Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Cystoscopy in the Operating Room

This information will help you get ready for your cystoscopy (sis-TOS-koh-pee) and related procedures at MSK. It describes cystoscopies done in the operating room.

About your cystoscopy

A cystoscopy is a procedure that lets your healthcare provider look at your urethra, bladder, and the openings to your ureters (the tubes that carry urine from your kidneys to your bladder) (see Figure 1). It's done to look for problems in your urinary tract and bladder, such as a blockage in your urethra or tumors in your bladder.

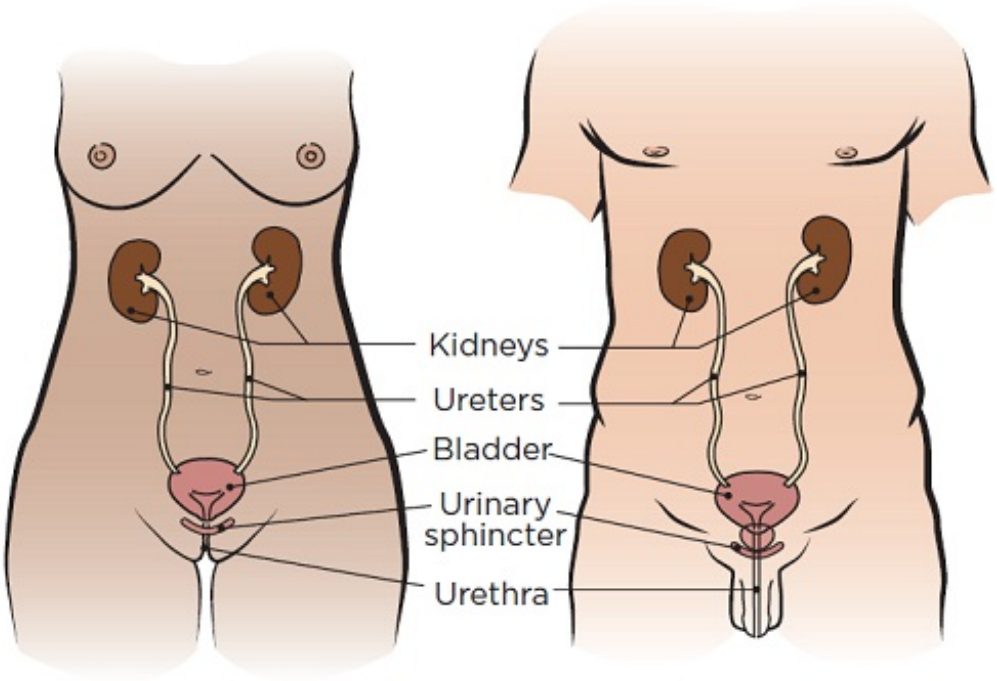


Figure 1. Female (left) and male (right) urinary systems

A cystoscopy is done using a thin, hollow, lighted tool called a cystoscope. Your healthcare provider will put the cystoscope into your urethra and slowly move it into your bladder. Small surgical tools can be put through the cystoscope to remove stones, fulgurate (burn off) small growths, or take small samples of tissue for a biopsy.

Other procedures

During your cystoscopy, you may also have 1 or more of the following procedures:

- **Transurethral resection of a bladder tumor (TURBT)**. During a TURBT, your healthcare provider will remove a bladder tumor using a tool that goes through the cystoscope.
- **Ureteroscopy (YER-eh-ter-OS-koh-pee)**. During a ureteroscopy, your healthcare provider will put a thin tool called a ureteroscope through your urethra, bladder, and ureter. This procedure is done to see if there's anything blocking or getting in the way of the flow of urine.
- **Retrograde pyelogram**. During a retrograde pyelogram, your healthcare provider will guide small, thin, catheters (flexible tubes) up to your kidneys through your ureters. They'll inject contrast media through the catheters into your kidneys. Then, they'll take x-rays of your renal pelvis and ureters (see Figure 2). The contrast media makes these areas stand out so your healthcare provider can see them better. This procedure is done to see if there's anything blocking or getting in the way of the flow of your urine.
- **Removal of stones or blood clots from your bladder**.
- **Placement, replacement, or removal of**

