

Lake of the Woods District Hospital

A Guide to Your Hospital Visit When Having a Cystoscope

For all your visits and on the day of your surgery, please bring with you:

- Ontario Health Registration Card
- Any other health coverage cards such as provincial, medical or hospital plans. This would include Blue Cross or other private insurance

IMPORTANT INFORMATION TO REMEMBER

When your surgeon’s office phones, you should write down:

Name of your doctor: _____

Type of surgery: _____

Surgery Date: _____

Arrival Time to Hospital: _____



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1. WHY IS THIS PROCEDURE DONE?

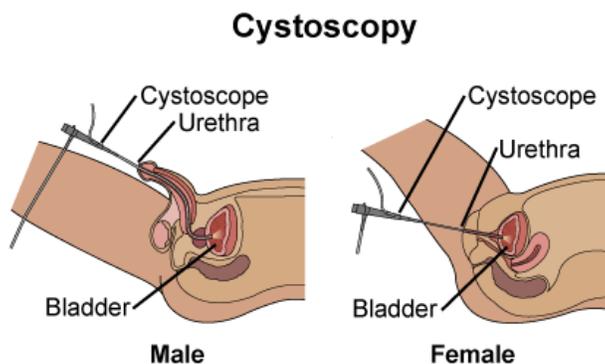
Your kidney's main function is to produce urine. Urine is stored in your bladder. The urethra is a tube at the bottom of the bladder. This tube carries urine out of your body. Sometimes, there is a blockage and urine might be unable to leave the body.

A cystoscopy is a procedure that lets the doctor see the inside of your bladder and urethra. The doctor does it to:

- **Diagnose bladder changes, diseases, and conditions.** Examples include bladder stones, bladder injury, bladder tumor, or bladder inflammation (cystitis).
- **Investigate causes of signs and symptoms.** Signs and symptoms can include blood in the urine, incontinence, overactive bladder, and painful urination.

Cystoscopy can also help determine the cause of frequent urinary tract infections. However, cystoscopy generally isn't done when you have an active urinary tract infection.

- **Bladder biopsy to test for diseases and conditions.** This typically involves inserting a tube with a camera and a needle into the urethra, which is the opening in your body through which urine is expelled.
- **Diagnose an enlarged prostate.** Cystoscopy can reveal a narrowing of the urethra where it passes through the prostate gland, indicating an enlarged prostate (benign prostatic hyperplasia).



When will the results be ready?

Your doctor might be able to discuss the results immediately after your procedure.

Or your doctor might need to wait to discuss the results at a follow-up appointment.

If your cystoscopy involved collecting a biopsy to test for bladder cancer, that sample will be sent to a lab. When the tests are complete, your doctor will let you know the results

The results will help your doctor understand what kind of problem you have with your bladder or urethra. Together you can make a plan for your care.

2. WHAT HAPPENS BEFORE YOUR PROCEDURE

Surgery Date and Time

The pre-operative (pre-op) office will phone you with the date and time of your procedure. If there are any changes, the pre-operative office will call you to let you know.

You will be advised if you can eat or drink before your procedure. **Please ask if you are not sure.**

They will give you an **arrival time**. (Note this is **not** your actual surgery time).

Please ensure your contact numbers are kept up to date with the hospital.

Call the pre-op clinic if:

- **You think you may have a urinary tract infection.**
- You need to change your surgery date.
- You get a cold, illness, or a fever within two days of your planned surgery, as your surgery may need to be delayed until you are feeling better.

Questions

It's perfectly OK to have questions for the surgical team/doctor. Write them down ahead of time so you have them ready.

Your Medical History

Your surgical team will also ask you several questions about your medical past, be sure to answer all questions the best you can.

Tests

Your doctor will exam you and may order lab tests or an ultrasound.

Your Medications

We need to know if you have any drug allergy(s). We need to know all medications that you are currently taking. (bring a complete list with you) We also need to know if you take any over the counter medicines including herbal or vitamin pills.

There is a chance for a reaction between these and the medicines that may be used while you are in the hospital.

Bleeding Problems

Any bleeding problems. Be sure to tell the team if you are taking any drugs that may cause bleeding. Some of these are Warfarin, Rivaroxaban, Apixaban, Ticagrelor, Clopidogrel, Ketorolac, Ibuprofen, Naproxen, or Aspirin.

Certain vitamins and herbs, such as garlic and fish oil, may also add to the risk for bleeding. You may need to stop these drugs as well. Talk to your surgical team about them.

