

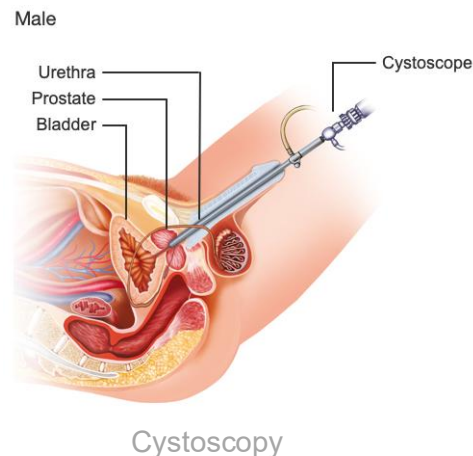
Cystoscopy and Optilume urethral dilatation

What is a cystoscopy and Optilume urethral dilatation?

A cystoscopy is a procedure to look into the bladder by passing a telescope through the urethra (the tube you pass urine through).

Dilation is where the urethra is stretched wider using dilators.

The Optilume urethral balloon catheter, is a drug coated device that dilates the urethra and delivers a medication (Paclitaxel) directly to the stricture (urethral narrowing).



Why is Cystoscopy and Optilume required?

Urethral stricture disease is often reoccurring. The medication, Paclitaxel inhibits new scar tissue growth. This helps prevent or minimize the recurrence of strictures, thereby reducing the need for surgical intervention or intermittent urethral dilatation.

What does a cystoscopy and Optilume involve?

A cystoscopy is performed under general or spinal anaesthetic in a hospital.

We pass a telescope through your urethra to identify the location of the stricture.

Dilators are used to gently stretch the urethra, helping to widen the passage and improve flow. Once the urethra has been adequately dilated, the Optilume drug-coated balloon catheter is introduced to further expand the stricture. The drug is then maintained in direct contact with the affected area for a designated period to enhance therapeutic efficacy.

At completion of the procedure, a catheter (tube through the urethra into the bladder to drain urine) is placed.

The procedure is usually performed as day surgery – you can go home on the same day as the procedure. If you have had sedation or general anaesthesia you will need to be accompanied by a responsible adult.

What is the recovery after a cystoscopy and Optilume dilatation?

You will go home with a urinary catheter in place for 5 to 7 days.

You may notice blood in the urine while the catheter is in place and for a few days after removal.

You may have mild burning and stinging when passing urine after the catheter is removed.

If you have sedation, general anaesthetic or spinal anaesthetic, you can usually return to work one to two days after the procedure.

If you have sedation, general anaesthetic or spinal anaesthetic, you will not be able to drive for 24 hours.

What are the risks of a cystoscopy and Optilume dilatation?

The risks of this procedure include (but are not limited to):

Occasional risks (1/10 – 1/50)

- Urinary tract infection requiring antibiotics.

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Rare risks (1/50 – 1/250)

- Significant bleeding in the urine requiring another procedure to correct.
- Damage to the urethra causing scarring.

Very rare risks (<1/250)

- Damage to the bladder requiring another procedure to correct.

The risks of anaesthesia have not been listed here.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

- Monitoring of urinary flow.
- Intermittent urethral dilatation using catheters.
- Intermittent surgical dilatation.
- Urethrotomy – incision of scar tissue.
- Urethroplasty – removal of scar tissue and graft placed.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

