethra because of scar tissue formation (stricture)
- Difficulty passing urine

Call your urologist if:

- You are unable to pass urine
- You develop a fever
- Burning during urination persists longer than 2 days.
- You have clots of blood in the urine
- You have severe discomfort.

Please arrange a follow up appointment with your urologist to discuss the findings or results or any follow up procedures or treatment that you might need.

Declaration by Doctor

- I declare that I have explained the nature and consequences of the operation to be performed and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature: _____

Doctor's name: _____

Date: _____

Declaration by patient

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.

Signature of patient: _____ Date: _____

Interpreter's declaration - where needed

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's signature: _____ Date: _____