

Department of Urology

Patient Information Sheet

Cystodistension

This is the telescopic inspection of the bladder and urethra (water pipe), over distension (stretching) of the bladder using fluid

Occasionally a bladder biopsy or removal of an abnormal area of tissue may be performed at the same time. This may involve the use of heat diathermy.

Occasionally the urethra may require stretching if narrowed, to enable the telescope to be passed.

This procedure is often performed as a Day-Case in our Day Surgery Unit but if you live alone or have other health problems you may need to stay in hospital overnight.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

What are the intended benefits of this procedure?

To improve bladder symptoms, particularly urinary frequency.

What are the alternatives to this procedure?

Various medications taken orally or installed into the bladder, augmentation (enlargement) of the bladder surgically using intestine or observation.

What are the most frequently occurring events or serious risks of this procedure?

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period afterwards.
- Often biopsies of the bladder are taken at the same time.

Occasional (between 1 in 10 and 1 in 50)

- Urinary infection requiring antibiotics
- There is no guarantee of relief of bladder symptoms

Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots from the bladder or a further procedure to stop bleeding
- Injury to the urethra causing delayed scar formation
- Temporary urinary catheter
- Very rarely, perforation (hole/puncture) of the bladder requiring a temporary urinary catheter or open surgery to repair the hole

What sort of anaesthetic is used?

Usually a spinal or general anaesthetic will be used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

What does the procedure involve?

A telescope is passed into the urethra and up into the bladder to check for any abnormalities. Small instruments are passed down the telescope if biopsies or removal of abnormal areas/stones is required.

The bladder is filled with fluid to measure its capacity when full. Further fluid is then infused, under slight pressure, to increase volume it can hold.

A urinary catheter may be put into the bladder once the procedure is completed, to enable us to assess the amount of blood in your urine. This would be removed as soon as the urine is clear and you will be allowed home after urinating normally.

As this is being performed under a general or spinal anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

What happens after the procedure?

Once back on the ward, you will have your blood pressure and pulse monitored frequently and the amount of blood in your urine assessed. Later that day, or the following morning, you will have your catheter removed and you will be allowed home as soon as you have passed water. You may pass some slightly bloodstained urine at first and this may sting slightly. Over the next 24 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 3-6 pints).

What else should I look out for?

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all, you should go to the nearest Accident and Emergency Department.

Further Appointments or Treatments

You will be asked to return to our Outpatient Clinic approximately 8-12 weeks later to re-assess your bladder symptoms. You may be asked to complete a further frequency-volume chart, which you record your urination pattern on.

If you require other treatments or procedures you will be given this information before you leave hospital.

Who should I contact for more information?

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- Your Urology Consultant.