



CYSTOSCOPY & STRETCHING OF THE BLADDER NECK (DILATATION) IN WOMEN

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Bladder neck dilatation in women.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Bladder%20neck%20dilatation%20in%20women.pdf)

Key Points

- The aim of this procedure is to inspect the lining of your bladder using a telescope, and to stretch the neck of your bladder with dilators
- The procedure is intended to improve emptying of your bladder, and to reduce recurrent infections in your urine
- If any abnormalities in the bladder are found, we may remove the area or take a biopsy from it using diathermy (electric current)

What does this procedure involve?

This involves putting a telescope through your urethra (waterpipe) to look at the lining of the bladder. If we find any abnormality in your bladder, we may biopsy the area, remove it completely using diathermy or simply cauterise it to stop the bleeding. We then stretch the neck of your bladder gently using plastic or metal dilators.

What are the alternatives?

- **Flexible cystoscopy** – performed under local anaesthetic, but you may find stretching your bladder neck too painful without a general anaesthetic
- **Observation** – if your symptoms are mild, we may simply monitor your condition regularly

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure










- a full general anaesthetic is normally used and you will be asleep throughout the procedure
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a telescope through your urethra (water pipe) to look into your bladder and to see the bladder neck (pictured)
- if we find anything abnormal in your bladder, we may biopsy or remove it with diathermy
- we then gently stretch the neck of your bladder using metal or plastic dilators
- we may put in a temporary bladder catheter which is normally removed the following morning
- the procedure normally takes five to 10 minutes to complete
- you will normally go home on the same day as your procedure; if you have had a catheter put in, you will need to stay overnight



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you

should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild burning or bleeding on passing urine for a short time after the procedure	 Almost all patients
Temporary insertion of a bladder catheter which needs to be removed later	 Almost all patients
Permission for telescopic removal/biopsy of an abnormality, if found	 Almost all patients
Infection of the bladder requiring antibiotic treatment	 Between 1 in 10 & 1 in 50 patients
Recurrence of the narrowing with return of your symptoms	 Between 1 in 10 & 1 in 50 patients
Perforation of the bladder requiring a temporary catheter or open surgical repair	 Between 1 in 50 & 1 in 250 patients
Delayed bleeding requiring removal of clots or further surgery	 Between 1 in 50 & 1 in 250 patients
Urinary incontinence (leakage) caused by the stretching of your bladder neck	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- if you cannot pass urine after your bladder catheter is removed, you may be discharged with a catheter in; we will show you how to manage it at home and arrange for you to have it removed at an appropriate time
- if you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately
- if you need a follow-up outpatient appointment or further investigations, we will arrange them for you, and tell you when they will take place
- you may return to work when you are comfortable enough and when your GP is satisfied with your progress.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or

- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.