



For Appointments Call: 08 8267 1424

## Bladder Biopsy

### Why is this performed?

Bladder biopsy is generally a short procedure, performed under general anaesthetic in combination with a cystoscopy (see [cystoscopy under general anaesthetic](#)). One or more small pieces of the internal lining of the bladder are taken as samples to examine under the microscope, for diagnosis of your problem.

### How is this performed?

Most cases take a short time only. After you have been anaesthetised, a telescope is passed into the urethra and bladder to allow direct visualisation. The bladder is filled with fluid, to stretch it and allow full inspection of its entire lining. Biopsies are taken with a small pair of forceps passed down the telescope. The small biopsy areas are then coagulated with an electric current. Occasionally a slightly larger area needs to be taken for examination, and this is removed with a small 'loop' that cuts tissue away from the bladder lining.

### After the procedure

Some cases are performed as day case, with the occasional patient needing an overnight stay. Some patients require a temporary catheter inserted at the end of the procedure (while you are still asleep). This can usually be removed later the same day.

### Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need be discussed with the anaesthetist who will be looking after you during the operation,

and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

## Common

- A burning sensation and/or a small amount of blood in the urine for a short period afterwards

## Occasional

- Infection of the bladder requiring antibiotics
- Temporary insertion of a catheter if you are unable to pass urine immediately after the procedure

## Rare

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation
- Infection from the bladder causing sepsis

## Very rare

- Perforation of the bladder that requires an extended period (10-15 days) with a catheter, or in some cases an open operation to repair the hole in the bladder. This occurs in less than 1:200 patients.

**If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact the practice immediately. If out of hours, please go to your nearest emergency department.**

---

### Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

Copyright © 2014 [Nick Brook Urology](#)

For Appointments Call : 08 8267 1424

Calvary North Adelaide Hospital, 89 Strangways Tce, North Adelaide, Adelaide SA 5006