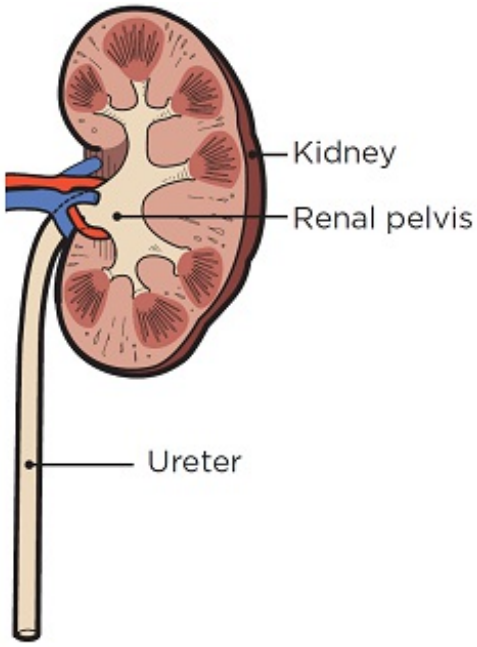


Figure 2. Parts of your kidney

ureteral stents. The stents will keep your ureters open. That helps urine flow from your kidneys to your bladder. If your kidney function has improved, your healthcare provider may decide to remove the stent(s) and you may not need a replacement.

- ☐ **Botox bladder injections.** During a Botox bladder injection, your healthcare provider will use a needle to inject Botox into your bladder. Botox is a drug used medically to treat muscle problems that lead to spasms. The Botox injection will help reduce bladder spasms and incontinence. Incontinence is leakage of urine (pee) or stool (poop) that you can't control.

Before your procedure

Ask about your medicines

Tell your healthcare provider what medicines you're taking, including prescription and over-the counter medicines, patches, creams, and herbal supplements. You may need to stop taking some of them before your procedure.

If you take medicine to thin your blood, ask the healthcare provider who prescribes it for you when to stop taking it. Blood thinners are used to treat blood clots or to prevent a heart attack or stroke. Examples include:

- aspirin
- warfarin (Coumadin®)
- dalteparin (Fragmin®)
- heparin
- tinzaparin (Innohep®)
- enoxaparin (Lovenox®)
- clopidogrel (Plavix®)
- cilostazol (Pletal®)
- dabigatran (Pradaxa®)

- apixaban (Eliquis®)

Tell your healthcare provider if you've had an allergic reaction to contrast media in the past.

Arrange for someone to take you home, if needed

If you're having anesthesia (medicine to make you sleep during your procedure), you must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

7 days before your procedure

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement).

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your procedure. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies).

2 days before your procedure

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your procedure. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement).

The day before your procedure

Note the time of your procedure

A staff member will call you after 2 p.m. the day before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to arrive for your procedure. They'll also remind you where to go.

This will be one of the following locations:

- ☐ **Presurgical Center (PSC) on the 2nd Floor**
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065

M elevator to the 2nd floor

☐ **Presurgical Center (PSC) on the 6th Floor**
1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065
B elevator to the 6th floor

Instructions for eating and drinking: 8 hours before your arrival time



- **Stop eating 8 hours before your arrival time, if you have not already.**
  - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- 8 hours before your arrival time, do not eat or drink anything except these clear liquids:
  - Water.
  - Soda.
  - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
  - Black coffee or tea (without any type of milk or creamer).
  - Sports drinks, such as Gatorade®.
  - ClearFast CF(Preop)® or Ensure® Pre-Surgery clear carbohydrate drink.
  - Gelatin, such as Jell-O®.

  You can keep having these until 2 hours before your arrival time.

The day of your procedure

Instructions for drinking: 2 hours before your arrival time



Stop drinking 2 hours before your arrival time. This includes water.

Things to remember

- Take a shower with soap and water. You can brush your teeth and rinse your mouth.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Don’t wear any metal objects. Take off all jewelry, including body piercings.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- Bring only the money you may want for small purchases (such as a newspaper).

Where to park

MSK’s parking garage is on East 66th Street between York and 1st avenues. If you have questions about prices, call 212-639-2338.

