



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 other related procedures at Memorial Sloan Kettering (MSK). It describes cystoscopies done in the operating room.

About Your Cystoscopy

A cystoscopy is a procedure that lets your doctor 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.

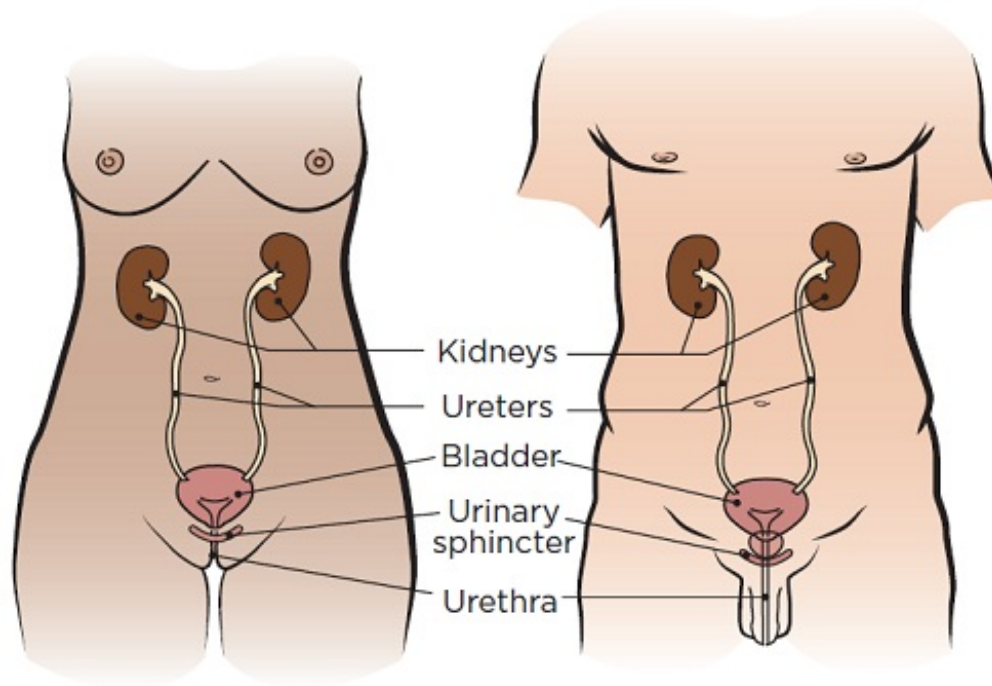


Figure 1. Female urinary system (left) and male urinary system (right)

A cystoscopy is done using a thin, hollow, lighted tool called a cystoscope. Your doctor 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 doctor will remove a bladder tumor using a tool that goes through the cystoscope.
- Ureteroscopy (YER-eh-ter-OS-koh-pee)

- During a ureteroscopy, your doctor 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, small, thin, catheters (flexible tubes) are guided up to your kidneys through your ureters. Contrast media is injected through the catheters into your kidneys. Then, x-rays are taken of your renal pelvis and ureters (see Figure 2). The contrast media makes these areas stand out so your doctor can see them better.

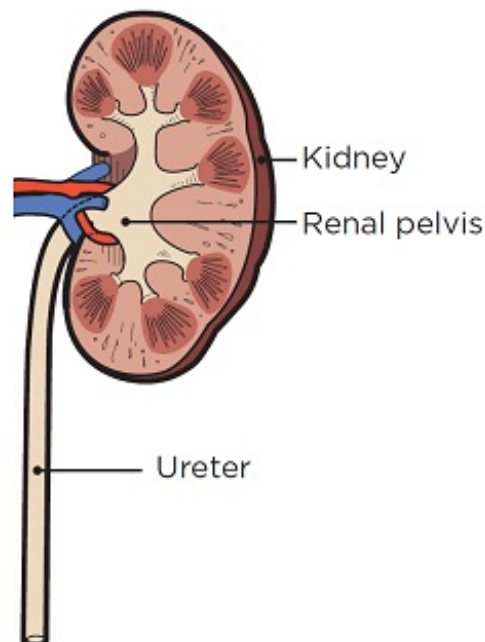


Figure 2. Parts of your kidney

- 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 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 doctor may decide to remove the stent(s) and you may not need a replacement.

Before Your Procedure

Ask about your medications

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

If you take medication to thin your blood, such as to treat blood clots or to prevent a heart attack or stroke, ask the doctor who prescribes it for you when to stop taking it. Some examples are aspirin, warfarin (Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®), enoxaparin (Lovenox®), clopidogrel (Plavix®), cilostazol (Pletal®), dabigatran (Pradaxa®), and apixaban (Eliquis®).

Tell your doctor or nurse if you have had an allergic reaction to contrast media in the past.

Arrange for someone to take you home, if needed

If you're having anesthesia (medication to make you sleep during your procedure), you must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don't have someone to take you home, call one of the agencies below. They will send someone to go home with you. There's usually a charge for this service, and you will need to

provide transportation.

Agencies in New York

Partners in Care: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

10 days before your procedure

If you take vitamin E, stop taking it 10 days before your procedure. Vitamin E can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* (www.mskcc.org/pe/common_meds).

7 days before your procedure

If you take aspirin, ask your doctor if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* (www.mskcc.org/pe/common_meds).

2 days before your procedure

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil[®], Motrin[®]) and naproxen (Aleve[®]), 2 days before your procedure. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory*

Drugs (NSAIDs) (www.mskcc.org/pe/common_meds).

The Day Before Your Procedure

Note the time of your appointment

A clerk from the Admitting Office will call you after 2:00 PM the day before your procedure. If your procedure is scheduled for a Monday, they will call you on the Friday before. If you don't get a call by 7:00 PM, please call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your procedure. They will also tell 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 before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.



The Day of Your Procedure

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. Remove 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 located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

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

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

What to expect

Your nurse will start 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 doctor 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 will be in the Post Anesthesia Care Unit (PACU). A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. They will 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 doctor gives you.
- Don't drive for 24 hours after your procedure.
- Ask your doctor or nurse when you can go back to work.

- Drink 8 (8-ounce) glasses of liquids every day for the first 2 weeks after your procedure. Avoid drinking liquids after 8:00 pm so that you don't have to go to the bathroom during the night.
- Be sure to get plenty of rest.

Changes when you urinate

You will 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 doctor. 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 will 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 doctor 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 doctor 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 doctor or nurse.
- 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 doctor'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 doctor.

Call Your Doctor or Nurse 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 healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, 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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