



UR06 Systosgopi Anhyblyg (gwryw)

Beth yw systosgopi anhyblyg?

Gweithdrefn yw systosgopi anhyblyg i edrych am unrhyw broblemau yn eich pledren gan ddefnyddio telesgop opteg ffibr anhyblyg (systosgop). Weithiau gellir trin rhai problemau gyda'r bledren a'r tiwbiau wrinol yr un pryd.

Mae eich meddyg wedi argymhell systosgopi anhyblyg. Fodd bynnag, eich penderfyniad chi yw mynd ymlaen â'r weithdrefn neu beidio. Rhydd y ddogfen hon wybodaeth i chi am y manteision a'r peryglon er mwyn eich cynorthwyo i wneud penderfyniad gwybodus.

Os bydd gennych unrhyw gwestiynau nad yw'r ddogfen hon yn eu hateb, dylech ofyn i'ch meddyg neu unrhyw aelod o'r tîm gofal iechyd.

Pam mae arnaf angen systosgopi anhyblyg?

Mae eich meddyg yn bryderus fod rhywbeth o'i le ar eich pledren. Er enghraifft, efallai eich bod yn cael gwaed yn eich wrin, heintiau aml neu efallai fod gennych bledren anniddig (ysfa sydyn a direol i basio dŵr).

Os bydd eich meddyg yn gweld problem yn ystod y systosgopi, efallai y bydd yn gwneud biopsi (tynnu tamaid bychan o feinwe), neu efallai y gall drin y broblem gan ddefnyddio'r systosgop.

Os bydd y systosgopi'n normal, efallai y gall eich meddyg ddweud wrthy ch ar unwaith a chewch dawelwch meddwl.

Oes yna unrhyw ddewisiadau eraill heblaw systosgopi anhyblyg?

Efallai y bydd sgan yn rhoi peth gwybodaeth am achos y broblem. Fodd bynnag, mae systosgopi'n aml yn arwain at ddiagnosis. Ni ellir gweld rhai problemau gyda leinin y bledren ond â systosgop.

UR06 Rigid Cystoscopy (male)

What is a rigid cystoscopy?

A rigid cystoscopy is a procedure to check for any problems in your bladder using a rigid fibre-optic telescope (cystoscope). Sometimes certain problems with the bladder and urinary tubes can be treated at the same time.

Your doctor has recommended a rigid cystoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the healthcare team.

Why do I need a rigid cystoscopy?

Your doctor is concerned there may be a problem with your bladder. For example, you may be getting blood in your urine, repeated infections or you may have an irritable bladder (a sudden and uncontrolled urge to pass urine).

If your doctor does see a problem during the cystoscopy, they may perform a biopsy (removing a small piece of tissue), or they may be able to treat the problem using the cystoscope.

If the cystoscopy is normal, your doctor may be able to tell you straight away and you will be reassured.

Are there any alternatives to a rigid cystoscopy?

A scan may give some information about the cause of the problem. However, a cystoscopy often leads to a diagnosis. Some problems with the lining of the bladder can only be seen with a cystoscope.

Mae'n bosibl cael systosgopi hyblyg, lle nad oes angen ond jeli anesthetig. Fodd bynnag, ni ellir trin rhai problemau gyda'r bledren a'r tiwbiau wrinol drwy systosgopi hyblyg.

Beth fydd yn digwydd os penderfynaf beidio â chael systosgopi?

Efallai na fydd eich meddyg yn gallu cadarnhau beth yw'r problem. Os penderfynwch beidio â chael systosgopi, dylech drafod hyn yn ofalus gyda'ch meddyg.

Beth mae'r weithdrefn yn ei olygu?

Bydd y tîm gofal iechyd yn cynnal nifer o wiriadau er mwyn sicrhau eich bod yn cael y weithdrefn y daethoch i mewn i'w chael. Gellwch fod o gymorth drwy gadarnhau i'ch meddyg a'r tîm gofal iechyd eich enw a'r weithdrefn yr ydych yn ei chael.

Cynhelir systosgopi anhyblyg dan anesthetig cyffredinol fel arfer neu anesthetig yr asgwrn cefn. Bydd eich llawfeddyg yn trafod y dewisiadau efo chi ac yn argymhell y math o anesthesia sydd orau i chi. Bydd y weithdrefn, gan gynnwys yr anesthetig, yn cymryd llai na hanner awr fel arfer.

Bydd eich meddyg yn rhoi'r systosgop yn eich pledren drwy eich wrethra (tiwb sy'n cludo wrin o'r bledren) (gweler ffigur 1). Bydd eich meddyg yn defnyddio'r systosgop i chwilio am unrhyw broblemau yn leinin eich pledren ac yn cynnal biopsïau os bydd angen. Bydd yn symud hylif drwy'r systosgop ac i mewn i'ch pledren i'w gynorthwyo i wneud y diagnosis.

