Cystoscopy with Hydrodistention

Although interstitial cystitis (IC) is generally diagnosed by the exclusion of other conditions, along with the hallmark symptom, pain, there are cases where an additional test is needed. Cystoscopy with hydrodistention under anesthesia may be necessary when an IC diagnosis is in doubt and the symptoms are complicated. “Complicated” symptoms include incontinence or overactive bladder, gastrointestinal problems, blood or protein in the urine, and gynecologic problems.

Cystoscopy with hydrodistention is no longer considered the “gold standard” in the diagnosis of IC because:

- Glomerulations can also be seen upon hydrodistention in those without IC symptoms.
- The degree of severity of the glomerulations does not correlate with the severity of IC symptoms.
- Some people with symptoms of IC have no glomerulations.

Under general or regional anesthesia, this procedure uses a cystoscope to look inside your bladder after slowly stretching it with fluid (hydrodistention). This allows your physician to see changes inside of your bladder that are typical of IC, including the presence of pin-point sized red marks on the bladder wall, also called glomerulations or petechial hemorrhages, as well as determine bladder capacity under anesthesia. This procedure also gives doctors more information about the severity of the symptoms in order to determine the appropriate treatment protocol.

About the Procedure

Your doctor will not perform your cystoscopy with hydrodistention in his or her office. The bladder needs to be filled to a high pressure in order to see the typical abnormalities of IC, a pressure that can cause significant pain if you are not anesthetized. In addition, in-office cystoscopy may not reveal the glomerulations on your bladder and the diagnosis of IC can be missed.

Your physician will insert a cystoscope through your urethra and into your bladder. This “scope,” which is fitted with a miniature camera, enables your physician to see the interior surface of your bladder to look for abnormalities. Your doctor will first examine your bladder by viewing it through the cystoscope. After the initial cystoscopic examination, your physician will “hydrodistend” your bladder by filling it with fluid at a low pressure (60 to 80 centimeters) and keeping it full for one to five minutes before letting the fluid out. This process causes the bladder wall to stretch out (distend), allowing your physician to re-inspect your bladder with the cystoscope.

If you have IC, your physician may see irritated areas (glomerulations) on the bladder wall. Also, the hydrodistention allows your doctor to check your bladder capacity under anesthesia. This can be an indicator of the need for more aggressive therapies.
The cystoscope may be fitted with instruments for obtaining biopsies of your bladder wall.

While biopsy is not necessary for the diagnosis of IC, it is useful in ruling out bladder cancer. A bladder biopsy can also be helpful in determining if there are increased numbers of mast cells in the bladder wall, which may support the diagnosis of IC and indicate treatment options. Your doctor should not perform any additional treatment measures, such as bladder instillations, during this procedure, since your bladder will be very vulnerable from the procedure.

After the Procedure
After the procedure, you will be in a recovery room. As the anesthesia begins to wear off, you may experience pelvic pressure or pain. Once you are able to urinate, your physician will discharge you from the hospital.

If you experience discomfort following the procedure, ask your physician for pain-relieving medications upon discharge from the hospital. Some people experience discomfort for several weeks following the procedure.

A catheter is not commonly left in place after this procedure, as IC patients tend to experience pain with prolonged catheterization. Typically, your first attempts of urinating after this procedure will be painful and may contain blood.

If you have IC, the doctor usually schedules a follow-up appointment with you to discuss various IC treatment options. If you and your physician are considering bladder instillations as a possible treatment, your bladder first needs time to recover from the cystoscopy with hydrodistention. Your doctor may have you wait three to four weeks after the procedure.

Therapeutic Benefits
The American Urological Association’s guidelines for IC consider cystoscopy with hydrodistention under anesthesia to be a third-line treatment for IC. This means that less invasive therapies should be attempted prior to this procedure. It may reduce pain and discomfort in some IC patients, which can last 3 to 6 months. However, not everyone benefits from this procedure, and it may take up to several weeks to notice any symptom improvement. If you do have improvement, your physician may repeat the procedure for continued therapeutic benefits. Exactly why this procedure has therapeutic benefits for some is not known.

Potential Side Effects
Due to the potential side effects of the procedure, a thorough discussion with your healthcare provider is important to ensure the risks outweigh the benefits for you. The possible risks include:
- Worsening of symptoms, including pelvic pain and/or urethral burning, that may last 1 to 3 weeks
- Blood in urine
- Bladder infection
- Puncture of the bladder wall
- Temporary urinary retention

The latter two side effects may require catheter drainage for several days.

The Interstitial Cystitis Association (ICA) is the only non-profit health association dedicated to improving the quality of healthcare and lives of people living with interstitial cystitis (IC).

The ICA provides advocacy, research funding, and education to ensure early diagnosis and optimal care with dignity for people affected by IC.

Your donation dollars also enable the ICA to continue to fund new IC research projects, as well as work closely with Congress to ensure ongoing IC-specific research funding at the federal level.

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