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Patient information

Optical Urethrotomy and Rigid Cystoscopy

Urology Directorate

Your consultant has advised you to have an optical urethrotomy and rigid cystoscopy. This leaflet explains what to expect when you have an optical urethrotomy and rigid cystoscopy.

What is an Optical Urethrotomy and Rigid Cystoscopy?

Optical urethrotomy means cutting a narrowing or stricture of the urethra (tube which you pass urine through). A rigid cystoscopy means looking around the bladder with a telescope.

Why would I be having this done?

There are several reasons why you may be having this done:

- You may be having difficulty passing urine.
- You may have been found to have stricture in the urethra when the doctor was trying to examine your bladder for another reason.

What are the benefits of this procedure?

- Your urinary symptoms may be improved.

- The doctor will be able to examine the bladder to help to make a diagnosis.
- Telescopic removal/biopsy of bladder abnormality/stone if found.

What are the risks of having cystoscopy and optical urethrotomy?

Common

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of a catheter.
- Need for self-catheterisation to keep the narrowing from closing down again.

Occasional

- Infection of bladder requiring antibiotics.
- Recurrence of stricture necessitating further procedures or repeat incision.

Rare

- Rarely, decrease in quality of erections requiring treatment.

Are there any alternative treatments available?

Observation, urethral dilatation, open (non-telescopic) repair of stricture.

What will happen if I decide not to have treatment?

Your symptoms may worsen. An accurate diagnosis may not be possible.

What happens during an Optical Urethrotomy and Rigid Cystoscopy?

A telescope is passed into the urethra so that the narrowing can be seen. Often, a very small wire is passed through the narrowing so that the direction of the urethra can be determined. The narrowing is then cut either with a special knife or a laser. This causes the narrowing to open. A rigid cystoscope can then be passed into the bladder so that the bladder can be inspected.

If a bladder stone is found, this can be removed. If the bladder wall looks abnormal this can be biopsied. When the telescope has been removed, a catheter is often passed through the urethra into the bladder. This holds the narrowing open temporarily. The catheter may stay in from a few hours to a week or more depending on the severity of the narrowing.

What anaesthetic will I be given?

You will be given general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

How do I prepare for the procedure?

- Urethrotomy and cystoscopy usually involves an overnight stay in hospital.
- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest X-ray or an ECG (heart tracing).
- You will be given instructions regarding when to stop eating and drinking before the procedure.

- Normal medication should be taken unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What will happen on the day of the operation?

- When you arrive on the ward a member of your consultant's team will go through the whole procedure with you and ask you to sign a consent form if you have not already signed one.
- You will have an opportunity to discuss your anaesthetic with the anaesthetist.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.

- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

After the operation

- You will wake up in the recovery ward attached to theatre, where you will stay for a short while, until you return to your ward.
- You may feel a little 'groggy' when you return to the ward. Your nurse will monitor your pulse, blood pressure, breathing rate and temperature.
- Some people do experience pain following this procedure and you will be given painkillers.
- You will be able to eat and drink as soon as you feel well. Your fluid intake will be monitored and you should try and drink water as well as your normal tea and coffee. This helps to flush any blood from your bladder. Drinking plenty of water can also help to prevent constipation. It is important you to avoid constipation as straining can lead to increased bleeding. A mild laxative may be prescribed to help prevent this.
- You will be able to get out of bed and walk around the ward the day after your operation.
- A catheter will be in place to drain urine from your bladder.

What will happen to the catheter?

- The catheter will be removed according to the surgeon's instructions. Some people will have their catheter removed within a few days of the operation. These people will be allowed to go home when they are passing urine freely.
- Some people will be allowed home with the catheter still in place. These people will be taught how to look after the catheter before they go home. Arrangements will be made for them to return to hospital for its removal.

What can I expect when I get home?

When you have had your catheter removed you may find it uncomfortable to pass urine for the first few weeks. This discomfort should improve as time goes by.

If it is getting worse or you are finding it difficult to pass water or you are feeling feverish or unwell it is important that you speak to your GP or attend the accident and emergency department.

It is normal to see some blood in the urine and this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your family doctor (GP) or attend the accident and emergency department.

Can I do everything as normal?

You should expect to take things easy for two to four weeks after the operation. During this time you should avoid heavy exercise and you should also avoid driving. If you are still seeing blood in your urine then you should wait until the blood has gone for at least a week before gradually returning to normal activities.

When can I return to work?

You should expect to have at least two weeks off work. The amount of time you have off work depends on the work that you do and the severity of the stricture.

What follow up can I expect?

You will receive a follow up appointment a few months after your operation.

Further Information:

For general queries about an Optical Urethrotomy and Rigid Cystoscopy Telephone: 0151 600 1930 / 1936. Textphone number: 18001 0151 600 1930 / 1936.

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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