

Coordinating Committee in Surgery Effective date: 10 November 2022 Last review date: 17 January 2025 Version: 2.0 Rigid Cystoscopy (with or without Lithotripsy) (硬性膀胱鏡檢查(伴/不伴碎石術治療)) Document no.: PILIC0207E version2.0 Page 1 of 3

Rigid Cystoscopy (with or without Lithotripsy)

硬性膀胱鏡檢查 (伴/不伴碎石術治療)

Introduction

Rigid cystoscopy is a procedure for diagnosis and treatment of pathology in urinary bladder, male prostate and urethra.

Rigid cystoscopy with lithotripsy is a common procedure for treatment of bladder stone and urethral stone. Other indications include urethral dilation, clearance of clots in bladder, biopsy of bladder or urethral lesion, and catheterization of ureter.

Possible Consequences of urinary bladder calculi

- 1. Urinary frequency and urgency
- 2. Urinary tract infection
- 3. Haematuria
- 4. Bladder cancer (rare)

Indications of Rigid Cystoscopy

- 1. Haematuria
- 2. Urinary bladder stone and urethral stone
- 3. Urethral stricture
- 4. Clot retention
- 5. Ureteral catheterization
- 6. Alternative diagnostic procedure for lower urinary tract pathology

About the Procedure

- 1. The procedure takes about 30-60 minutes.
- 2. Patient is required to lie down with elevation of the legs.
- 3. It could be performed under local, regional or general anaesthesia; local anaesthetic gel will be instilled into the urethra before the procedure
- 4. The rigid cystoscope is passed along the urethra, prostate (male) and then into the bladder, which are carefully inspected for any abnormality



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5. Lithotripsy, urethral dilation, irrigation of bladder, tissue biopsy, insertion of ureteric catheter / stent or retrograde pyelogram under X-ray may be performed, if indicated.

Risks & Complications

Peri-operative

- 1. Anaesthetic complications (rare)
- 2. Perforation of bladder or urethra (rare)
- 3. Urethral false passage
- 4. Failed instrumentation, failed stone fragmentation

Post-operative

- 1. Lower urinary tract infection (<5%)
- 2. Haematuria and dysuria
- 3. Residual stone and stone recurrence requiring repeating procedures and ancillary procedures
- 4. Urethral stricture (<5%)
- 5. Acute retention of urine (rare)

Before the Procedure

- 1. Please notify your doctor if you are taking medications that affect your blood coagulation, such as aspirin or warfarin.
- 2. Before the procedure, it would be useful to inform your doctor if there is any allergy or symptoms of urinary tract infection, such as painful urination, turbid urine or fever.
- 3. Patient may be given intravenous infusion or medications before the procedure.

After the Procedure

- 1. Urethral catheter may be required temporarily
- Mild painful urination and blood stained urine are common after the procedure. It will gradually subside after a few days
- 3. Patient is encouraged to drink plenty of fluid over the next few days.



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Follow up

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You will be discharged when considered appropriate. If fever or other serious events develop after discharge, you should seek medical advice at the nearest Accident and **Emergency Department.**

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.