Patient Information

Patient information and consent to flexible cystoscopy

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the one of our Urology Nurse Practitioners on telephone number 01223 274608 if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know
Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on this consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant expertise.

All information we hold about you is stored according to the Data Protection Act 1998.

Flexible cystoscopy, CF310, V6, March 2017
About flexible cystoscopy

A flexible cystoscopy is a procedure that involves telescopic inspection of the bladder and urethra (water pipe) under local anaesthesia.

Intended benefits

To look for abnormalities within your bladder and/or urethra. The procedure can also be used to facilitate removal of ureteric stents.

Who will perform my procedure?

This procedure will be performed by a doctor who has relevant expertise at performing flexible cystoscopy.

Before your procedure

Please ensure your bladder is comfortably full when you arrive at the hospital because it is likely that we will need to obtain a urine specimen from you before the procedure.

You will first be asked to undergo swabbing of your nose and throat to ensure that you do not carry MRSA. Sometimes this may happen in the urology outpatients clinic on the day the decision to proceed with a flexible cystoscopy is made, or it may be performed on the day of the procedure itself.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

You will be admitted on the same day as your procedure. When you arrive you will be asked to pass urine before the examination. You will be asked to remove the garments from the lower half of your body and put on a hospital gown.

You may be given an antibiotic tablet, after checking for any medication allergies, if you are at increased risk of urinary infection.

Please be sure to inform the doctor in advance of your procedure if you have any of the following:

- a prescription for warfarin, aspirin or clopidogrel (Plavix ®)
- a previous or current MRSA infection

Most people who have this type of procedure do not need to stay in hospital. In the unlikely event of requiring admission to hospital your doctor will discuss the likely length of stay with you.
During the procedure

In order to perform the procedure, it is necessary to insert the instrument, which is flexible, into the bladder via the urethra (water pipe). A local anaesthetic jelly is used to numb and lubricate the urethra which makes passage of the instrument into the bladder as comfortable as possible. You may experience some discomfort as the instrument enters the bladder, but this is momentary. Once the instrument is in place, the examination will only take a few minutes to complete. Attached to the instrument are a telescopic lens, a light source and some sterile water to fill the bladder so that the lining can be fully inspected.

After the flexible cystoscopy, it may be necessary to perform a digital rectal examination in men to internally examine the prostate or an internal pelvic examination in women.

After the procedure

Once the doctor has completed the examination they will remove the instrument from your bladder and will explain the findings to you. You will also be advised of the need for any further necessary treatment or investigations.

You will then be able to use the bathroom to pass the fluid that has been used to fill your bladder. Finally, you will be shown back to the changing cubicles where you can wash and dress yourself.

Eating and drinking. You can eat and drink as normal both before and after this procedure.

Getting about after the procedure. Your mobility will be unaffected by this procedure.

Leaving hospital. Generally most people who have had this procedure will be able to leave hospital once they have passed urine following the procedure.

Resuming normal activities including work. You can resume normal activities as soon as you feel able, usually the same day of the procedure.

Special measures after the procedure: When you get home, you should drink plenty of fluid for the next 24-48 hours to flush your system through. You may find that when you first pass urine, it stings or burns slightly and it may be slightly bloodstained. If you continue to drink plenty or fluid, this discomfort and bleeding will resolve rapidly.

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

**Check-ups and results:** Before you leave hospital, the doctor will explain the findings of the procedure to you. You will also be advised of the need for any further necessary investigation or treatment, and any subsequent follow-up outpatient appointments.

**Significant, unavoidable or frequently occurring side effects of this procedure**

Most procedures have potential side effects. You should be reassured that, although the complications of flexible cystoscopy are well recognised, the majority of patients do not experience problems following their procedure. The potential side effects of flexible cystoscopy are;

**Common side effects (risk greater than 10 in 100)**
- mild burning or stinging on passing urine for a short period of time after the procedure, which is helped by temporarily increasing your fluid intake
- visible blood in the urine for a short period of time after the procedure, which is helped by temporarily increasing your fluid intake.

**Occasional side effects (risk between 2 in 100 and 10 in 100)**
- Infection of the bladder requiring treatment with antibiotics.