It is possible to have a flexible cystoscopy that only needs an anaesthetic jelly. However, certain problems with the bladder and urinary tubes cannot be treated with a flexible cystoscopy.

What will happen if I decide not to have a cystoscopy?

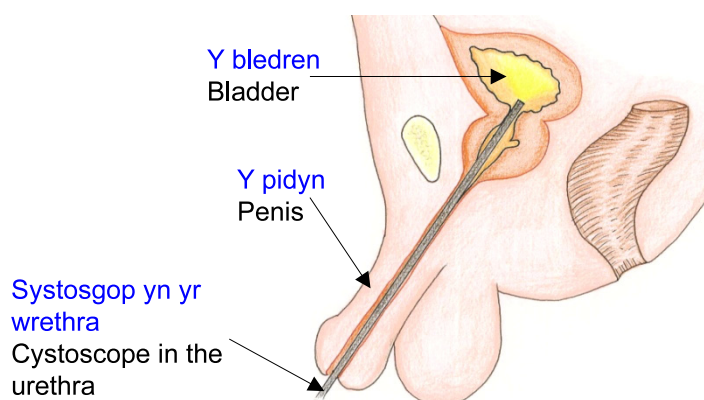
Your doctor may not be able to confirm what the problem is. If you decide not to have a cystoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

A rigid cystoscopy is usually performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. The procedure, including the anaesthetic, usually takes less than half an hour.

Your doctor will pass the cystoscope into your bladder through your urethra (tube that carries urine from the bladder) (see figure 1). Your doctor will use the cystoscope to look for any problems in the lining of your bladder and perform biopsies if needed. They will pass fluid through the cystoscope and into your bladder to help them make the diagnosis.



Ffigur 1

Croestoriad o ran y pelfis mewn gwryw yn dangos systosgopi anhyblyg

Figure 1

Cross-section of the male pelvic region showing a rigid cystoscopy

Os bydd eich meddyg yn darganfod tyfiant bach, efallai y bydd modd ei dynnu gan ddefnyddio'r systosgop.
Ar ddiwedd y weithdrefn, bydd eich meddyg yn tynnu'r systosgop.

Beth ddylwn i ei wneud ynglŷn â'm meddyginiaeth?

Dylech wneud yn siŵr fod eich llawfeddyg yn gwybod pa feddyginiaeth yr ydych arni a dilyn ei gyngor ef.

Efallai y bydd angen i chi roi'r gorau i gymryd warffarin neu clopidogrel cyn eich llawdriniaeth.

Os oes gennych chi ddiabetes, mae'n bwysig bod eich diabetes yn cael ei reoli o gwmpas amser eich llawdriniaeth. Dilynwch gyngor eich llawfeddyg ynghylch pryd i gymryd eich meddyginiaeth.

Os ydych chi ar atalyddion beta i reoli'ch pwysau gwaed, dylech barhau i gymryd eich meddyginiaeth fel arfer.

Sut gallaf i helpu i wneud y weithdrefn yn llwyddiant?

• Newidiadau mewn dull o fyw

Os ydych chi'n ysmegu, ceisiwch roi'r gorau iddi'n awr. Efallai y bydd rhoi'r gorau i ysmegu nifer o wythnosau neu ragor cyn y weithdrefn yn lleihau'r posibilrwydd o gael cymhlethdodau a bydd yn gwella'ch iechyd yn y tymor hir.

Am gymorth a chyngor ynglŷn â rhoi'r gorau i ysmegu, ewch i www.stopsmokingwales.com.

Rydych chi'n fwy tebygol o ddatblygu cymhlethdodau os ydych chi dros eich pwysau.

Am gyngor ynghylch cadw pwysau iach, ewch i www.eatwell.gov.uk.

• Ymarfer

Gall ymarfer rheolaidd leihau'r perygl o glefyd y galon a chyflyrau meddygol eraill, gwella'r ffordd y mae eich ysgyfaint yn gweithio, rhoi hwb i'ch system imiwnedd, eich cynorthwyo i reoli'ch pwysau a gwella'ch hwyliau. Dylai ymarfer fod o gymorth i'ch paratoi ar gyfer y weithdrefn, eich cynorthwyo i wella a gwella'ch iechyd yn y tymor hir.

If your doctor finds a small growth, it may be possible to remove it using the cystoscope.

At the end of the procedure, your doctor will remove the cystoscope.

What should I do about my medication?

You should make sure your doctor knows the medication you are on and follow their advice.

You may need to stop taking warfarin or clopidogrel before your procedure.

If you are a diabetic, it is important that your diabetes is controlled around the time of your procedure. Follow your doctor's advice about when to take your medication.

If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the procedure a success?

• Lifestyle changes

If you smoke, try to stop smoking now.

