

## CYSTOSCOPY WITH HYDRODILATATION INSTRUCTIONS

You have undergone a procedure called “hydrodilatation”. This means gently and slowly stretching the bladder to determine if you have Interstitial Cystitis. Under general anesthesia a cystoscope (telescope) is inserted into the urethra (the tube through which urine exits the bladder). The bladder interior is carefully inspected to be certain there are no abnormalities.

The bladder is then slowly filled with water or saline while visualizing the bladder interior. When the bladder capacity is reached the fluid is left in the bladder, usually for five minutes, and the bladder is then drained. Repeat inspection with the cystoscope enables evaluation of any changes in the interior of the bladder, or the bladder lining.

If a patient has Interstitial Cystitis the bladder interior typically shows erythema (reddening of the bladder wall), there are small areas of increased erythema, and some of these small areas may bleed. Usually the bleeding resolves very quickly. In addition to these changes most patients with Interstitial Cystitis have a decreased bladder capacity (how much fluid the bladder will hold) under anesthesia.

If Interstitial Cystitis is confirmed, at a follow-up visit you and your urologist will discuss various means of treating this disease in order to decrease your symptoms.

After the procedure expect:

- Burning with urination.
- Blood in the urine.
- A sensation of needing to urinate more often. This is usually one of the symptoms or problems that lead to the recommendation for this procedure.
- Pain or discomfort in the lower abdomen area or bladder.

Most of the time these symptoms improve over 7-10 days after the procedure and some patients note significant improvement in their bladder irritation symptoms that resulted in the recommendation for this diagnostic test.

## YOU SHOULD CALL YOUR UROLOGIST IF

- You have persistent blood in the urine for more than 5 days
- The discomfort or pain in the bladder is not controlled with the medications prescribed
- You have a temperature over 101.5
- You develop nausea and vomiting (this may be due to the anesthesia or possibly some of the medications commonly prescribed)

## MEDICATIONS COMMONLY USED

1. Pyridium (Phenazopyridine). This is prescribed to decrease burning with urination. It will cause an orange color of the urine. Don't mistake this for blood in the urine!
2. Hydrocodone/acetaminophen (Vicodin, Lorcet, Norco). This is a narcotic prescribed to decrease pain. It will cause drowsiness and you should not drive or drink alcohol when taking this medication. It will also cause constipation and you should take a stool softener or a mild laxative while taking the narcotic.
3. Uribel, UTA, Prosed (methenamine/hyoscyamine). This is prescribed to decrease the discomfort in the bladder from the procedure. This medication will cause a bluish discoloration in the urine.

Remember: This test is the first step in confirming the diagnosis of Interstitial Cystitis. Whether this diagnosis is confirmed or not you need to call your urologist and make an appointment for follow-up. Even if you have very significant improvement in your bladder symptoms this will be temporary. You will still need to discuss the long-term management options with your urologist.

Please call your urologist within a week to make an appointment to be seen in \_\_\_\_\_ days.

Thank you for your help in improving your symptoms.