Patient information and consent to 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.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- 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 urogynaecology specialist nurses via switchboard on 01223 245151 and ask for bleep number 159-216 or 157-952 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will scan the consent form into your electronic 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). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

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 the 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 experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About Cystoscopy under general anaesthesia

Cystoscopy involves the passing of a tiny telescope into your bladder so the practitioner can have a look to decide if there is a reason for the symptoms you have been having. The tube into the bladder is called the urethra and the telescope has to be inserted through this. Whilst doing so the practitioner will also look at the lining of the urethra. It is a diagnostic procedure and the doctor may take tissue samples if required.

There are three different ways to do this procedure and your doctor will decide on which is best for you:

Rigid Cystoscopy with local anaesthesia* (looking into the bladder with a non-flexible telescope)
Flexible Cystoscopy with local anaesthesia* (looking into the bladder with a telescope that can bend)
Rigid Cystoscopy +/- biopsy with general / regional anaesthesia*

*Delete as appropriate

Your procedure may take place in the Day Surgery Unit (DSU) of the hospital, which is currently based in the Addenbrookes Treatment Centre (ATC) or in Clinic 25 which is based on daphne ward on level 2 of the Rosie Hospital.

Intended benefits

To help diagnose your condition and subsequently decide upon an effective treatment.

Who will perform my procedure?

This procedure will be performed by a consultant gynaecologist, qualified doctor undergoing training or nurse practitioner under the supervision of the consultant.

Preparing for your procedure

Discuss the operation with your GP and get him/her to review your medications. Medications such as low dose aspirin, non-steroidal anti-inflammatories (NSAIDs), such as Ibuprofen, diclofenac [voltarol], need to be stopped at least seven days before the operation. Blood thinning medications such as warfarin need to be converted to an alternative drug before the operation. Hormone replacement therapy or the contraceptive pill should be stopped four weeks before your surgery and not recommenced until six weeks after your operation. If you are on high blood pressure medication you should arrange to have your blood pressure checked by your GP.

Before your procedure

Most patients attend a pre-admission clinic, when you will be seen by a member of the urogynaecology team. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations.
This is a good opportunity for you to ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

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.

This procedure involves the use of either local anaesthetic gel, general or regional anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will be able to go home the same day. Your doctor will discuss the length of stay with you.

If your procedure is to happen under general anaesthesia you will need to starve for six hours before the operation and drink only clear fluids, water is best for three hours before. The pre-admission staff will tell you what time to do this and also advise you of what time you are to come to the hospital.

**During the cystoscopy**

Before your procedure, you will be given the necessary anaesthetic see below for details of this and the role of the anaesthetist in your care.

During a cystoscopy a telescope is inserted into the bladder via the urethra and your bladder is filled with sterile fluid. Biopsies (tissue samples) may be taken for examination in the laboratory.

To reduce the risk of infection you will either receive a single dose of an antibiotic orally if you are having the procedure under a local anaesthetic or an injection of an antibiotic when you are asleep if you are having a general anaesthetic.

**After the cystoscopy**

If you are in the ATC once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure, oxygen levels and observe for any bleeding from your bladder. You may be given oxygen via a facemask and appropriate pain relief until you are comfortable enough to return to the DSU ward.

After this procedure, most people will have a small, plastic tube in one of the veins of their arm.

This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
If you are in Clinic 25 you will be transferred to a bay in the ward or the waiting room once your procedure is completed. The nurses will observe you there, you will not have a drip attached and you can eat and drink as soon as you wish.

You will be asked to empty your bladder before you go home.

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

**Eating and drinking.** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.

**Getting about immediately after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications.

**Leaving hospital.** Most people who have had this type of procedure under a local/general anaesthetic will be able to leave hospital on the same day. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor’s opinion. You must have had something to eat and drink, been able to pass urine, have minimal pain, and have someone to take you home and be with you overnight. If you are in Clinic 25 this is usually after two hours.

**Resuming normal activities including work.** Most people who have had this procedure can resume normal activities within one day. If you have had a general anaesthetic you must not drive for 24 hours as the drugs are still in your system. We therefore recommend that you have someone to collect you and to stay with you overnight. We suggest you take the following day off work and rest. After this you will be able to resume your normal activities. However, should you need longer off you are able to self-certificate time off work for up to five days so you will not require a certificate from us.

