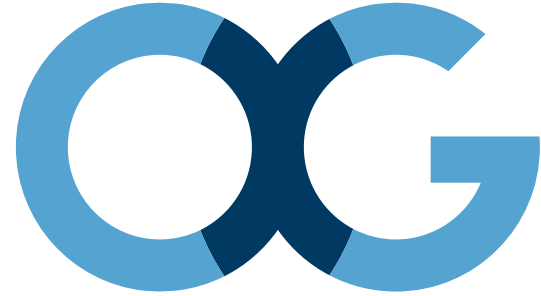


Cystoscopy



How can a cystoscopy help?

Cystoscopy is a small camera procedure undertaken to look inside the bladder and may involve a biopsy, which is taking a small sample of tissue to look at under the microscope. It can be done under general anaesthetic (asleep) or local anaesthetic (awake but with pain-numbing medication) and the camera is passed through your urethra (waterpipe), meaning no cuts are made in your skin. It may last anywhere between 5 to 10 minutes, depending on your personal situation.

The commonest reasons to have a cystoscopy include: bladder pain; recurrent urinary tract infection; blood in your urine; and suspected complications from previous pelvic floor surgery (such as a TVT).

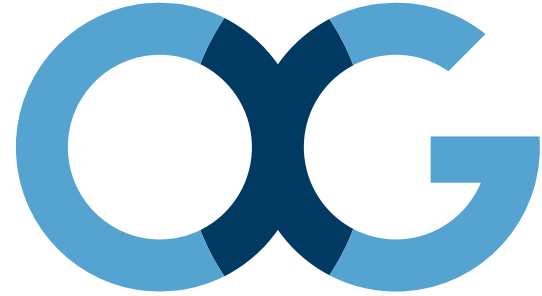
What are the risks of cystoscopy?

All treatments and procedures have risks and we will talk to you about the risks of cystoscopy. Risks can be divided up into two categories common (less serious) and rare (more serious).

Problems that may happen straight away

Common risks of cystoscopy include: general abdominal (tummy) or pelvic pain; vaginal soreness; bladder sensitivity (discomfort in the bladder or needing to pass urine more frequently); some very light spotting (blood on pad) or blood in the urine (making it pink or

Cystoscopy



passing small clots); and urinary tract infection. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

Problems that may happen later

There are not generally any common delayed risks other than urinary tract infection, which generally occurs within a few days presenting with temperatures, pain; and/or cystitis symptoms.

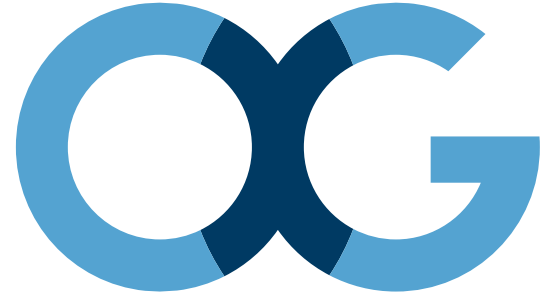
Problems that are rare, but serious

Rare but potentially more serious complications include injury to the urethra or bladder. There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery.

What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a laparoscopy (key-hole operation to look in your tummy to exclude and/or treat injury to the bladder), laparotomy (opening your tummy to repair injury to the bladder), and blood transfusion if there is heavy bleeding.

Cystoscopy



What will happen if I choose not to have a cystoscopy?

If you choose against having a cystoscopy the symptoms which led you to the gynaecological clinic are likely to continue. For some patients this means a delay or failure to diagnose cancer, leading to a delay or failure to be able to treat these cancers. In some circumstances this could lead to early death due to delay or failure in the diagnosis of cancer.

What alternatives are available?

The alternatives available include: doing nothing; ultrasound/MRI scan; and taking medical treatments. Doing nothing is unlikely to change your symptoms or provide a diagnosis.

Ultrasound/MRI scans are not as accurate as directly visualising the urethra and bladder and do not allow for a biopsy. Medical treatments can help control symptoms but do not provide a definitive diagnosis or allow for planning of definitive surgery. These should be covered in your consultation with the doctor.