Stopping smoking several weeks or more before the procedure may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.stopsmokingwales.com.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the procedure, help with your recovery and improve your long-term health.

Am wybodaeth sut y gall ymarfer fod o gymorth i chi, ewch i www.eidoactive.co.uk. Cyn i chi ddechrau ymarfer, fe ddylech ofyn i aelod o'r tîm gofal iechyd neu eich Meddyg Teulu am gyngor.

Pa gymhlethdodau all ddigwydd?

Bydd y tîm gofal iechyd yn ceisio gwneud eich gweithdrefn mor ddiogel ag sydd modd. Fodd bynnag, gall cymhlethdodau ddigwydd. Gall rhai o'r rhain fod yn ddifrifol a hyd yn oed achosi marwolaeth.

Mae cymhlethdodau posibl systosgopi anhyblyg wedi eu rhestru isod. Mae unrhyw niferoedd, sy'n gysylltiedig â risg, yn deillio o astudiaethau o bobl sydd wedi cael y weithdrefn hon. Efallai y gall eich meddyg ddweud wrthyfch p'un a yw'r perygl o gymhlethdod yn fwy ynteu'n llai i chi. Mae'r cymhlethdodau'n syrthio i mewn i ddau ddsbarth.

- 1 Cymhlethdodau anaesthesia
- 2 Cymhlethdodau systosgopi anhyblyg

1 Cymhlethdodau anaesthesia

Gall eich anaesthetegydd drafod efo chi y cymhlethdodau sy'n bosibl wrth gael anaesthetig.

2 Cymhlethdodau systosgopi anhyblyg

- **Gwaedu** yn ystod y weithdrefn neu wedyn. Efallai y sylwch ar swm bychan o waed y tro cyntaf neu'r ail dro i chi basio dŵr (risg: 1 mewn 5). Bydd y rhan fwyaf o ddynion sy'n cael biopsi yn sylwi ar waed yn eu dŵr. Gall y tîm gofal iechyd roi dŵr drwy gathetr (tiwb) i mewn i'ch pledren i olchi allan unrhyw waed neu i symud tolchenau gwaed (a elwir yn olchi pledren).
- **Haint** (risg: 1 mewn 30). Os bydd arnoch angen pasio dŵr yn aml ac os na fyddwch yn pasio ond symiau bychan gyda llawer o anesmwythdra, efallai bod gennych haint. Os bydd eich symptomau'n dal i waethygu, rhowch wybod i'ch Meddyg Teulu. Efallai y bydd arnoch angen triniaeth â gwrthfotigau.
- **Yr wrethra'n culhau** (culfan), wedi ei achosi gan feinwe craith yn ffurfio. Mae hyn yn anarferol ar ôl un systosgopi. Os bydd hyn yn digwydd, efallai y bydd arnoch angen llawdriniaeth bellach (risg: llai nag 1 mewn 1,000).

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. The possible complications of a rigid cystoscopy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. The complications fall into two categories.

- 1 Complications of anaesthesia
- 2 Complications of rigid cystoscopy

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 Complications of rigid cystoscopy

- **Bleeding** during or after the procedure. You may notice a small amount of blood the first couple of times you pass urine (risk: 1 in 5). Most men who have a biopsy will notice blood in their urine. The healthcare team can pass water through a catheter (tube) and into your bladder to wash out any blood or to remove any blood clots (called a 'bladder washout').
- **Infection** (risk: 1 in 30). If you need to pass urine often and only pass small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, let your GP know. You may need treatment with antibiotics.
- **Narrowing of the urethra** (stricture), caused by scar tissue forming. This is unusual after a single cystoscopy. If this happens, you may need further surgery (risk: less than 1 in 1,000).

- **Gwneud twll yn y bledren.** Os bydd hyn yn digwydd, efallai y bydd angen gosod cathetr yn eich bledren am ychydig ddyddiau tra bydd y twll yn cau. Os na fydd y twll yn gwella, efallai y bydd arnoch angen llawdriniaeth. Dylech drafod y cymhlethdodau posibl hyn gyda'ch meddyg os oes unrhyw beth nad ydych yn ei ddeall.

Pa mor fuan y byddaf yn gwella?

• Yn yr ysbyty

Ar ôl y weithdrefn cewch eich trosglwyddo i'r ystafell adfer lle y gellwch orffwys. Dylech fedru mynd adref yr un diwrnod, ar ôl i chi ddod atoch eich hun yn dilyn yr anesthetig ac ar ôl i chi basio dŵr. Fodd bynnag, efallai y bydd eich meddyg yn argymhell eich bod yn aros ychydig yn hwy. Os byddwch yn mynd adref yr un diwrnod, dylai oedolyn cyfrifol fynd â chi adref mewn car neu dacsï ac aros efo chi am 24 awr o leiaf. Dylech fod yn agos i ffôn rhag ofn argyfwng.

