

Denton Urology



Cystoscopy - Male

Cystoscopy ("cysto") for men is done with a flexible fiber optic telescope. The scope is about the same diameter as a catheter (or if you've never had a catheter, it is roughly the same diameter as a pencil). By necessity, the scope is quite long as the male urethra is about 25-27 centimeters (about 10 inches). The indications for cystoscopy include the evaluation of blood in the urine (hematuria), evaluation for strictures (scar tissue in the urethra), removal of stents, and various other reasons, including evaluation of prostate anatomy before consideration of prostate surgery.

Flexible cystoscopy is done in the office with local anesthesia (lidocaine gel). We can no longer prescribe or provide you with Valium or any other sedatives to be used during the procedure due to Texas State Law prohibiting the administration of "Conscious Sedation" in our office with our level of medical licensure (this is a recent change -- sorry for any inconvenience). The patient need not refrain from eating the day of the procedure, and in fact, we recommend eating a hearty breakfast that day. Upon arrival to the office, a urine for analysis or testing may be obtained (come with a full bladder), and then the patient will be escorted to the procedure room, and be asked to undress from the waist down. The procedure will then follow.

First of all, a urinary cytology may be obtained if indicated (this is a test of the urinary bladder to test for cancerous cells that may not be visible to the naked eye.) This is done by the doctor who first cleanses the penis and surrounding area with surgical scrub soap, and then inserts a rubber or latex catheter. This catheter allows a "wash" of the bladder with about 2 ounces of sterile saline that is then retrieved and sent to the lab for cytologic evaluation. The results are usually back in about a week. Immediately following the cytology (bladder wash) the cystoscopy will ensue. The area will already be prepped, and the doctor will instill the lidocaine gel local. This is kept in place with a small clamp while the remainder of the equipment is set up.

The flexible cystoscope is connected to water irrigant, and a light source. The doctor will then view the inside of your urethra and bladder with his eye (we have no camera equipment.) The urethra is first entered and inspected, and then the bladder is entered. The doctor will survey all areas of the bladder and inspect the urine coming out of the ureteral openings (where urine from the kidneys enters the bladder). The entire procedure takes less than 15 minutes, and more often about 10. Although uncomfortable, most men do not find cystoscopy with the flexible scope to be particularly painful, though pain tolerance is widely variable among men.

The findings will be discussed with the patient immediately. If nothing is seen, the patient will be called with his cytology results in a week or so, if a cytology was indicated and done. After the procedure, the patient will still have a full bladder as the irrigant is not able to be withdrawn through the flexible scope, and the patient will be asked to get dressed/cleaned up and to urinate. He will then be able to depart the office after being given a short course of antibiotic samples to make sure no infection develops. Anti-spasmodics can be given on a case-by-case basis for those who may need it.

Patients having cystoscopy can expect to have some blood in their urine for a few days or even up to a week or so, and may have a slight bloody urethral discharge. This is all normal and should improve. Some patients experience spasms, or a frequent/urgent need to void. All this is normal and should also go away soon. Serious infections or other complications are exceedingly rare after office cystoscopy, although very infrequently infections and bleeding can be serious. Other potential dangers such as development of scar tissue are theoretically possible, but highly unlikely after a simple office cysto.

If something was detected on the cystoscopy, this will be discussed with the patient, and further follow-up treatment outlined right away. If the cytology returns suspicious after a week or so (the lab takes a while to process these specimens) then further testing may be