



# HALTON UROLOGY

**Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)**

Minimally Invasive Surgery and General Urology  
Assistant Clinical Professor, Division of Urology  
Department of Surgery, McMaster University  
Chief of Surgery, Milton District Hospital, Halton Healthcare

**Dr. Eric B. Cole, BSc, MD, FRCS(C)**

Endourology, Minimally Invasive Surgery and General Urology  
Assistant Clinical Professor, Division of Urology  
Department of Surgery, McMaster University

Halton Healthcare • Georgetown Hospital • Milton District Hospital • Oakville Trafalgar Memorial Hospital

Suite 205 - 311 Commercial Street • Milton • Ontario • L9T 3Z9 • Tel: (905) 875-3920 • Fax: (905) 875-4340  
Email: office@haltonurology.com • Web: www.haltonurology.com

## CYSTOSCOPY

Your cystoscopy procedure has been scheduled at the  
**Surgery and Procedures Unit (2<sup>nd</sup> Floor) at the Milton District Hospital** on

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

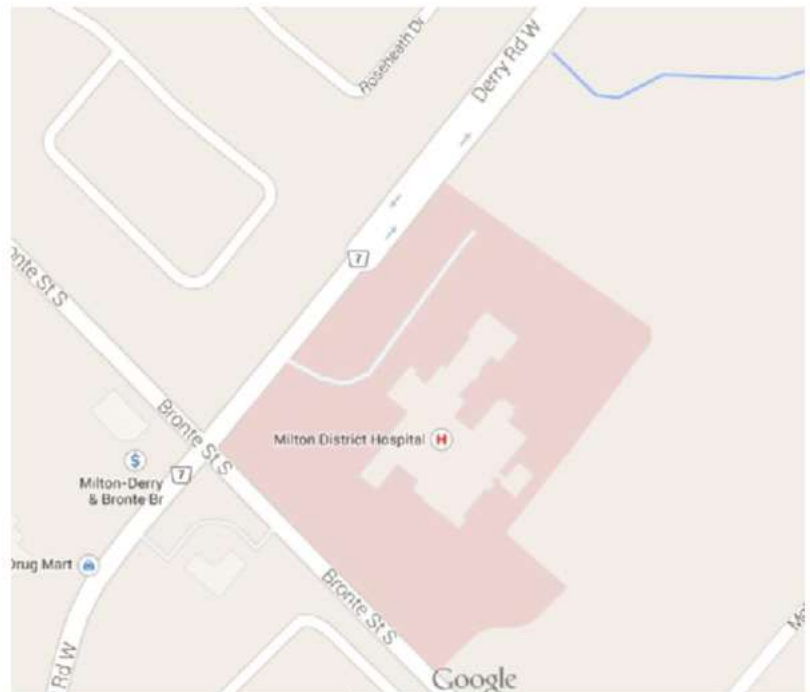
**\*\*\* PLEASE ARRIVE 30 MINUTES BEFORE YOUR SCHEDULED PROCEDURE TIME**

**\*\*\*THE OFFICE DOES NOT CALL TO CONFIRM THE APPOINTMENT**

**Location:** The Milton District Hospital is located at the southeast corner of Derry Rd. and Bronte St. South. Please use the main entrance on Bronte St. South.

**Address:** 725 Bronte Street South,  
Milton, Ontario, L9T 9K1

**Phone:** 905-878-2383



NEXT PAGE →

## PLEASE READ THE FOLLOWING BEFORE YOUR CYSTOSCOPY

- There is **no preparation** for this test. You can eat a normal diet before and after the procedure and you may take all your normal medications including blood thinners.
- You can drive yourself to and from the hospital.
- Please proceed to **MAIN ENTRANCE ON BRONTE STREET SOUTH** at the Milton District Hospital. Please check in at the **SURGERY AND PROCEDURES UNIT ON THE SECOND FLOOR (take the elevators across from the coffee shop)**. You will be registered and prepared for your procedure.
- Please bring your valid **HEALTH CARD**.
- Please bring your signed **CONSENT FORM**, which is attached to this document.
- *\*\*\*If you need to cancel your procedure, please notify the office 1 week prior otherwise a \$300.00 fee will be charged to you. Please consider that other patients are waiting for this procedure.*