To get to the garage, turn onto East 66th Street from York Avenue. The garage is about a quarter of a block in from York Avenue. It’s on the right (north) side of the street. There’s a tunnel you can walk through that connects the garage to the hospital.

There are other parking garages on:

- East 69th Street between 1st and 2nd avenues.
- East 67th Street between York and 1st avenues.

- East 65th Street between 1st and 2nd avenues.

What to expect

Your nurse will place an intravenous (IV) line in your vein. The IV line will be used to give you anesthesia (medication to make you sleep) before and during your procedure.

Once you're asleep, your healthcare provider will do the cystoscopy and any other procedures you're having. They may put a urinary (Foley) catheter into your bladder at the end of your cystoscopy to help drain your urine into a bag.

Your procedure will take up to 1 hour.

After your procedure

In the hospital

When you wake up, you'll be in the Post Anesthesia Care Unit (PACU). A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. They'll also check your urine output to make sure your flow of urine isn't blocked.

You may still have the urinary catheter in your bladder. It may be removed before you're discharged or a few days after your procedure.

- If your catheter is removed before you go home, you must urinate before you're discharged.
- If you go home with the catheter in place, your nurse will show you how to care for it before you go home.

Your nurse will explain your discharge instructions to you and your caregiver before you go home.

At home

- You may need to take medication(s) at home, such as antibiotics to prevent infection or medications to relieve discomfort. Follow the instructions your healthcare provider gives you.
- Don’t drive for 24 hours after your procedure.
- Ask your healthcare provider when you can go back to work.
- Drink 8 (8-ounce) cups of liquids every day for the first 2 weeks after your procedure. Avoid drinking liquids after 8 p.m. so you don’t have to go to the bathroom during the night.
- Be sure to get plenty of rest.

Changes when you urinate

You’ll most likely have blood in your urine (hematuria) after your procedure. This should go away within 1 week.

You may also urinate more often than usual and have pain or burning when you urinate. These symptoms can last for 3 to 4 weeks, but they should slowly get better as you heal. Drinking lots of liquids will also help.

If these changes don’t get better or if they get worse, call your healthcare provider. You may have a urinary tract infection (UTI).

Urinary catheter

You may feel a strong urge to urinate while the catheter is in place. This happens because the small inflated balloon that keeps it in place may make your bladder feel full. Relaxing and letting the urine flow will decrease this urge.

Biopsy or tumor removal

If you had a biopsy or a tumor removal, you’ll have a scab inside your bladder. The scab will loosen within a month. If it loosens before the wound is completely healed, it may cause bleeding. If this happens, rest and drink more liquids. Most bleeding will stop within 3 to 4 hours, but it’s best to rest that day to help stop the bleeding.

Call your healthcare provider if the bleeding doesn’t stop or if you can’t urinate.

Urinary stents

- You may feel the stents. They usually feel like pain in your kidney (your side or middle to upper back). The pain may be worse when you urinate or exercise. Your healthcare provider may give you medication to help with the pain.
- Drink plenty of liquids while you have the stents.

Activity

- If you need to go on car trips that are longer than 1 hour for 1 week after your procedure, talk with your healthcare provider.
- Don’t lift objects heavier than 10 pounds (4.5 kilograms) for 2 weeks after your procedure.
- Don’t do strenuous exercise, such as tennis, jogging, or exercise programs, for 2 weeks after your procedure.
- You can walk and climb stairs right away after your procedure.

Follow-up care

If you had ureteral stents placed during your procedure, call your healthcare provider’s office to schedule a follow-up appointment. The stents will need to be changed every 3 to 6 months, or as instructed by your healthcare provider.

When to call your healthcare provider

Call your healthcare provider if you have:

- Continuous bright red blood or blood clots in your urine.
- Bleeding (pink urine) for more than 1 week that isn’t getting better.
- Pain or burning when you urinate for more than 3 days that isn’t getting better.

- Frequent urination for more than 3 days that isn’t getting better.
- A fever of 101 °F (38.3 °C) or higher.
- Shaking chills.
- Pain in your lower back.
- An inability to urinate.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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