

Your child's procedure to look inside the bladder and water pipe (cystoscopy)

This leaflet is about your child's cystoscopy procedure to look inside the bladder and water pipe with a camera. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is a cystoscopy?

A cystoscopy is a procedure to look inside the bladder and the tube that carries urine out of the body (the urethra). Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

Why should my child have a cystoscopy?

A cystoscopy can help us to look for the cause of a problem with your child's bladder or water pipe. If we find a problem like a blockage, we can sometimes treat it during the same procedure. We can also take a sample of tissue and send it to be tested in a laboratory (a biopsy).

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

During the procedure, the surgeon puts a medical telescope (cystoscope) into the hole that your child pees through (the urethra). We fill the bladder with special medical water (saline) to see inside it more clearly. The surgeon then looks carefully inside the water pipe and the bladder. If they find a blockage, this can be treated through the telescope.

Sometimes, the surgeon may not find anything unusual during the procedure. If this happens, the surgeon can use the telescope to take a sample of tissue (biopsy). They then send this sample to the laboratory for testing.

If the surgeon has treated a problem like a blockage or taken a sample, they may leave a catheter in the bladder. This is a tube that drains urine from the bladder. It may need to be left in place for a few days. Sometimes, your child may have to go home with a catheter. We show you how to look after the tube before you go home.

The procedure lasts about 1 hour.

Are there any other treatment options to this procedure?

There are other types of bladder tests. These include:

- an ultrasound scan, which uses high-frequency sound waves to create pictures of inside the bladder
- urine flow rate tests, which measure how fast urine flows and the amount that leaves the body
- urodynamic tests, which are a group of tests to check how well the bladder and water pipe work

These tests all give us different details about the bladder, but not the same information as a cystoscopy.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

After the procedure, there may be some blood in the urine. This usually settles by itself. It is rare for children to return to hospital or need more treatment for bleeding.

Sometimes, there might be a urinary tract infection after a cystoscopy. During the procedure, we give your child antibiotics to reduce the chance of an infection.

If your child has treatment for a blockage, they may need a tube called a catheter coming out of their bladder. This tube may stay in place for a few days to drain the urine. If we treat a blockage, your child will probably need future follow-up care. A blockage can sometimes return.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

Will my child be in pain after their procedure?

We give your child a long-lasting local anaesthetic medicine during their procedure. This medicine gives them pain relief for up to 6 hours after they wake up. The anaesthetic doctor explains about this before the procedure.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the procedure and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child after the procedure?

The surgeon or a member of their team gives you specific instructions on caring for your child after the procedure. They explain the arrangements for their follow-up care.

It is important to make sure that your child drinks plenty of fluids. If your child does not have a catheter to drain their urine, they should pee regularly every 2 to 3 hours.

Sometimes, there can be blood in your child's urine after a cystoscopy. This is common for the first few days and may continue for up to 2 weeks after the procedure. Encouraging your child to drink well can help to ease the symptoms.

If your child has the procedure to diagnose urinary problems but no other treatment, they can return to nursery or school on the next day.

How can I manage my child's pain after their procedure?

Your child may have a small to medium amount of pain (mild to moderate pain) after a cystoscopy.

We recommend giving your child paracetamol and ibuprofen if they do not have any problems taking these medicines. You can give them the medicines regularly for 1 to 2 days and then as needed to control pain. Please remember to buy the pain medicines before the day of your child's procedure.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

After your child's procedure, contact a GP or go to your nearest emergency department (A&E) if you feel that they are unwell or notice:

- heavy bleeding or red lumps (blood clots) in their urine. A little blood is often seen in the urine after a cystoscopy, but in rare cases bleeding may be a sign of bladder damage
- signs of a urinary tract infection. These include a stinging or burning sensation that is getting worse when your child pees, cloudy or smelly urine and a high temperature
- difficulty in peeing or a weak urine flow

Do you see my child again after their procedure?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

Contact us

Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** evelinaurologydoctors@gstt.nhs.uk

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

After the procedure

For **medical advice**, **email** evelinaurologydoctors@gstt.nhs.uk

For **advice from the clinical nurse specialists**, **email** evelinabladdernurses@gstt.nhs.uk

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** paediatricappointmentsurology@gstt.nhs.uk

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



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