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Cystoscopy

Cystoscopy (say "sis-TAW-skuh-pee") is a test that allows your doctor to look at the inside of your [bladder](#)  and [urethra](#). It's done using a thin, lighted tube called a [cystoscope](#) .

The doctor inserts this tube into your urethra and on into the [bladder](#). Your doctor can see areas of your [bladder](#) and urethra that usually don't show up well on X-rays.

Your doctor can also insert tiny surgical tools through the tube to take samples of tissue ([biopsy](#)) or sample of urine.

Small [bladder stones](#)  and some small growths can also be taken out this way. So the test may help keep you from having to go back for surgery.

Why It Is Done

Cystoscopy may be done to:

- Find the cause of many urinary system problems. Examples include [blood in the urine](#), pain when you urinate, [incontinence](#), frequent [urinary tract infections](#), and blockages in the urinary tract.
- Remove tissue samples for testing ([biopsy](#)).
- Remove a foreign object.
- Insert a [stent](#). This helps urine flow from the [kidneys](#) to the bladder.
- Treat certain problems. The test can be used to remove stones or growths, help stop bleeding in the bladder, or remove a blockage.
- Inject a dye that is used for a special type of X-ray of the ureter and [kidney](#).

How To Prepare

Tell your doctor if you:

- Are [allergic to any medicines](#), including anesthetics.
- Have had bleeding problems or take [blood](#)-thinning medicine, such as [aspirin](#) or [warfarin \(Coumadin\)](#).
- Are or might be [pregnant](#).

The anesthesia used for this test may be [local](#), [spinal](#), or [general](#). So talk to your doctor about which method is best for you. Ask if you should plan on staying overnight in the hospital. If you won't be staying in the hospital, plan to have someone drive you home after the test.

Follow the instructions exactly about when to stop eating and drinking, or your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, use only a sip of water.

Empty your bladder just before the test. You may get medicine to prevent a [urinary tract infection](#) that could be caused by the test.

You will be asked to sign a consent form that says you understand the risks of the test and agree to have it done.

Talk to your doctor about any concerns you have regarding the need for the test, its risks, how it will be done, or what the results may mean. To help you understand the importance of this test, fill out the [medical test information form](#).

How It Is Done

Cystoscopy is done by a [urologist](#), with one or more assistants. The test is done in a hospital or the doctor's office.

You'll need to take off all or most of your clothes. You'll have a cloth or paper covering to use during the test.

About an hour before the test, you may get a [sedative](#) to help you relax. An intravenous ([IV](#)) needle may be placed in your arm to give you other medicines and fluids. You will lie on your back on a table with your [knees](#) bent, legs apart. Your feet or thighs may be placed in stirrups. Your genital area is cleaned with an antiseptic solution. Your belly and thighs are covered with sterile cloths.

For this test, you will have one of three kinds of anesthesia.

- [Local anesthetic](#). This anesthetic is inserted in your urethra.
- [General anesthetic](#). You are put to [sleep](#) either with medicine through an IV or with gases inhaled through a mask. Sometimes both methods are used.
- [Spinal anesthetic](#). The doctor or nurse first numbs the area on your back where the needle will be inserted. Then the needle is guided into the spinal canal and the anesthetic is injected. You may not be able to move your legs until the medicine wears off.

After the anesthetic takes effect, the cystoscope tube is inserted into your urethra and slowly moved into your bladder. If your urethra has a spot that is too narrow, other smaller tools are inserted first. They will gradually make it large enough for the tube.

Next, the doctor injects either sterile water or salt water (saline) to help make your bladder larger and to create a clear view. The doctor may also inject medicine to reduce chances of infection.

The doctor can also insert tiny tools through the tube to collect tissue samples for biopsy. The tissue samples are sent to the lab to be checked.

The tube is usually in your bladder for only 2 to 10 minutes. But if other X-ray tests are done at the same time, the entire test may take up to 45 minutes or longer.

