

## Urology Partners

### Cystoscopy Post-Operative Instructions

Please read this carefully. Ask your doctor any important questions **before** your procedure.

1. Your procedure will entail introduction of a catheter-sized camera and possibly special endoscopic tools through the urethra under anesthetic.
2. Make sure to tell the doctor **before** the procedure if you feel sick, have a fever, symptoms of a urinary tract infection or are on blood thinners.
3. Ask your doctor when it is safe to resume your blood thinners! Do **not** restart blood thinners unless your doctor has approved it.
4. Blood in the urine can occur for the first few days. In some cases, if prostate tissue or a tumor was resected/removed, bleeding can occur intermittently for weeks even after a period of clarity.
5. Small blood clots or debris can pass for the first few days. If this is seen, don't panic. Increase fluid intake to dilute the urine and flush the system. As long as you can empty your bladder without difficulty or pain, hydrate and monitor the urine over several hours.
6. Burning with urination is common initially and usually goes away after a few days. If the prostate was resected (ie, TURP procedure) mild burning can last for a few weeks.
7. Hydration is important. Drink enough fluid to keep your urine clear and to flush out debris. Water or partially-diluted Gatorade works best.
8. Unless told otherwise, you can eat a regular diet, take a shower in the evening and resume non strenuous physical activities. Ask your doctor when you can resume strenuous physical activity.
9. Take all of your medicines as directed, including any antibiotics that have been prescribed.
10. Over the counter pain medicine (ie, Tylenol, Motrin, Azo, etc) should be tried before any prescribed pain killers. Alternating between standard-doses of Tylenol and Motrin every 4-6 hours is an effective regimen. If still needing pain medication by post-operative appointment, let the doctor know. Azo (and equivalent bladder discomfort medications) helps with burning and pelvic discomfort.
11. If you are experiencing persistent larger blood clots despite increased hydration or are experiencing severe pain, inability or difficulty to urinate, fever or chills, or are concerned of an emergency, go to your nearest emergency room **first** and then call your doctor. If these symptoms occur "**after-hours**," go to your nearest emergency room and call the doctor in the morning for an expedited appointment. An emergency room evaluation is the safest and quickest way to ensure there is not an ongoing serious medical problem.
12. "On-call" doctors will direct you to the nearest emergency room if you have concerning symptoms (ie, inability to urinate, fever, chills, severe pain, Foley catheter blockage, inability to tolerate food or water). If you fear for the patient's life or believe there is an emergency, **call 9-1-1!**
13. Prescription requests, error corrections, refills will **not** be processed by an "on-call" doctor after-hours. This includes antibiotics, pain medication and testosterone. Please contact the office the next business day. Please confirm with your doctor where you would like the prescriptions sent. Your pharmacy "on-file" will be the default unless otherwise noted.
14. If a **Foley catheter** is placed after your procedure:
  - a. A Foley catheter is a tube put into your bladder to drain your urine into a bag. The bladder is an organ where urine is kept. Keep the bag of urine well below your waist. Lifting the urine bag higher will make the urine flow back into your bladder, which can cause an infection. Avoid pulling on the catheter, because this may cause pain and bleeding, and the catheter may come out. Do not allow the catheter tubing to kink, because this will block the flow of urine. Ask caregivers for more information about how to care for yourself when you have a Foley catheter in place.
  - b. When the catheter is removed, you may feel like you have to urinate more often than usual. You may leak or dribble urine. This usually resolves over a few days.
15. If a **ureteral stent** is placed after your procedure:
  - a. It is common to feel a persistent urge to urinate, as well as frequency, burning and occasionally bladder and kidney pain. Hydration and your prescribed medications will help. The worse symptoms will subside after 1-2 days.
  - b. Ureteral stents are not permanent and will need to be removed. These can be removed by the patient if a string is attached to the stent and taped to the skin. Otherwise, your doctor will remove the stent at a follow-up appointment with a small camera.
  - c. Bleeding is common with a ureteral stent as the foreign body can irritate the bladder wall. Hydration is important to dilute the urine and flush debris.
16. If biopsies were taken during your procedure:
  - a. Pathology results will be available usually within 10-14 days. Pathologists will send a report to your doctor who will review with you at your follow-up appointment.
17. **If you are concerned about your clinical course, please call the office and schedule an appointment to speak with your doctor or their assistants (ie, PA, ARNP, etc). Same-day and next-day appointments can usually be arranged, as well as telemedicine appointments.**