



View this article online at: patient.info/health/cystoscopy

Cystoscopy

A cystoscopy is a procedure in which a doctor looks into the bladder with a special telescope called a cystoscope. It is done for various reasons.

Note: the information below is a general guide only. The arrangements, and the way tests are performed, may vary between different hospitals. Always follow the instructions given by your doctor or local hospital.

What is a cystoscope?

A cystoscope is a thin telescope which is passed into the bladder via the urethra, which is the tube that takes urine from your bladder to the outside of your body. There are two types:

- A flexible cystoscope is a thin, flexible, fibre-optic telescope. It is about as thick as a pencil. The fibre-optics allow a doctor to see around bends.
- A rigid cystoscope is a thin, solid, straight telescope.

A doctor can look down the cystoscope and also pictures can be displayed on a computer screen or monitor. Both types of cystoscope have side channels where various thin devices can pass down. For example, the doctor may take a small sample (biopsy) from the lining of the bladder by using a thin 'grabbing' instrument which is passed down a side channel.

A flexible cystoscope is the type most commonly used. As it is flexible, it usually passes easily along the curves of the urethra. The flexible tip can also be moved easily so a doctor can look at all the inside lining of the bladder. However, a rigid cystoscope allows a greater variety of devices to pass down side channels, which may be needed for various procedures.

When is a cystoscopy done?

To help with diagnosis

A cystoscopy may be done to help to find the cause of symptoms such as:

- Frequent urinary tract infections.
- Blood in your urine (haematuria).
- Urinary incontinence.
- Unusual cells found in a urine sample.
- Persistent pain when you pass urine.
- Difficulty in passing urine - which may be due to prostate enlargement or a narrowing (stricture) of the urethra.

Often, a cystoscopy is normal. However, this helps to rule out certain causes of symptoms. Cystoscopy may also be done to monitor progress of conditions. For example, some people have a routine cystoscopy every now and then after treatment for a bladder tumour. This helps to detect any early recurrence which can be treated before it spreads further.

To treat certain conditions or to do certain procedures

By using various instruments which are passed down the side channels a doctor can:

- Remove a stone from the bladder. If a stone is lodged higher - in a ureter - the doctor may extend the cystoscope up into a ureter. The ureters are the tubes that drain urine from the kidneys to the bladder.
- Obtain a urine sample from each of the ureters. This helps to check for infection or tumour which involves only one kidney.
- Remove small lumps (polyps) or tumours from the lining of the bladder.
- Insert a small tube (stent) into a narrowed ureter. This helps the flow of urine if there is a narrowing.
- Perform a special X-ray of the ureters and kidneys. A doctor can inject a dye into the ureters up towards the kidney. This shows up on X-ray pictures and helps to show problems of the kidney or ureter.
- Remove the prostate gland (by using a special type of cystoscope which 'chips' away at the prostate gland bit by bit).

What happens during a cystoscopy?

Cystoscopy is usually done as an outpatient or day case. It is usually done whilst you are awake. Some people are given a sedative to help them to relax.

You need to wear a hospital gown and lie on your back on a couch. The opening to your urethra (at the end of the penis or the outside of the vagina) and the nearby skin will be cleaned. Some 'jelly' is then squirted into the opening of the urethra. The jelly usually contains a local anaesthetic to numb the lining of the urethra. This helps the cystoscope to pass into the urethra with as little discomfort as possible.

The doctor will then gently push the cystoscope up into the bladder. The doctor will look carefully at the lining of the urethra and bladder. Sterile water is passed down a side channel in the cystoscope to fill your bladder slowly. This makes it easier for the doctor to see the lining of the bladder. As your bladder fills you will feel the urge to pass urine, which may be uncomfortable.

A cystoscopy takes about 5-10 minutes if it is just to look inside the bladder. It may last longer if the doctor does a procedure - for example, taking a sample (biopsy) from the lining of the bladder. The cystoscope is then gently pulled out. Your doctor may tell you what they saw inside your bladder straight after the test. If you had a biopsy taken, the sample is sent away to be tested and looked at under a microscope. It can take several days for the report of the biopsy to come back to the doctor.

In some cases a general anaesthetic is given when a cystoscopy is done, particularly if a rigid cystoscope is used. In some cases a spinal anaesthetic is given which numbs all the lower half of the body.

Are there any side-effects or possible complications?

Most cystoscopies are done without any problem but, as with any procedure, it is invasive. For the next 24 hours you may have a mild burning feeling when you pass urine, and feel the need to go more often than usual. Also, the urine may look pink due to mild bleeding, particularly if a biopsy was taken. Occasionally, a urine infection develops shortly after a cystoscopy. This can cause a high temperature (fever) and pain when you pass urine. Rarely, the cystoscope may damage or perforate the bladder.

After you have had a cystoscopy, tell your doctor if:

- Pain or bleeding is severe.
- Any pain or bleeding lasts longer than two days.
- You develop symptoms of infection, such as a fever.

Further reading & references

- Zhang ZS, Wang XL, Xu CL, et al; Music reduces panic: an initial study of listening to preferred music improves male patient discomfort and anxiety during flexible cystoscopy. J Endourol. 2014 Jun;28(6):739-44. doi: 10.1089/end.2013.0705. Epub 2014 Mar 31.
- Gee JR, Waterman BJ, Jarrard DF, et al; Flexible and rigid cystoscopy in women. JSLs. 2009 Apr-Jun;13(2):135-8.

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Original Author: Dr Tim Kenny	Current Version: Dr Laurence Knott	Peer Reviewer: Prof Cathy Jackson
Document ID: 4702 (v40)	Last Checked: 03/12/2015	Next Review: 02/12/2018

View this article online at: patient.info/health/cystoscopy

Discuss Cystoscopy and find more trusted resources at [Patient](#).

Ask your doctor about Patient Access

- 🔑 Book appointments
- 🔑 Order repeat prescriptions
- 🔑 View your medical record
- 🔑 Create a personal health record (iOS only)



Simple, quick and convenient.
Visit patient.info/patient-access
or search 'Patient Access'