

Cystoscopy and Urethral Dilatation

A Urethral Dilatation can be performed with or without the aid of a cystoscopy. Metal sounds, or other flexible rods are passed per urethral, across the scar tissue stricture and allow the stricture to be 'stretched open'. Once the scar tissue is opened up, then a urinary catheter may be needed to allow urethral regeneration and healing for 48 to 72 hours and is then removed. Urethral strictures can occur from trauma, previous instrumentation or catheters, congenital, urinary infections including STDs, previous surgery.

Cystoscopy and Transurethral Resection of Bladder Tumor (TURBT)

This is a procedure under general anaesthesia to completely remove, and in certain cases obtain tissue sampling, of a bladder tumour that has been found because of imaging (CT or Ultrasound scan) or because of blood in the urine. A telescope is passed into the bladder per urethra, and a electrocautery loop is passed within the telescope and can shave out the tumour completely. This "resection" technique is particularly important in the staging and re-staging of any "High Grade" bladder tumor. Often an irrigating urinary catheter is needed and an overnight admission required.

After the Procedure

Following surgery, it is usual to have irritative urinary symptoms. In particular you can expect to have frequency of urination, urgency and initially you might even find it difficult to reach the toilet in time. You may also see some blood or debris in the urine.

You may require a urinary catheter temporarily.

You may need to with-hold any blood thinners for a specified period of time.

Most patients are able to return to normal activities the following day.

If you have signs of infection—including pain, chills, or fever—call your doctor at once.

Risks of the Procedure

- Cardiac, respiratory, cerebro-vascular
- Pulmonary Embolus, DVT (Deep Venous Thrombosis)
- Heavy Bleeding – may require catheterization or admission
- Infection – Urine or Blood
- Ongoing irritative voiding (urgency, frequency)
- Urine retention
- Bladder, Bowel or Ureteric injury
- Urethral injury or stricture
- Testicular infection
- If the stone is too large to be removed at cystoscopy, an open operation may be needed by a small incision in the lower abdomen to access the bladder.

Getting the Results

A follow up consultation about a week after the procedure will be made for you to discuss the results with the Doctor where you will have the opportunity to ask questions and discuss possible further treatments for your problem.

Claiming Benefits - Medicare and Private Health Fund.

Medicare and your Private Health Fund will both assist you in payment of this operation.