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CYSTOSCOPY + RETROGRADE PYELOGRAM

Providing Specialist Care in South Australia & Northern Territory

Associates:

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What is a Cystoscopy + Retrograde Pyelogram?

A cystoscopy may be suggested for a number of reasons including;

- Blood in the urine
- Assessment of urinary tract infections
- Difficulties passing urine
- Pain or bothersome urinary symptoms.

A cystoscopy is a procedure where a telescope is used to inspect the urethra (water-pipe), the prostate (in men), and the bladder. A very clear and magnified view can be achieved.

It is possible to assess the drainage system of each kidney with an x-ray called a retrograde pyelogram. Contrast (radiological dye) is injected via a small catheter into the ureter. As it fills, x-rays are taken in the operating theatre to look for any abnormality. Your urologist will advise you whether this is indicated.

Preparing for your procedure

We will provide you with instructions regarding all aspects of preparing for your operation.

- Pre-operative blood and urine tests.
- Details of admission to hospital.
- Information regarding fasting and medications.

What to expect afterwards

You are usually able to eat and drink what you feel like after the surgery. You will be encouraged to maintain a good fluid intake. Pain relief is always available, however, it is not usual to have significant pain after this procedure. You will most likely experience irritation and have a frequent need to urinate afterwards. There will most likely be some blood in the urine which should settle within a few days.

You will be given pain relief if required and antibiotics if necessary to take home with you.

Complications

This is generally a very safe procedure with a low risk of complications.

- The chance of infection is <5%.
- Significant bleeding requiring readmission to hospital or blood transfusion is <5%.
- The chance of an injury or perforation of the bladder is <1%.





After discharge from hospital

You should drink extra fluid over the first week or two after surgery. Drinking 1500-2000mL per day is usually satisfactory. Do not drink excessively. Aim to keep your urine a pale yellow or straw colour. If you find your urinary symptoms are not improving or become worse, then you could have an infection. Either contact our office or see your GP to organise a urine test.

If you do notice an increased amount of blood in the urine, then drink extra water to dilute the urine. Occasionally there is more excessive bleeding, and maybe clots in the urine that make it difficult to pass. If this occurs then please contact our office, contact your GP or present to a hospital emergency department for assessment.

You should be able to recommence most of your usual activities shortly after surgery. Please avoid heavy lifting or straining until bleeding settles. Sexual activity can be recommenced once the bleeding settles.

Driving

You should not drive for at least 24 hours after having sedation/ anaesthetic (or as instructed by your Urologist).

Patients who are travelling outside the metropolitan area are required to check when they are able to travel, and will be required to stay in the metropolitan area for 24 hours (or as instructed by your Urologist).

Emergency Contacts

In the event of an emergency, please call our office within business hours. If assistance is required out of hours, please call our On-Call Urologist via our Tennyson office OR present to your nearest Emergency Department.

Ashford	Hospital
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55 Anzac Highway, Ashfor	d SA 5035	8375 5205	Until 10:00 PM

Wakefield Hospital

300 Wakefield Street, Adelaide SA 5000 8405 3440 24 Hours

Royal Darwin Hospital

Rocklands Drive, Tiwi NT 0810 8922 8888 24 Hours

Follow up

A post operative appointment will usually be made for you prior to your procedure. Please ask your urologist, or contact our rooms to ensure arrangements are in place. If you have travelled from the country for your procedure then a phone call/ telehealth may be arranged for review.

The content provided within this document is intended as a guide only and does not apply to all patients. Additional information, including patient specific potential risks, must be obtained during consultation with your Urologist.

(S): Handouts / Operation Handouts / Cystoscopy RGP / Updated 21.1.2019

^{**}For patient's outside the Metropolitan area, please present to your nearest hospital emergency department.