CYSTOSCOPY/RETROGRADE PYELOGRAM INFORMATION SHEET

INDICATIONS: Your Urologist has requested a cystoscopy to better evaluate conditions of the bladder, urethra, and in males, the prostate. Despite the best imaging modalities available, often there is no better substitute for direct visualization especially in the diagnosis and surveillance of bladder cancer.

TECHNIQUE: Arrive 30 minutes before your appointment to check in at the Urology Clinic. A Urology Technician will prepare you for the procedure. You will be offered the opportunity to urinate. You will be positioned on the cystoscopy table. For females, legs will be placed in stirrups. Sterile drapes will be placed after the area of your genitalia has been cleansed with an antiseptic solution. Anesthetic jelly will be inserted into the urethra. Your Urologist will place a small telescope into your urethra. You may feel a small amount of burning discomfort and perhaps the sensation that you need to urinate while the cystoscopy is being performed. Relaxing the pelvic muscles will minimize and discomfort you may have. The actual time the cystoscope is in the urethra is usually less than 5 minutes. Following the cystoscopy, your Urologist will discuss the findings with you. Following the cystoscopy, you may notice mild burning on urination and it is not unusual to see a small amount of blood the next time you urinate.

COMPLICATIONS AND RISKS: Fortunately, there are very few complications from a cystoscopy. Rarely, patients may develop a urine infection with symptoms of frequency, urgency of urination and discomfort with urinating. On rare occasions, especially in males with an enlarged prostate, difficulty in urination will be encountered or bleeding will create a clot which prevents the flow of urine and require a catheter to relieve. Occasionally, the cystoscopy may not identify the problem and further diagnostic studies are necessary.

RETROGRADE PYELOGRAM

INDICATIONS: The retrograde pyelogram study is performed to better visualize your kidneys and the ureters that drain urine from the kidneys into the bladder. The test involves placing a small flexible catheter into your ureter through a cystoscope, injecting contrast dye through your ureter and up to the kidney and taking several x-rays.

TECHNIQUE: You will feel a pinching sensation when the catheter is first passed into the ureter. This will subside. You may also feel an increased urge to urinate while the catheter is being placed. As the contrast media is injected into the ureter you may feel pressure in the mid back. Let the physician know as soon as you feel an increase in the pressure, as this is a sign of the kidneys becoming full of contrast. Your Urologist will then discuss the findings of the
procedure with you. Following the retrograde pyelogram, you may notice mild burning on urination with possible the presence of small amounts of blood for the first void.

**WHEN TO NOTIFY YOUR UROLOGIST:**
* you have a fever greater than 100 degrees Fahrenheit
* difficulty urinating
* blood in your urine which persists more than 48 hours.

Every effort is made to return calls as promptly as possible; however, your Urologist may not be able to speak with you at the moment you call. Please leave a phone number where you may be reached both during the day and after normal working hours to assist us in returning your call that day. If you really feel your problem is an EMERGENCY, state this to the person who takes your call, call 911, or report directly to the Emergency Room.