



Gloucestershire Hospitals
NHS Foundation Trust

Flexible cystoscopy

Introduction

You are due to have a flexible cystoscopy. This leaflet gives you information about the procedure and answers some of the commonly asked questions.

What is a flexible cystoscopy?

A flexible cystoscopy is a procedure that allows the urethra (water pipe) and the inside of the bladder to be looked at using a small camera, under local anaesthetic. This is a look only examination and does not involve any cutting.

About the procedure

On arrival for your appointment, you will be handed a container and instructions for you to give a urine sample. The urine sample will allow us to make sure that you do not have an infection before having the procedure.

The procedure will take about 10 minutes and is usually done as a day case.

You will be asked to lie on your back, women will also be asked to bend their knees and open their legs with their feet together.

The genital area will be cleaned and some local anaesthetic gel will be inserted into the urethra (water pipe) to numb it. This might sting at first but the numbing will only take a minute to work. When the stinging has stopped a small camera will be passed into the urethra.

Some men experience discomfort as the camera is passed through the prostate.

You can eat and drink normally before this procedure, as you will not need to have a general anaesthetic.

You will be able to drive home after the procedure.

We advise you to drink more fluids than normal for the first 24 hours after this procedure as this may help to prevent infection in the bladder.

Why am I having a flexible cystoscopy?

Flexible cystoscopies are done so that disorders of the bladder and urethra can be diagnosed or confirmed.

Your hospital doctor may recommend flexible cystoscopy for any of the following conditions:

- Frequent urinary tract infections
- Blood in your urine (haematuria)
- Loss of bladder control (incontinence)
- Overactive bladder
- Unusual cells found in urine sample
- Painful urination, chronic pelvic pain or chronic bladder pain syndrome
- Urinary blockage such as prostate enlargement, stricture (or narrowing of the urinary tract)
- Unusual growth, polyp, tumour or cancer

Risks

Introducing anything into the bladder carries the risk of infection, no matter how sterile the procedure. Signs of infection are:

- Frequency of passing urine
- Urgency
- Burning on passing urine
- High temperature may accompany these symptoms
- Some patients experience a bearing down sensation.

Please note that the first few times you pass urine after the procedure you may find that it is quite sore or painful. This will settle after a day or so. If you experience all or some of these symptoms for more than 2 days after the procedure, please contact your GP urgently.

Alternatives to a flexible cystoscopy

Scans may be able to give some idea of what is causing urinary tract symptoms. However, they are not as accurate at assessing the bladder wall.

A rigid cystoscopy is an operation using a larger camera. This is done while you are under general anaesthetic (asleep). If an abnormality is found it is usually treated during this operation.

Contact information

If you have any further questions or concerns following your procedure, please contact one of following:

For Urology:

Urology Admin Team

Tel: 0300 422 6902 (Option 2 for booking queries)

Monday to Friday, 8:00am to 4:00pm

Urology Nurse Practitioner

Tel: 0300 422 5193

Monday to Friday 8:00am to 5:00pm

For Gynaecology:

Advanced Urogynaecology Practitioners

Tel: 0300 422 6278

Monday to Friday, 8:00am to 5:00pm

Gynaecology Secretaries

Tel: 0300 422 5569

Monday to Friday, 8:00am to 5:00pm

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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