CYSTOSCOPY/URETEROSCOPY/STENT PLACEMENT

PREOP INSTRUCTIONS

You will not be able to eat or drink anything after midnight the night before your surgery. This also includes candy, gum and tobacco products. If you normally take medications in the morning for your heart, blood pressure, thyroid or seizures, you may take these with a small sip of water when you first wake up. If you normally take medication for diabetes in the morning, **DO NOT TAKE IT!** You will need to bring this medication with you. We will check your blood sugar when you arrive. If you use inhalers on a daily basis for asthma, you will need to bring these with you. If you take a narcotic medication you will need a family member present on admission to sign the operative permit. **NO MAKEUP, COLORED FINGERNAILPOLISH, JEWELRY OR CONTACT LENS.** You will be asked to remove dentures. **DO NOT GLUE THEM IN.** Eye glasses will be removed just before you are put to sleep. Do bring a pair of warm socks for your feet. You may wear these back to the operating room.

You will need someone to drive you home. They may drop you off if they are available by cell phone to come back when you get to the recovery room. You should make arrangements to have someone stay with you for 24 hours after you return home because you will need to rest and take it easy. You will not be able to drive or operate machinery for 24 hours. You shouldn’t make any important decisions or sign any legal documents for 24 hours. **NO ALCOHOLIC BEVERAGES SLEEPING MEDICATIONS, TRANQUILIZERS OR NON-PRESCRIPTION MEDICATIONS, for 24 hours**

ABOUT PREOP

You will be asked to arrive one hour prior to your surgery time. When you arrive you will be asked to sign some paperwork and then you will be brought back to the preop area to be checked in. The nurse will ask you to sign consent forms. It is important that your physician has gone over the risks and benefits of your procedure and that you understand them prior to signing. Should any questions arise after your doctor has explained everything, feel free to ask the nurse and we will be happy to answer them. The nurse will take your vital signs and start your IV. You will be given a pill and IV medication to decrease production of gastric secretions. You may also receive IV antibiotics. We will check your sugar if you are diabetic and we will obtain a urine specimen for a pregnancy test if you are a female within child-bearing age and have not had a procedure to make
you infertile. You will be interviewed by your anesthesiologist. You should address any problems or concerns you have with anesthesia at that time. You will be given medications by the anesthesiologist during your surgery to make you sleepy and make you forget. They also give medication so you will be free of pain during the procedure. When the procedure is complete, the anesthesiologist will make sure your respiratory status is stable before you are taken to recovery.

Please tell your physician if you are taking any of the following medications. The following is a guideline for when they should be stopped.

- **ASPIRIN OR ASPIRIN CONTAINING PRODUCTS- 7 DAYS**
- **NSAIDS (MOTRIN, ADVIL, ALLEVE)- 7 DAYS**
- **LOVENOX- 2 DAYS**
- **TRENTAL- 3 DAYS**
- **PRADAXA – 3 DAYS**
- **PLAVIX- 5 DAYS**
- **COUMADIN- 5 DAYS**
- **TICLID- 7 DAYS**
- **AGGRENOX- 7 DAYS**

You may take Tylenol as needed before the procedure.  
We may need guidance from the prescribing physician before you stop these medications. Your surgeon will let you know.

**THE SURGERY**

A cystoscopy is a procedure to look at and treat the bladder, urethra, and in males, the prostate. It is done by passing a thin telescopic instrument called a cystoscope through the urethra and into the bladder. A cystoscopy is often the best way to see what is going on inside the bladder. It is useful in seeing if stones are in the bladder and to detect changes in the bladder lining such as inflammation, infection, cancer or scarring. Your doctor may also perform retrograde pyelograms. A small catheter is inserted through the cystoscope and passed to the opening of the ureter, the passageway to the kidney. A special dye is injected through the catheter. The dye travels up the ureter and into the kidney. Your doctor can then tell if there are any abnormalities in the ureters or kidneys by looking at the x-ray. If the physician detects any abnormality during your cystoscopy, he will probably render treatment.  
**He may take a biopsy, remove stones, growths, prostate tissue or scar tissue.** The physician will stop any bleeding at that time, also. There is a chance that he will insert a catheter, a tube that drains your urine out of the bladder, before you are brought to recovery.  
Your physician may see something while he is performing the cystoscopy that warrants looking directly at the ureter, the passageway from the kidney into the bladder. In this case, he will perform a ureteroscopy. The ureteroscope is a very tiny telescopic instrument similar to the cystoscope but much thinner. Ureteroscopy can help the doctor find and retrieve a stone if it gets stuck in the ureter. It is also used to detect changes in the ureteral lining, such as inflammation, cancer or scarring. If any abnormalities are detected in the ureter, the physician will attempt to treat the
problem at that time. You may have a stent inserted. A stent is a tiny soft tube that goes from the kidney to the bladder. Its purpose is to allow the kidney to drain while the ureter heals after trauma or to open the ureter up so they can retrieve a stone at a later date. You will be taken to the recovery room with the stent in place. It will remain in place for 1-2 weeks. The nurse in the recovery room will give you an instruction sheet about the stent and what to expect. They will also give you an appointment to come back and have it removed. This is normally done under local anesthesia as it takes less than a minute to perform.

ABOUT RECOVERY

You will be taken to the recovery room when your surgery is completed. When you arrive in recovery, you will be just waking up. The nurse will be hooking you back up to the monitor to measure your vital signs and they will ask you to take deep breaths frequently. The IV will remain in place until we are sure you can tolerate fluids by mouth and are able to urinate. We want to make you as comfortable as possible, so please let the nurse know if you have any pain or nausea. You will be in the recovery room approximately one hour if there are no complications. The doctor will usually talk with you and your family member about the outcome of your surgery and when he will see you for follow-up. When you are stable, the nurse will assist you to the bathroom to urinate. A responsible person will need to be present for the discharge instructions, sign them, and be able to drive you home. Your IV will then be removed and you will be escorted to your vehicle in a wheelchair. Should you have any problems after you have been discharged, you may call 201-0505.

POST OP

You can expect to have some burning, urgency, frequency and side pain for the first 24 hours. Mild blood in the urine is also normal. The best way to get rid of the irritation caused by the cystoscope is to drink plenty of fluids. You may return to normal activities in 24 hours unless there is blood in your urine and then you should avoid heavy lifting of anything 25 pounds or greater. If a catheter is present, the nurse will go over catheter care and arrange for removal at the time of discharge.

MEDICATIONS YOUR PHYSICIAN MAY PRESCRIBE

Antibiotics- Take as directed.
Antispasmodics- Take as directed. These will help you feel less urgency and frequency.
Bladder analgesic- Take as directed or as needed. These help with burning, urgency and frequency.
Narcotic pain medication- Take as directed or as needed.
COMPLICATIONS TO REPORT-201-0505

a. Fever greater than 101.5 degrees
b. Inability to urinate
c. Catheter stops draining urine
d. Reaction to medication (hives, rash, itching, nausea, vomiting, diarrhea, severe swelling, inability to breath or swallow)

IF YOU HAVE ANY QUESTIONS PRIOR TO YOUR PROCEDURE
PLEASE CALL 309-0400