

A cystoscopy lets your surgeon look inside your urethra and bladder using a thin telescope with a tiny camera and light, passed gently through the natural urine opening. It helps find the cause of blood in the urine, infections, narrowing, or other bladder problems — and to check on a repair.

About This Test

A **cystoscope** is a thin tube with a camera on the end. There are two kinds:

- A **flexible (bendable) cystoscope** is usually used in the office while you are awake, with numbing gel.
- A **rigid (straight) cystoscope** is used in the operating room while you are asleep, and lets the surgeon also treat a problem at the same visit.

Sterile fluid is run in to gently open the bladder so the walls can be seen clearly. Your surgeon may order a cystoscopy to:

- Find the cause of **blood in the urine** or repeated infections
- Look for a **narrowing (stricture)**, stone, or growth
- Check how a repair is healing, or take a small sample (biopsy)
- Place, check, or remove a **stent** or stitch

Is It Safe?

Yes. Cystoscopy is one of the most common urology tests and is low-risk. Most people have only brief discomfort. Uncommon side effects — a urine infection, a little bleeding, or short-lived burning or trouble urinating — are usually mild and pass quickly.

LEARN THE TERMS

Cystoscope

A thin telescope with a camera and light used to look inside the bladder.

Bladder

The muscular sac that stores urine until you urinate.

Urethra

The tube that carries urine out of the body.

Flexible vs. rigid

A bendable scope (awake, in the office) or a straight scope (asleep, in the operating room).

Numbing gel

A local anesthetic placed in the urethra so the scope passes comfortably.

Biopsy

A small tissue sample taken to look at under a microscope.

Stent

A soft tube that holds a passage open; it may be placed or removed during the test.

Post-void residual

The amount of urine left in the bladder after you urinate.

WILL IT HURT? With a flexible scope you may feel brief pressure or stinging as it passes — the numbing gel helps, and an office test is usually over in a few minutes. With a rigid scope you are asleep under anesthesia and feel nothing during it. Tell the team any time you are uncomfortable.

How to Get Ready (Before Your Test)

- For an **office (flexible)** cystoscopy you can usually **eat, drink, and take your usual medicines**, and drive yourself home.
- For a cystoscopy **under anesthesia**, follow your surgery instructions — fasting, which medicines to hold, and arrange a ride home.
- You may be asked for a **urine sample** to check for infection, and may be given an **antibiotic**.

Tell your team ahead of time if you:

- Take a **blood thinner**
- Have signs of a **urine infection** (burning, fever, or cloudy, strong-smelling urine) — an active infection may mean the test is rescheduled
- Have any allergies, or a narrowing that made a past scope hard to pass

What Happens During the Test

- 1 You lie back comfortably and the team helps you into position. The opening is cleaned and numbing gel is placed.
- 2 The cystoscope is passed gently through the urethra into the bladder.
- 3 Sterile fluid runs in to open the bladder, and your surgeon inspects the lining all the way around.
- 4 The scope is removed. If a treatment, biopsy, or stent change is planned, it is done before the scope comes out.

After the Test

- After an office test you can usually return to **normal activities right away**; after anesthesia you rest and need a ride home.
- You may feel **mild burning when you urinate** for a day or so. Drinking extra water helps flush it out and eases this.
- You may notice a **pink tinge** in your urine for a short time. This is common and usually clears within a day.

Call your surgeon's office or seek care if you have:

- A fever or chills
- Trouble urinating, or you cannot urinate at all
- Heavy bleeding, or blood clots in the urine
- Pain that gets worse instead of better

THREE THINGS TO REMEMBER

1. Cystoscopy is a quick, safe look inside your bladder and urethra with a thin camera — it helps your surgeon find a problem or check a repair.
2. There is little to do to prepare for an office test. For a test under anesthesia, follow your fasting instructions and arrange a ride. Tell your team about blood thinners or signs of an infection.
3. Mild burning or a little pink in the urine for a day is normal — drink extra water, and call for fever, heavy bleeding, or trouble urinating.