• Dychwelyd i weithgareddau arferol

Ni ddylech yrru cerbyd, defnyddio peiriannau (gan gynnwys coginio) na gwneud unrhyw weithgareddau allai fod yn beryglus am 24 awr o leiaf a dim hyd nes y byddwch wedi cael teimlad, symudiad a chydweithrediad yn ôl yn llawn. Os cawsoch anesthetig cyffredinol neu dawelydd, ni ddylech lofnodi dogfennau cyfreithiol ychwaith nac yfed alcohol am 24 awr o leiaf.

Efallai y byddwch yn teimlo ychydig o losgi yr ychydig droeon cyntaf y byddwch yn pasio dŵr. Yfwch hyd at 3 litr (5 pint) o ddŵr y dydd i'ch cynorthwyo i basio dŵr yn haws. Nid yw systosgopi anhyblyg yn weithdrefn boenus fel arfer. Os cewch anesmythdra o gwbl, cymerwch gyffuriau syml i ladd poen megis paracetamol. Dylech fedru mynd yn ôl i weithio'r diwrnod ar ôl y systosgopi, oni ddywedir fel arall wrthyh.

Dylai ymarfer rheolaidd eich cynorthwyo i dychwelyd i weithgareddau arferol cyn gynted ag y bo modd. Cyn i chi ddechrau ymarfer, fe ddylech ofyn i aelod o'r tîm gofal iechyd neu eich Meddyg Teulu am gyngor.

- **Making a hole in the bladder.** If this happens, you may need a catheter placed in your bladder for a few days while the hole heals. If the hole does not heal, you may need surgery. You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

• In hospital

After the procedure you will be transferred to the recovery area where you can rest. You should be able to go home the same day, after you have recovered from the anaesthetic and passed urine. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

• Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You may experience a little stinging the first few times you pass urine. Drink up to 3 litres (5 pints) of water a day to help you pass urine more easily.

A rigid cystoscopy is usually not a painful procedure. If you have any discomfort, take simple painkillers such as paracetamol.

You should be able to go back to work the day after the cystoscopy unless you are told otherwise.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Peidiwch â gyrru hyd nes y byddwch yn hyderus ynglŷn â rheoli'ch cerbyd a gofynnwch i'ch meddyg a'ch cwmni yswiriant yn gyntaf bob amser.

• Y dyfodol

Bydd aelod o'r tîm yn dweud wrthy'ch beth a ganfuwyd yn ystod y systosgopi a bydd yn trafod efo chi unrhyw driniaeth neu ddilyniant y bydd arnoch ei angen. Ni fydd canlyniadau'r biopsïau ar gael am ychydig ddyddiau ac felly efallai y bydd yn gofyn i chi ddod yn ôl i'r clinig i gael y canlyniadau hyn.

Crynodeb

Fel arfer, mae systosgopi anhyblyg yn ffordd ddiogel ac effeithiol o ddarganfod a oes problem gyda'ch pledren. Fodd bynnag, gall cymhlethdodau ddigwydd. Mae angen i chi gael gwybod am y rhain er mwyn eich cynorthwyo i wneud penderfyniad gwybodus ynglŷn â'r weithdrefn. Bydd gwybod amdanynt yn gymorth hefyd i ddarganfod unrhyw broblemau a'u trin yn fuan.

Gwybodaeth bellach

- Smoking helpline on 0800 085 2219 and at www.stopsmokingwales.com
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- NHS Direct Wales on 0845 46 47 (0845 606 46 47 – textphone)
- www.1000livescampaign.wales.nhs.uk

Diolchiadau

Awdur: Mr John Lemberger FRCS
Darluniau: Hannah Ravenscroft RM

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

A member of the team will tell you what was found during the cystoscopy and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

Summary

A rigid cystoscopy is usually a safe and effective way of finding out if there is a problem with your bladder. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Further information

- Smoking helpline on 0800 085 2219 and at www.stopsmokingwales.com
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- NHS Direct Wales on 0845 46 47 (0845 606 46 47 – textphone)
- www.1000livescampaign.wales.nhs.uk

Acknowledgements

Author: Mr John Lemberger FRCS
Illustrations: Hannah Ravenscroft RM

Gwybodaeth leol

Gallwch gael y wybodaeth yn lleol gan:

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Dywedwch wrthym pa mor ddefnyddiol yr oeddech yn gweld y ddogfen hon yn www.patientfeedback.org

I ddibenion gwybodaeth yn unig y bwriadwyd y ddogfen hon ac ni ddylai gymryd lle cyngor y byddai eich gweithiwr proffesiynol iechyd perthnasol yn ei roi i chi.

UR06

Cyhoeddwyd Mawrth 2010

Daw i ben ddiwedd Ionawr 2011

Local information

You can get information locally from:

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Issued March 2010

Expires end of January 2011



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