Informed Consent

After your doctor has explained why you need the procedure and what will be done, you will be asked to sign a consent form saying that you understand your surgery and agree to have it done. Make sure you ask your doctor all your questions before you sign the form. Surgery will not take place unless the form is signed.

3. GENERAL PREPARATION GUIDELINES

Personal Care

Take a bath or shower. Remove all nail polish.

Do not wear makeup, lotion, powder, perfume, or deodorant.

Contact Lenses

Take out your contact lenses before your procedure and leave them at home.

Wear your glasses only.

Medicines

If you are not sure or can't remember if you should take your medicines, please ask your doctor or preop clinic.

Valuables

Do not bring items of value to the hospital. The hospital is not responsible for loss. For safety reasons, all jewelry must be removed before surgery such as rings, chains, watches, and body piercings. If you cannot remove jewelry, it may need to be cut off.

4. ON ARRIVAL

Your safety is important to us. On your day of procedure, you will be asked your name and birthdate often. On admission, an identification bracelet will be placed on your wrist, and you will be told where to go next. There is a surgical waiting room for families to wait while you have your procedure. Please ask the team.

Arrival to the Pre-Operative Area

In the Preoperative Area, an intravenous or IV (needle in your vein) may be started to give you fluids and/or medications before and during your procedure. The nursing staff will also ask you several questions to ensure you are safe to go through with the procedure.

5. DURING YOUR PROCEDURE

On Arrival to the Operating Room

Surgical Safety Checklist

Before your procedure, the surgeon, nurses, and anesthesiologist will do a safety check in the operating room with you. If you have further questions, you may ask them at this time.

Anesthesia There are many types of anesthesia that can be used, most often, this procedure requires only local anesthesia.

Conscious Sedation: means that you are given drugs to keep you relaxed and comfortable during your surgery. You will be awake.

Local Anesthesia: means that you are given a drug, commonly called ‘freezing’. Local anesthetics ‘block’ the feeling of pain from the site of surgery. Although you are awake for the surgery, you may be given some drugs through your IV to relax you.

If given ‘Conscious Sedation’, some drugs may stay in your body for up to 24 hours. The side effects of these drugs can change your short-term memory, judgement, and response time. You may feel sick to your stomach (nauseated) from these drugs. You can be given medicines that will lessen this feeling.

The Procedure

- You will lie on your back on an exam table. Sometimes, you are given drugs to make you sleepy for the procedure.
- The doctor will put numbing drugs on the skin of your urethra.
- When ready, your doctor will put a thin telescope called a cystoscope into your urethra. Water is put into your bladder through the tube. The doctor will fill your bladder wall until it expands. You may feel bloated or feel like you need to pass urine.
- Your doctor will look at the inside of your bladder. They may take a small sample of tissue (biopsy). The tube will then be taken out of your bladder.
- The procedure takes between 5 to 20 minutes.

6. AFTER YOUR PROCEDURE

Recovery Room

After your surgery is over, you will be taken to a recovery area. You will be a little sleepy, if given conscious sedation. Nurses will be checking on you every few minutes. You will have an IV to give you fluid and medicine if needed. You will also be offered juice, water, and digestive cookies at this time.

You will be assessed for nausea and pain. Please tell the nurse if you’re experiencing any discomfort. Patients usually stay in recovery for 30 minutes to one hour. Visitors are not allowed in this area.

When ready for discharge from the recovery area you may go home the same day that you have your procedure, you will need to arrange to have a responsible adult available to come to the hospital and take you home, either by car or taxi.

You cannot drive yourself home after the procedure.

Please arrange to have a responsible person stay with you overnight after your procedure.

The drugs used to put you to sleep or to relax you during your surgery will stay in your body for 24 hours.

In The 24 Hours After Your Procedure, do NOT:

- Drink any alcohol
- Take any pills that will make you feel sleepy. Check with your doctor if you are unsure.
- Drive a car, use machinery, power tools or appliances.
- Make major decisions or sign legal papers.

7. GOING HOME

Please arrange to have a responsible adult to pick you up when you are discharged home.

The surgical team will provide detailed discharge instructions that tell you how to care for yourself when you are at home.

Make sure you understand everything the doctor says and ask your surgical team if you are unsure of anything.

You will be given a prescription if necessary, and any instructions for follow up.

Contact us in the Preoperative clinic

(807)468-9861 ext. 2459
preopclinic@lwdh.on.ca