



Cystoscopy

What is cystoscopy?

Cystoscopy is a procedure a doctor uses to look at the inside of the bladder and urethra (the tube that connects the bladder to the outside of the body). This is done with a **cystoscope**, a thin tube with a light and a lens or small video camera on the end. The tube is put in through your urethra.

There are two main types of cystoscopes: **flexible** and **rigid**. The type your doctor uses will depend on why the cystoscopy is being done.

Why do you need a cystoscopy?

There are a few reasons you might need a cystoscopy:

You are having bladder problems

This test can be used to look for the causes of signs or symptoms in the bladder (such as trouble urinating or blood in the urine), or to look at an abnormal area seen on an imaging test (such as a CT scan). If you have had bladder cancer, it might also be used to look for new tumors.

You have a suspicious area that might be cancer

Cystoscopy can be used to take **biopsy samples** from the bladder or urethra (to find out if an abnormal area is cancer, for example). This is done by passing long, thin instruments down the cystoscope, such as small forceps (tweezers) to collect the samples. The biopsy samples are then looked at in the lab.

You have a bladder problem that needs treating (including some early cancers)

Cystoscopy can be used to treat some problems in the bladder. For example, long, thin instruments can be passed down a rigid cystoscope to remove small tumors (growths) in the bladder, in an operation known as a [transurethral resection of bladder tumor \(TURBT\)](#)¹.

What's it like to have a cystoscopy?

This is a general outline of what typically happens before, during, and after a cystoscopy. But your experience might be a little different, depending on things like why you're having the test, which type of cystoscope is used, where you're having the test done, and your overall health. **Be sure to talk to your health care provider before having this test so you understand what to expect, and ask questions if there's anything you're not sure about.**

Before the test

Be sure your health care provider knows about any medicines you are taking, including vitamins, herbs, and supplements, as well as if you have allergies to any medicines (including any type of anesthesia).

You may be asked to stop taking blood-thinning medicines (including aspirin) or some other medicines for several days before the test. Depending on which type of anesthesia you'll be getting, you might be asked not to eat or drink anything for at least several hours before the procedure. Your doctor or nurse will give you specific instructions. Be sure to follow them, and to ask questions if there's anything you don't understand.

Depending on which type of anesthesia you get, you might need to arrange for a ride home after the test. You might need someone to help you get home if you are sleepy or dizzy, so many centers will not discharge people to go home in a cab or a ridesharing service. If transportation might be a problem, talk with your health care provider about the policy at your hospital or surgery center for using one of these services. There may be other resources available for getting home, depending on the situation.

Getting the test

Cystoscopy can usually be done as an outpatient procedure (where you don't need to stay overnight in a hospital).

You will most likely need to lie on your back for this test, and you might have your feet up in stirrups. The doctor will apply numbing medicine (often as a gel) around the opening of the urethra, and possibly inside the urethra as well. You might also be given a sedative through an IV line to help you relax during the test. For a rigid cystoscopy, you might be asleep (under general anesthesia) for the test.

The doctor will then insert the cystoscope into your urethra and up into your bladder. Sterile salt water is often injected through the cystoscope to fill your bladder and make the inner lining easier to see. If you're awake, you might feel like you need to pee during the test. If any abnormal areas are seen, they can be biopsied at this time.

Cystoscopy might only take about 10 to 20 minutes, but it might take longer, depending on what's being done.

After the test

After the procedure, you will be watched closely for a while to make sure you don't have any complications. If you were asleep (under general anesthesia) during the test, you might need to stay at the center for a few hours before you are able to go home, and you will need a ride home because of the medicines or anesthesia you received. Your doctor or nurse should give you specific instructions on what you can and can't do in the hours after the test.

You will likely be told to drink plenty of fluids after the procedure to help flush out the bladder. You might notice some blood in the urine or have a burning sensation when peeing for a day or two after the test.

If biopsies were done as part of the procedure, the results will typically be available within a few days, although some tests on the biopsy samples might take longer. You will need to follow up with your doctor after the procedure to get your results.

Possible complications of cystoscopy

Cystoscopy is usually safe, but there is a small risk of:

- Reactions to anesthesia
- Bladder infection
- Rupture of the bladder wall

Your doctor or nurse should give you specific instructions on when you might need to

call the doctor's office. Be sure you understand when you should call.

Hyperlinks

1. www.cancer.org/cancer/bladder-cancer/treating/surgery.html

References

American Urological Association. Cystoscopy. Accessed at <https://www.urologyhealth.org/urologic-conditions/cystoscopy> on November 9, 2018.

National Institute of Diabetes and Digestive and Kidney Diseases. Cystoscopy & Ureteroscopy. 2015. Accessed at <https://www.niddk.nih.gov/health-information/diagnostic-tests/cystoscopy-ureteroscopy> on November 9, 2018.

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