If a local anesthetic is used, you may be able to get up right after the test. If a general anesthetic is used, you will stay in the recovery room until you are awake and able to walk. (This usually takes an hour or less.) You can eat and drink as soon as you are fully awake and can swallow without choking. If a spinal anesthetic was

used, you will stay in the recovery room until feeling and movement below your chest returns. (This usually takes about an hour.)

How It Feels

If you are put to [sleep](#) with a general anesthetic, you won't feel anything during the test. After the anesthetic wears off, your muscles may feel tired and achy. The medicine gives some people an [upset stomach](#).

If a local anesthetic is used, you may feel a burning sensation or an urge to urinate when the cystoscope tube is inserted and removed. When sterile water or saline is put in your bladder, you may feel a cool sensation, an uncomfortable fullness, and an urgent need to urinate. Try to relax during the test by taking slow, deep breaths. Also, if the test takes a long time, lying on the table can become tiring and uncomfortable.

If a spinal anesthetic is used, you may find it uncomfortable to lie curled up on your side while the anesthetic is injected. You will probably feel a brief sting when the medicine is injected. The day after the test, you may feel tired and have a slight backache.

Most people report that this test is not nearly as uncomfortable as they thought it would be.

Risks

Cystoscopy is generally a very safe test. General anesthesia has some [risks](#). The test doesn't affect sexual function.

The most common side effect is a short-term swelling of the urethra. This can make it hard to urinate. A catheter inserted in your bladder can help drain the urine until the swelling goes away. Bleeding sometimes occurs, but it usually stops on its own.

You may have a mild infection in the urinary tract after the test. This can usually be prevented or treated by taking medicine before and after the test. In rare cases, the infection can spread through the body. And in very rare cases, usually with seriously ill people, the infection can be life-threatening.

Another rare complication is a puncture of the urethra or bladder by one of the tools. This puncture needs surgery to repair.

After the test


After the test, you may need to urinate often. You may have some burning during and after urination for a day or two. It may help to drink lots of fluids. This also helps prevent a [urinary tract infection](#).



Slightly pink urine is common for several days after the test, especially if a biopsy was performed. But call your doctor right away if:

- Your urine stays red or you see [blood clots](#) after you have urinated several times.
- You have not been able to urinate 8 hours after the test.

- You have a fever, chills, or severe pain in your flank or belly. These may be signs of a [kidney infection](#).
- You have symptoms of a urinary tract infection. These symptoms include:
 - Pain or burning when you urinate.
 - An urge to urinate often, but usually passing only small amounts of urine.
 - Dribbling or leaking urine.
 - Urine that is reddish or pinkish, smells bad, or is cloudy.
 - Pain or a heavy feeling in the lower belly.

Results

Cystoscopy is a test that allows the doctor to look at the inside of the [bladder](#)  and the [urethra](#). Your doctor may be able to talk to you about some of the results right after the test. The results of a [biopsy](#) usually take several days.

Cystoscopy	
Normal:	The urethra , bladder  , and ureters are normal.
	There are no polyps or other abnormal tissues, swelling, bleeding, narrow areas (strictures), or structural problems.
Abnormal:	There is swelling or narrowing of the urethra because of previous infections or an enlarged prostate gland  .
	There are bladder tumors (which may or may not be cancerous), polyps, ulcers , urinary stones , or inflammation of the bladder walls.
	Problems in the structure of the urinary tract present since birth (congenital) are seen.
	In a woman, pelvic organ prolapse is present.

What Affects the Test

A cystoscopy is usually not done if you have an infection of the bladder, [prostate gland](#), or urethra.

What To Think About

Other [X-ray](#) tests, such as retrograde pyelography or cystourethrography, may also be done during cystoscopy.

To learn more, see:

- [Cystourethrography](#).
- [Intravenous Pyelography \(IVP\)](#).

Other Works Consulted

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- Pagana KD, Pagana TJ (2010). *Mosby's Manual of Diagnostic and Laboratory Tests*, 4th ed. St. Louis: Mosby Elsevier.

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[Could It Be Overactive Bladder?](#)

[Care for an Indwelling Urinary Catheter-Topic Overview](#)

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