**Special measures after the procedure:**

**Pain:** You may experience some soreness in your abdomen and it may ‘sting’ when you first pass urine. It is not unusual for the discomfort to last for a few days. You may take painkillers, such as paracetamol or ibuprofen, which will help to relieve it. If the pain becomes distressing and you are unable to pass urine, please contact us on the numbers below or see your GP.
**Bleeding:** You may have a small amount of bleeding from the cystoscope being passed up the urethra. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after this procedure. Drinking plenty of water (two to three litres spaced out over 24 hours) can help to clear the urine. If your urine remains pink after a few days, please contact us on the numbers below or see your GP.

**Infection:** A urine infection can cause a fever and pain when you pass urine. The risk of this can be reduced by drinking plenty of water after the procedure. If you develop urinary burning, frequency or urgency, offensive discharge or fever, you should see your GP.

**Check-ups and results:** The results of the test will be discussed with you after your procedure

**Significant, unavoidable or frequently occurring risks of this procedure**

If you have a pre-existing medical condition, are obese, or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG: [Understanding how risk is discussed in healthcare. Information for you.](#)

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

**Frequent risks:**

- You may develop mild burning on passing urine for a short period after the operation (Common – 10 in every 100)
- Urine infection requiring antibiotics (Common – 1-3 in every 100)
- Difficulty emptying the bladder (retention) (Uncommon – less than 1 in every 100)

**Alternative procedures that are available**

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.
Information and support

- Urogynaecology Clinical Nurse Specialists
  Contact via Switchboard 01223 245151 and ask for bleep 157952 or 159216
  Monday to Friday 08:00 16:00
  Email: urogynaenurses@addenbrookes.nhs.uk

- Clinic 24 (The Emergency Gynaecology Unit/ Early Pregnancy Unit)
  Telephone number 01223 217636
  08:00 to 20:00 Monday to Friday
  08:30 to 14:00 at weekend
  Closed Bank holidays

- Daphne ward (The inpatient gynaecology ward)
  Telephone number 01223 257206 or 01223 349755
  Any other time

Further information

- International Urogynaecological Association
  Email: www.iuga.org

- Bladder and Bowel Community
  Telephone: 08453 450165
  Email: https://www.bladderandbowel.org/

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.
Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

**Pre-medication**

You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. *Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.*

**Moving to the operating room or theatre**

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

**General anaesthesia**

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

**Regional anaesthesia**

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.
Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.
Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)

Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)
Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.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 biomedical 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 except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

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.information@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.
Cystoscopy Rigid with local anaesthesia
Cystoscopy Flexible with local anaesthesia
Cystoscopy +/- biopsy Rigid with general/regional anaesthesia

A Patient’s side  left / right or N/A

Consultant or other health professional responsible for your care

Name and job title:

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

Please use ‘Procedure completed’ stamp here on completion:

B 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 help diagnose your condition and subsequently decide upon an effective treatment.

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

- Insert risks You may develop mild burning on passing urine for a short period after the operation (Common – 10 in every 100)
- Urine infection requiring antibiotics (Common – 1-3 in every 100)
- Difficulty emptying the bladder (retention) (Uncommon – less than 1 in every 100)

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:
** Consent Form **

** Cystoscopy Rigid with local anaesthesia **  
** Cystoscopy Flexible with local anaesthesia **  
** Cystoscopy +/- biopsy Rigid with general/regional anaesthesia **

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

**2** The following information leaflet has been provided:  
Cystoscopy

Version, reference and date:  V3, CF453, March 2018  
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:  
Name (PRINT):  
Time (24hr):  
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

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Patient safety – at the heart of all we do  
Addenbrooke’s Hospital | Rosie Hospital

CF453, Cystoscopy, March 2018  
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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):  
Name of patient (PRINT):  

Date:  D.D./M.M./Y.Y.Y.Y.

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:  
Relationship to patient:  

Date:  D.D./M.M./Y.Y.Y.Y.

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

Signed (Witness):  
Name of witness (PRINT):  
Address:  

Date:  D.D./M.M./Y.Y.Y.Y.
Cystoscopy Rigid with local anaesthesia
Cystoscopy Flexible with local anaesthesia
Cystoscopy +/- biopsy Rigid with general/regional anaesthesia

D 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: ...D.D./M.M./Y.Y.Y.Y.

Name (PRINT): .................................................................................. Job title: .................................................................

Please initial to confirm all sections have been completed:

E 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: ...D.D./M.M./Y.Y.Y.Y.

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

Or, please note the language line reference ID number:

F Withdrawal of patient consent

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

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

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

Name (PRINT): .................................................................................. Job title: .................................................................