



## The British Association of Urological Surgeons

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# CYSTOSCOPY AND STENT PROCEDURE

## PROCEDURE-SPECIFIC INFORMATION FOR PATIENTS

### What evidence is this information based on?

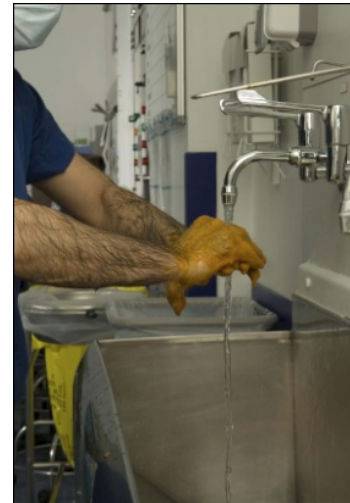
This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

### What does the procedure involve?

Telescopic inspection of the bladder and urethra combined with insertion, removal or changing of a soft plastic tube placed between the kidney and the bladder. The procedure is usually performed under X-ray control.

### What are the alternatives to this procedure?

Alternatives to this procedure include observation, placement of a tube directly into the kidney through the back (nephrostomy) and open surgical treatment.



### What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator

- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

## What happens during the procedure?

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods minimise pain. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.



A telescope is inserted through the water pipe (urethra) to inspect both the urethra itself and the whole lining of the bladder.

A stent (pictured) is then inserted into the ureter, using the telescope, under X-ray guidance.

## What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

You will normally be allowed home once you have passed urine satisfactorily. If a catheter is left in place, this is usually removed within 24 hours. You will be discharged once you have passed urine satisfactorily.

The average hospital stay is two days.

## Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of a catheter.
- Temporary discomfort from tube causing pain, frequency and occasional blood in urine.
- Further procedure to remove stent if inserted.

### Occasional (between 1 in 10 and 1 in 50)

- Infection of bladder requiring antibiotics.
- Occasionally we cannot pass the stent requiring alternative treatment.
- Permission for telescopic removal/ biopsy of bladder abnormality/stone if found.

### Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation.

### Hospital-acquired infection

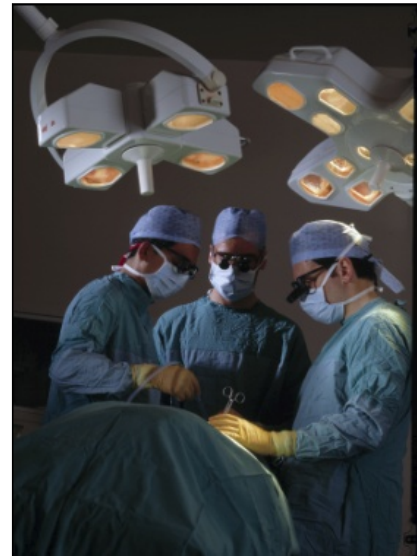
- Colonisation with MRSA (0.9% - 1 in 110).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
- MRSA bloodstream infection (0.02% - 1 in 5000).

**Please note:** The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

## What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;
- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs which have been removed.



When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

When you get home, you should drink twice as much fluid as you would normally for the first 24 - 48 hours to flush your system through. When you first pass urine, you may find that it burns and is lightly bloodstained. In six out of ten (60%) patients, discomfort similar to cystitis persists until the stent is removed. Simple painkillers will usually help this but here is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection. Occasionally, this pain can be severe enough to result in early removal of the stent.

### **What else should I look out for?**

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

### **Are there any other important points?**

A follow-up appointment will be arranged before your discharge from hospital and may involve an outpatient clinic appointment, arrangements for you to have your stent removed at a later date or further treatment (e.g. lithotripsy). If you have any concerns about the timing of further treatment, please discuss this with your named nurse or consultant.

Stents do not normally need to remain in place for more than six weeks. Please let us know if you have not heard from us about removing your stent within six weeks or so of your discharge. A specific booklet about what to expect when you have a ureteric stent is available from the ward or from your specialist nurse.

### **Driving after surgery**

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

### **Is any research being carried out in this area?**

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.

All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve



our techniques and results; this means that our patients will then get the best treatment available.

**What should I do with this information?**

Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

I have read this booklet and I accept the information it provides.

Signature..... Date.....

## How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free **NHS Smoking Helpline** on **0800 169 0 169**

## Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

### The NHS Constitution Patients' Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients' responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.

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**Published:** March 2016.

**Due for review:** March 2018