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**PATIENT
INFORMATION
BROCHURE**

CYSTO-LITHOPAXY

Patient well-being is my first priority!

Cysto-lithopaxy

Why is it done?

To investigate:

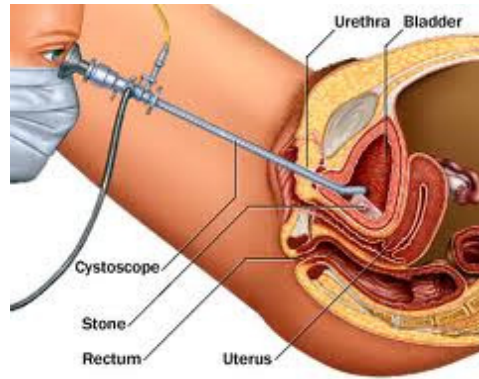
- To break up a bladder calculus (stone)

Risk factors:

- Bladder outflow obstruction
 - BPH with chronic retention
 - Urethral stricture
- Neurogenic bladder
- Renal calculi disease
- Metabolic disorders
- Malnutrition
- Chronic infections
- Foreign objects in bladder
-

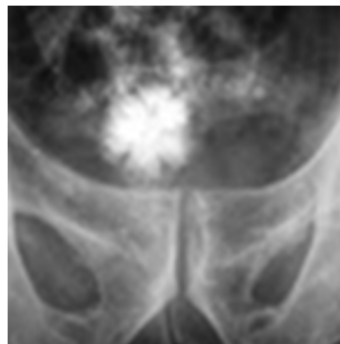
Pre-requirements

- An informed consent is required from the patient
- Female patients should confirm that they are not pregnant.
- Patients may not eat or drink from midnight the previous evening
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and to Dr Schoeman.**
- Patients with cardiac illnesses require a Cardiologist/ Physician's report.
- A chest X-ray is required for patients with lung disease.
- Where required, Pre-Op blood tests are required 4 days before the procedure
- This is a day surgery procedure, unless more involved pathology is suspected or found during the procedure.



How is it done?

- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant (fluid).
- The bladder is then distended with fluid (saline).
- The inside of the bladder is viewed for pathology.
- If any suspicious lesions are seen, a biopsy will be taken.
- Stone crushing is attempted with a lithotrite (a large crushing jaw-device)
- If the calculus is too large, laser will be utilized
- Antibiotics may be given to prevent infection.



What to expect after the procedure?

- Hematuria (blood in your urine)
- You will have a n indwelling catheter (IDC), which will remain in your bladder until your urine is clear.
- You may have a continuous bladder irrigation with Saline to help clear the bleeding.
- Pain on initial passing of urine when the catheter is removed
- Bladder infection ranging from a burning sensation to, fever, to puss (rare)
- Delayed allergic reaction to IODINE.
- Lower abdominal discomfort which will persist for a few days
- NB! Each person is unique and for this reason symptoms vary.

What next?

- This all depends on what is found during the procedure. All the options will be discussed in detail.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Patients should schedule a follow-up appointment within 1 month to discuss the etiology of the calculus as well as what other procedures may be involved to prevent this from occurring again.
- Please don't hesitate to direct all further queries to Dr Schoeman .