## WHY IS A CYSTOSCOPY DONE?

A cystoscopy may be done for various reasons including:

- Check for the cause of blood in the urine
- Check for the cause of infection after frequent urinary tract infections
- Check for the cause of bothersome urinary symptoms
- Diagnose bladder tumors or polyps
- Identify a bladder obstruction or enlarged prostate
- Identify urethral structures and/or blockages
- Remove foreign bodies
- In combination with urodynamic studies to evaluate urinary incontinence

## HOW IS THE CYSTOSCOPY DONE?

In females, the urethra is a short tube that opens just in front of the vagina. In males, it is a longer tube that passes through the prostate gland and then through the penis. The cystoscope is a thin, lighted tube that is either flexible or rigid. It is inserted into the bladder through the urethra.

First, you will need to undress from the waist down. You will be helped on to a table and covered with a sheet. If you are female, you will need to be on your back with your knees bent and legs apart. Your feet may or may not be in stirrups to help keep you in this position. If you are a male, you will lay on the table with your legs straight out.

The area around the urethra will be washed with an antiseptic soap. A numbing gel is then put into the urethra. The cystoscope is then inserted into the bladder through the urethra. A urine sample may be taken. If the doctor sees any abnormal areas, he may be able to show this to you on the monitor. When the doctor is done, the cystoscope is removed. The cystoscopy only takes a few minutes.

### **WILL THERE BE PAIN DURING THE PROCEDURE?**

A numbing topical gel anesthetic is instilled in the urethra and used before the procedure starts. There is no IV anesthetic or needles. When the camera passes through the external sphincter, you will feel a slight pinch or sting. You can expect some discomfort or burning when you urinate after the procedure. This will resolve.

### **FOLLOW-UP APPOINTMENT**

My office will contact you with a follow-up appointment time and date if it is necessary.

### **AFTER THE CYSTOSCOPY**

Drink ~2-3 liters of water over the next 24 hours after your test. This helps to alleviate and resolve discomfort from the procedure. You may have some irritation that may last for up to a few days after the procedure including discomfort or burning when you urinate and possibly small amounts of blood in the urine

### **WHEN TO SEEK MEDICAL ATTENTION:**

- Bright red bleeding in urine with heavy clots
- Chills or fever over 38 degrees C (101 degrees F)
- Inability to urinate for more than 4 hours if you do not have a catheter
- Feeling of bladder fullness that does not go away after urinating
- Severe pain that is not relieved by pain medication

**For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.**

*\*Updated August 2019*

# CONSENT TO TREATMENT

Patient Name (Print): \_\_\_\_\_

Treatment/Procedure (Print): **CYSTOSCOPY**

## Consent Statement

I have discussed with \_\_\_\_\_ and understand:  
Treatment Proposer (Print - Name and Designation)

- the reason for the above treatment and what will happen during the treatment as explained to me;
- the intended effect of the treatment and the significant risks that might occur with the treatment;
- any other possible options for care and likely risks of not having the treatment.

By signing this form, I agree:

- to additional treatments, tests, or operations that are considered necessary to this treatment;
- to other physicians/hospital staff to provide or assist in my treatment;
- to student and trainee supervised involvement in my treatment;
- to be given general anesthetics, sedation or other anesthetics for the above treatment as may be needed;
- that I have had the chance to ask questions, and these questions have been answered to my satisfaction;
- I consent to treatment.

I **acknowledge** that any tissues or parts surgically removed may be disposed of in accordance with usual practice.

Signature of Patient \_\_\_\_\_

Date \_\_\_\_\_

Signature of Substitute Decision Maker (if required) \_\_\_\_\_

Substitute Decision Maker Name (Print) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Interpreter Used In Discussion:  Yes  No

Patient: Test Test PHN: 0000000000 DOB:

