

• CYSTOSCOPY •

• WHEN WILL WE DISCUSS THE FINDINGS? •

Most findings will be discussed during the procedure. We will schedule a follow up appointment for 1 week later to discuss pathology lab results and discuss treatment needs and options.

• WHAT ARE THE RISKS? •

Fortunately, complications from cystoscopy are avoided at Contemporary Health Center and risks are mitigated by our treatment protocol, including preventative use of antibiotics. Though all procedures involve some risk, we are proud to have never encountered complications with cystoscopy during our 30+ years in practice.

• WILL CYSTOSCOPY HURT? •

No. Numbing cream numbs the procedure area fully. Cystoscopy at Contemporary Health Center is painless and comfortable.

• WHAT MEDICATIONS OR ANESTHESIA ARE USED? •

Only local numbing cream is necessary to ensure a painless and comfortable procedure.

Glossary

Cystoscope: Very small lighted tube with a camera used to see inside the urethra and bladder.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined and tested by a laboratory.

Urethra: The tube that carries urine from the bladder out of the body.

Polypos: Abnormal growths of the tissue of the lining of the bladder, which are usually not cancerous but may cause issues.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Fibroids: Non cancerous growths that can cause pressure on the bladder and bladder issues.

Local Topical Anesthesia: The use of drugs that prevent pain in only part of the body.

• IS CYSTOSCOPY COVERED BY INSURANCE? •

Most often, insurance providers do cover cystoscopy cost. This varies based on insurance company and plan. We will verify coverage and discuss this with you.

• WHAT IS THE COST IF I DON'T HAVE INSURANCE? •

We will discuss the self pay cost with you before booking your appointment, as individual treatment and testing varies.

• HOW TO BEGIN •

The practitioner will determine if a cystoscopy is necessary after conducting a full exam, obtaining medical history, and, in many cases, performing an ultrasound. If a cystoscopy is necessary, we will discuss the need with you, discover insurance coverage, and help you choose a treatment date. A deposit may be required to book and secure your appointment.

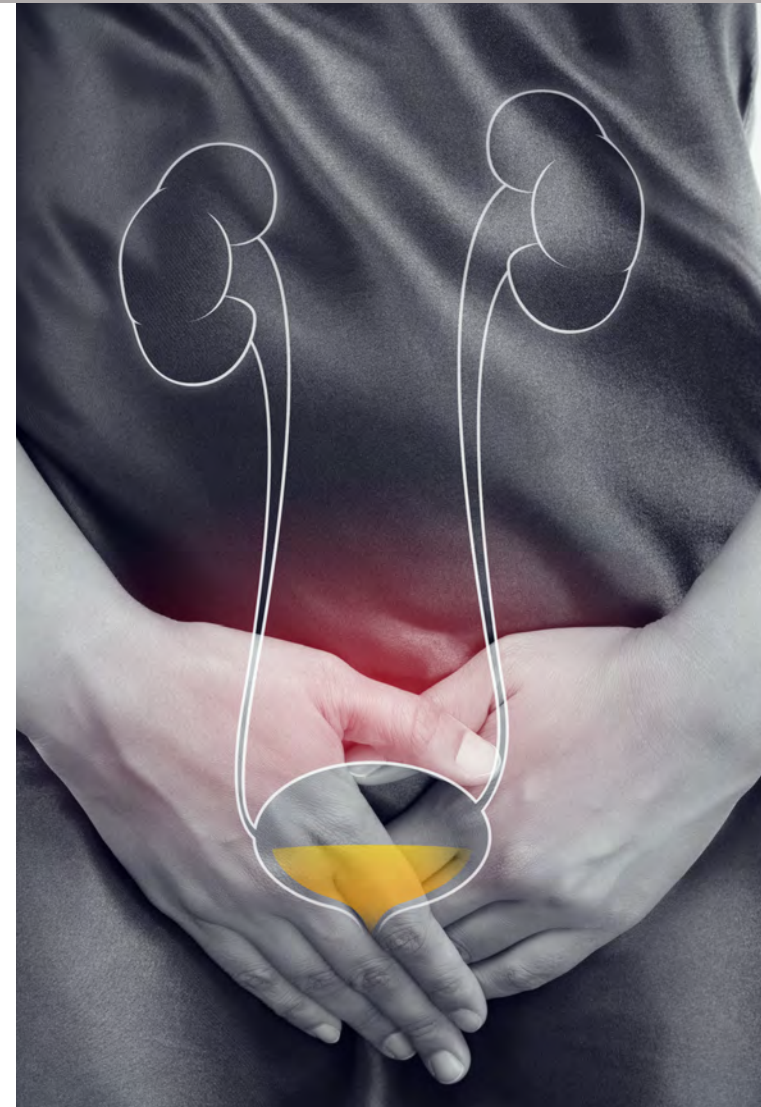
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UROGYNECOLOGY - DIAGNOSTIC PROCEDURE

• DIAGNOSE •

• WHAT IS A CYSTOSCOPY? •

A cystoscopy is a procedure that allows your practitioner to look inside your bladder and urethra by passing a very small telescope, called a cystoscope, through the urethra. A cystoscopy allows the practitioner to evaluate and diagnose the inside of the bladder. The procedure involves passing an ultra-thin camera in to the urethra through the bladder. The urethra is the tube that carries urine from the bladder to the outside of the body.

• WHY IS CYSTOSCOPY DONE? •

One of the most common uses for cystoscopy is to find the cause of abnormal bladder issues. To help with diagnosis, a cystoscopy may be done to help to find the cause of symptoms such as:

Cystoscopy also is used in the following situations:

- Loss of bladder control (incontinence) or overactive bladder.
- Frequent bladder infections.
- Blood in the urine (hematuria).
- Unusual cells found in a urine sample.
- Pain in the bladder, urethra or during urination.
- During a surgical procedure such as a hysterectomy or incontinence tape procedure, to ensure there has been no damage to the bladder or the ureters.

The examination is more successful than other tests, like urine tests or ultrasound, in picking up problems such as bladder stones, bleeding, tumors, and structural abnormalities of the bladder.

TYPES OF CYSTOSCOPY PROCEDURES:

Two main types of cystoscopes are used: flexible or rigid.

A flexible cystoscope is a thin telescope which is passed into the bladder via the urethra; it is about as thick as a pencil. As the cystoscope is flexible, it usually passes easily along the curves of the urethra. The flexible tip can also be moved so the doctor can look at all the inside lining of the bladder and the opening of the ureters.

A rigid cystoscope is a shorter, rigid telescope. It allows a greater variety of devices to pass down side channels so that the doctor can, for example, take samples or inject into the bladder. Sometimes, it is necessary to perform a rigid cystoscopy at a later date after a flexible cystoscopy.

• WHERE IS MY CYSTOSCOPY PERFORMED? •

We perform cystoscopy in our office surgical room. This allows you to avoid the excessive costs and infection risks associated with hospitals.

• TREAT •

• ABOUT MY PROCEDURE APPOINTMENT •

You will be able to eat and drink normally prior to the test and after the test. Generally, you are advised to take all your normal medications prior to surgery, but do check this with your doctor.

You may be asked to give a urine sample before the test to check for an existing infection.

We only use topical numbing medication, so you may drive yourself to and from your procedure and return to daily life immediately.

• WHAT TO EXPECT DURING THE PROCEDURE? •

The procedure is not painful.

On average, the test will take 15-20 minutes to complete.

You may be asked to change into a hospital gown for the procedure, and the lower part of your body will then be covered with a sterile drape. You will lie on your back with your knees raised and apart.

The area around your urethra will be cleaned and numbing cream may be applied to the urethra.

The doctor will then gently insert the cystoscope into your bladder. When the camera is inserted it may be a little uncomfortable; relaxing the pelvic floor muscles will make this part of the test easier. Most women tolerate the test very well.

The doctor will fill your bladder with a sterile liquid to allow a good view of the bladder wall.

As your bladder fills you may feel an urge to urinate and some mild discomfort in the bladder.

You will be able to empty the bladder as soon as the examination is over.

• RELIEVE •

• WHAT TO EXPECT AFTER MY PROCEDURE? •

After your cystoscopy, you may have some temporary mild burning feeling when you urinate, and you may see small amounts of blood in your urine. A warm bath or the application of a warm damp washcloth over your urethral opening may relieve the burning feeling. These problems should not last longer than 24 hours. Tell your doctor if bleeding or pain is severe or if problems last longer than a couple of days.

To avoid a urinary tract infection after the test. It is advisable to drink extra fluid after the procedure, about 12-13 cups of water over the next 24 hours. Your doctor will give you an antibiotic to take to prevent an infection. If you have signs of an infection including pain on urination, fever or chills, smelly or cloudy urine, call your doctor.

You are able to return to work or any activities immediately after your cystoscopy,