**Rare side effects (risk less than 2 in 100)**
- Difficulty passing urine, particularly in men, necessitating temporary insertion of a urinary catheter
- Delayed bleeding requiring removal of blood clots or further surgery
- Injury to the urethra causing delayed scar formation (urethral stricture).

**Alternative procedures that are available**

The alternative is to have a cystoscopy performed under general anaesthesia, or not to have the procedure performed.

**Information and support**

- For further information regarding this procedure you can call one of our Urology Nurse Practitioners on telephone number **01223 274608**
- Further information is also available from the patient information library of the British Association of Urological Surgeons (**www.baus.org.uk**).
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity

Same sex bays and bathrooms are offered in all wards including the endoscopy suite where your procedure will take place.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.info@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors
Pharmacist
Urology consultants
Brendan O'Sullivan
Department
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number
01223 274448
Publish/Review date
March 2017/March 2020 (amendment made February 2018)
File name
CF310_fllexible_cystoscopy_v5.doc
Version number/Ref
6/CF310/Doc ID 1885

Flexible cystoscopy, CF310, V6, March 2017
Flexible cystoscopy

Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title: .................................................................

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)
   • To look for abnormalities within your bladder and/or urethra.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

Common side effects (risk greater than 10 in 100)
   • Mild burning or stinging on passing urine, or visible blood in the urine, for a short period after the procedure which is helped by temporarily increasing your fluid intake

Occasional side effects (risk between 2 in 100 and 10 in 100)
   • Infection of the bladder requiring treatment with antibiotics

Rare side effects (risk less than 2 in 100)
   • Difficulty passing urine, particularly in men, necessitating temporary insertion of a urinary catheter
   • Delayed bleeding requiring removal of blood clots or further surgery
   • Injury to the urethra causing delayed scar formation (urethral stricture)

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Flexible cystoscopy

- d) any extra procedures that might become necessary during the procedure such as:
  - ☐ Blood transfusion
  - ☐ Other procedure (please state)

- ☐ Removal of JJ stent
- ☐ Need to take bladder biopsy

2 The following information leaflet has been provided:

**Flexible cystoscopy**

Version, reference and date: CF310 version 6 March 2017

or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
  - ☐ General and/or regional anaesthesia
  - ☐ Local anaesthesia
  - ☐ Sedation
  - ☐ None

Signed (Health professional): Date: D D / M M / Y Y Y Y

Name (PRINT): Time (24hr): H H : M M

Designation: Contact/bleep no:

C **Consent of patient / person with parental responsibility**

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

**Important:** Please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 **Creutzfeldt Jakob disease (CJD)**
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   - ☐ Yes ☐ No

2 **Photography, Audio or Visual Recording**
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   - ☐ Yes ☐ No

   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   - ☐ Yes ☐ No

3 **Students in training**
   I agree to the involvement of medical and other students as part of their formal training.
   - ☐ Yes ☐ No
Consent Form

Flexible cystoscopy

4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis
      or treatment can be used and stored for ethically approved research
      which may include ethically approved genetic research.
      [ ] Yes [ ] No

   b) Where additional clinical information is needed for the purposes of ethically
      approved research, I agree that relevant sections of my medical record may
      be looked at by researchers or by relevant regulatory authorities. I give
      permission for these individuals to have access to my records.
      [ ] Yes [ ] No

I have listed below any procedures that I do not wish to be carried out without further discussion.

______________________________________________________________________________

I have read and understood the Patient Information about this procedure and the above additional
information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D D / M M / Y Y Y Y

Name of patient (PRINT): ..........................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................. Date: D D / M M / Y Y Y Y
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: D D / M M / Y Y Y Y

Name of witness (PRINT):

Address:

Patient safety – at the heart of all we do

Aldenbrooke’s Hospital | Rosie Hospital

File: in the procedures and consents section of the cassettes

CF310 v6 March 2017

page 3 of 4
Consent Form

Flexible cystoscopy

Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .................................................. Date: ..............................

Name (PRINT): ..............................................................................................................

Job title: .................................................................

Please initial to confirm all sections have been completed:

Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .................................................. Date: ..............................

Name (PRINT): ..............................................................................................................

Or, please note the language line reference ID number:

Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .................................................. Date: ..............................

Signed (Health professional): .................................................. Date: ..............................

Name (PRINT): ..............................................................................................................

Job title: .................................................................