



HYDROSTATIC DISTENSION (STRETCHING) OF THE BLADDER WITH FLUID

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Hydrodistension.pdf

Key Points

- Hydrodistension involves stretching your bladder slightly, beyond its normal capacity, to improve symptoms of bladder pain or an overactive bladder
- We sometimes need to take a bladder biopsy as part of the procedure
- The procedure may only give temporary relief and, in some patients, no relief at all
- Pain, bleeding and infection are the commonest after-effects
- Perforation of the bladder is a risk if bladder biopsies are taken, and this may prolong your recovery

What does this procedure involve?

Gently stretching the bladder by filling it with fluid to make it less sensitive in patients with symptoms of bladder pain or an overactive bladder (a need to pass urine frequently and urgently).

What are the alternatives?

- **Observation** – no treatment, but monitoring of any change in your symptoms over a period of time
- **Conservative methods** – pain control therapy, avoiding “trigger” factors (e.g. certain foods or liquids), relaxation techniques, physiotherapy and low impact exercise such as yoga
- **Medicines** – ranging from simple painkillers (e.g. paracetamol) to powerful neuroleptic (pain-modifying) drugs

- [Bladder instillations](#) – putting liquids into your bladder which contain chemicals that relieve pain
- [Simple cystectomy & urinary diversion](#) – in the most severe and unresponsive cases, removal of your bladder and formation of a urostomy (urinary stoma)

For further information about the options available to treat an overactive bladder, see the BAUS leaflet on the [comparison of treatment options for overactive bladder](#).

We sometimes use sacral nerve stimulation or Botox injections into the bladder to treat some types of bladder sensitivity. These treatments may not be appropriate for you and you should ask your doctor whether they might help. Enterocystoplasty is sometimes used in highly-selected cases, but is not appropriate for most patients.

What happens on the day of the procedure?

Your surgeon will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

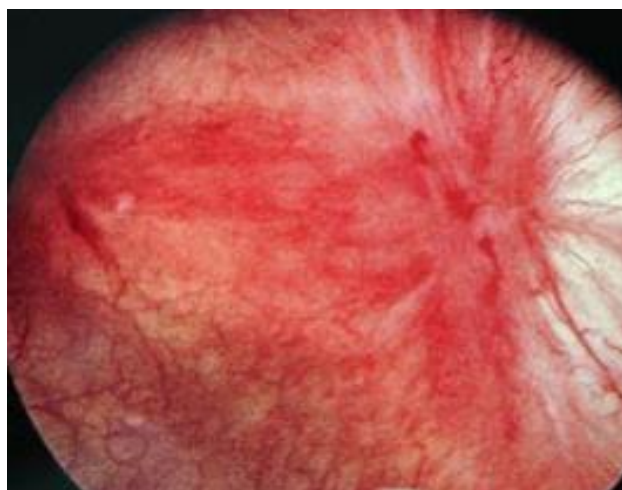
An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure






- we use either a general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you will be unable to feel anything from the waist down)
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a telescope into your bladder through the urethra (water pipe) to inspect the inside of your bladder
- we run fluid into your bladder until it is very full
- we empty and fill your bladder again to see if there has been any change in the bladder (e.g. bleeding or splitting of the wall, pictured below) which may help explain the cause of your symptoms








- we sometimes take a small biopsy from your bladder lining
- we may put a catheter in your bladder, especially if biopsies have been taken; this is usually removed the following day
- you should expect to be discharged on the same day as your procedure



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild burning on passing urine for a short time after the procedure	 Almost all patients
Worsening of your symptoms for a short time after the procedure	 Almost all patients
Your symptoms settle at first but return at some point in the future	 Almost all patients
A small biopsy of your bladder lining may need to be taken	 Between 1 in 2 & 1 in 10 patients
Failure to produce any relief of your symptoms	 Between 1 in 2 & 1 in 10 patients

Temporary insertion of a bladder catheter		Between 1 in 10 & 1 in 50 patients
Urinary infection requiring antibiotics		Between 1 in 10 & 1 in 50 patients
Failure to produce any relief of your symptoms		Between 1 in 10 & 1 in 50 patients
Bleeding from the bladder which does not settle requiring a further procedure		Between 1 in 50 & 1 in 250 patients
Perforation of your bladder (making a hole in its wall), usually after taking a biopsy, requiring prolonged catheterisation or a further procedure to repair the hole		Between 1 in 50 & 1 in 250 patients
Injury to your urethra (waterpipe) resulting in an urethral stricture (narrowing) at a later stage		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- if you develop a fever, frequent passage of urine, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- we will arrange an outpatient appointment for you to review your symptoms after four to six weeks

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;

- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.