

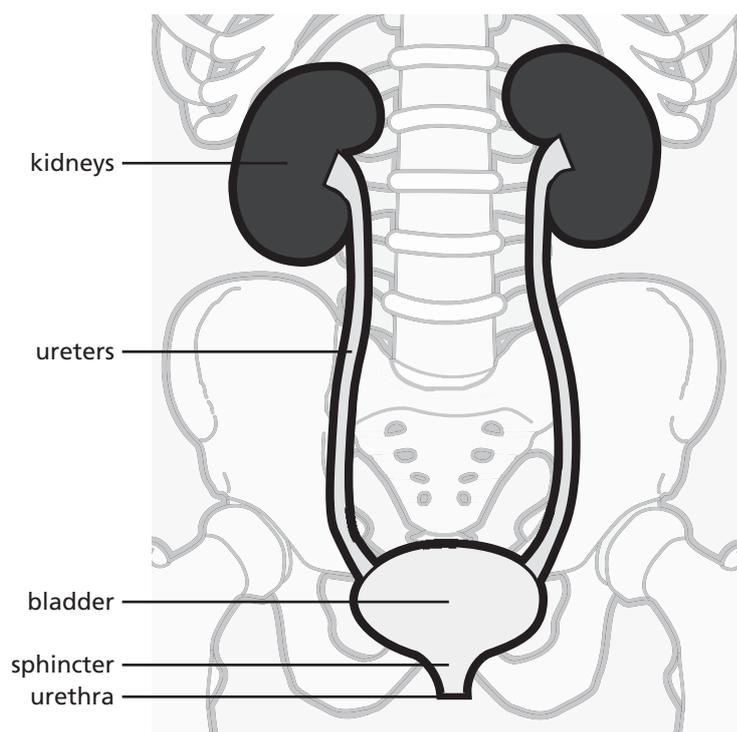


Cystoscopy

This leaflet explains about the cystoscopy procedure, and what to expect when your child comes to Great Ormond Street Hospital (GOSH) to have one.

How does the urinary system work?

The urinary system consists of the kidneys, the bladder, the ureters and the urethra. The kidneys filter the blood to remove waste products and form urine. The urine flows from the kidneys, down through the ureters to the bladder. From here it passes through another tube called the urethra to the outside when urinating (peeing).



What is a cystoscopy and why does my child need one?

A cystoscopy is a test that allows the doctor to look inside and around your child's bladder using a cystoscope (a tube containing a small camera and a light). The cystoscopy is carried out under a general anaesthetic (your child will be asleep) and lasts about 30 minutes.

A cystoscopy allows the doctors to find out what is causing your child's problems without performing a larger operation. While they are looking at your child's bladder, they will also be able to take a biopsy (small piece of tissue) if needed. This can then be examined closely in the laboratories.

Your child may need a cystoscopy to find out if the bladder is infected, why there is blood in his or her urine or why he or she has poor bladder control.

Are there any alternatives to a cystoscopy?

Although the doctors can tell a certain amount from other tests, a cystoscopy can give them a fuller picture of your child's condition. The only real alternative is an operation to examine the inside of the



bladder, but this is avoided wherever possible. A cystoscopy is quicker and has fewer lasting effects than an operation.

What happens before the cystoscopy?

You will have received information about how to prepare your child for the test in your admission letter. Your child should not have had anything to eat or drink for the amount of time mentioned in the instructions. **If you do not follow these instructions, your child's operation may be delayed or even cancelled.**

The doctors will explain about the test in more detail, discuss any worries you may have and ask your permission for the test, by asking you to sign a consent form. Another doctor will also visit you to explain about the anaesthetic.

If your child has any medical problems, like allergies, please tell the doctors about these.

What does the test involve?

Your child will have this test under a general anaesthetic. This means he or she will be asleep and not feel any pain during the test.

Once your child is asleep, the doctor will insert the cystoscope into your child's urethra. From here, he or she will pass it into your child's bladder. The doctor can now look at the inside of your child's bladder, and also the tubes leading from it to the kidneys. If necessary, he or she will take a biopsy to confirm or discount any diagnosis.

Before your child wakes up, we will give him or her some pain relieving medications rectally (into the bottom). This will reduce any discomfort in the hours following the test.

Are there any risks with a cystoscopy?

Every anaesthetic carries a risk of complications but this is very small. Your child's doctor is an experienced doctor who is trained to deal with any complications. After an anaesthetic, some children may feel sick and vomit. They may have a headache, sore throat or feel dizzy. These side effects are short-lived and not severe.

There is a small risk of infection with a cystoscopy, but we will give your child antibiotics as a precaution.

There is also a very small risk that the cystoscope could damage the inside of your child's bladder. This is unlikely to occur because the doctors carrying out the cystoscopy are very experienced and will minimise the risk of this happening.

What happens afterwards?

Your child will come back to the ward to recover and will be able to go home once he or she has had a drink and urinated.

Your child may feel sick for the first 24 hours. You should encourage, but not force, him or her to drink plenty of fluids. He or she may feel a stinging sensation when passing urine but this will pass in a day or two. Try to avoid giving your child fruit juice as this is acidic and makes the stinging worse. It does not matter if he or



she does not feel like eating for the first couple of days. There may also be a small amount of blood in your child's urine, but this is also temporary.

When you get home, you should give your child regular pain relief every four to six hours for the first 24 hours and then as often as he or she seems to need it. Always follow the instructions on the bottle. You do not need to wake your child up during the night to give them a dose.

Usually paracetamol will be enough, but if you need stronger painkillers, we will prescribe them before you go home. If when you get home, you feel that your child needs stronger pain relief, you should call your GP or ring the ward for over-the-phone advice.

Your child may be tired and a little clumsy for around 24 hours after the operation, so do not allow activities such as riding a bike, which could lead to a fall. He or she may also seem very grumpy for the first few days. This is a side effect of the anaesthetic and does not last long.

Your child should be able to go back to school within a week, when he or she is more comfortable.

Your should call your family doctor (GP) or the ward if:

- your child develops a fever
- your child's urine contains a lot of blood
- your child is in a lot of pain or has difficulty urinating
- your child is not drinking any fluids after the first day at home.

**If you have any questions, please call 020 7405 9200
and ask for the ward from which your child was discharged.**

Notes

Compiled by the department of Urology in collaboration with the Child and Family Information Group

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