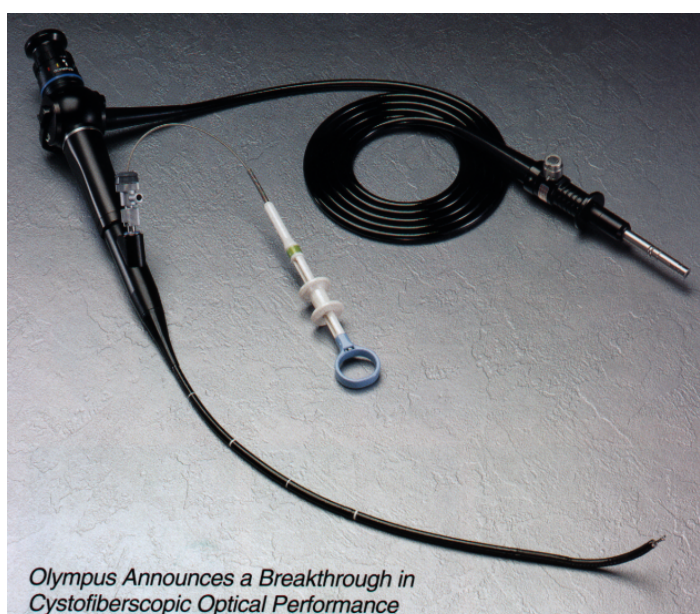


Flexible cystoscopy

A flexible cystoscopy involves the introduction of a small flexible fibre-optic telescope into the bladder to inspect the urethra, inside of the prostate and bladder. This very quick procedure is usually performed without anaesthetic through the day procedure unit in hospital and may be briefly uncomfortable but not usually painful. This is used to investigate haematuria (blood in the urine), difficulty voiding, bladder pain, recurrent urinary tract infections and surveillance after bladder tumours.

No special preparation or fasting is required before the flexible cystoscopy but the bladder is best emptied first. Clothes below the waist are removed and after preparation with chlorhexidine antiseptic, the lubricated cystoscope is passed up the urethra through the prostate in a male and into the bladder. During the cystoscopy water is run in to the bladder to distend it to enable the entire bladder wall to be inspected.

Patients get dressed again immediately after the procedure and may usually feel the need to void. This may be associated with some dysuria or burning discomfort and there will sometimes be a little blood in the urine. It is not uncommon to feel the need to void more frequently for a while afterwards. This feeling and the dysuria can be eased by drinking more than usual. The dysuria may also be eased by urinary alkalinisers such as ural or citravescent sachets available over the counter at chemists and taken up to four times a day. There is a 1 - 2% risk of getting a urinary tract infection after a cystoscopy, so if dysuria and frequency persist after 24 hours, particularly if associated with smelly or cloudy urine, the urine should be cultured and antibiotics could be required.



Olympus Announces a Breakthrough in Cystofiberscopic Optical Performance

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