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HOW PAINFUL IS FLEXIBLE CYSTOSCOPY?

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Introduction:

Flexible cystoscopy (FC) is the most common diagnostic procedure performed in urology OPD; on average we perform 65-70 per week. Although FC is well accepted among the patients, it has contributed significant pain for some. Since Nov 2013, water-based lubricant is being used in our urology unit instead of anaesthetic Jell, as chlorohexidine content of the anaesthetic jell was a source of allergic reaction. A previous audit in 2011 aimed to identify the risk factors associated with increased pain during FC while anaesthetic jell was in use. We have performed a re-audit to address the issue of discomfort /pain related to outpatient diagnostic flexible cystoscopy using only water base lubricant.

Aim and objectives:

1. To determine the level of patient discomfort with flexible cystoscopy.
2. To identify factors associated with increased pain/discomfort with flexible cystoscopy.
3. Compare with previous audit (2011)
4. Improve patient counselling.
5. Identify potential cohort for prophylactic analgesia.

Material and method:

Prospective study from 01 Nov 2018 to 28 Feb 2019, involving 100 non-consecutive patients. Verbal consent was taken and a visual analogue (VAS) 1-10 pain was used.

Results:

100 patients (M: F=70:30) with mean age 58.5 y. 38% had previous cystoscopy. Mean pain score was 4.19. Male scored 4.3 compared to 3.9 in women (P=0.6). Younger (<40 y) patients scored more (P=0.034). We did not find any relation between pain scored on FC with gender, indication of cystoscopy, cystoscopy findings, previous UTIs, previous experience of cystoscopy, painkiller use, information received or visualised the procedure.

Conclusion:

Mean pain score was higher (4.19 vs 2.55) compared to previous audit, and younger age (< 40y) was the only statistically significant predictor of higher pain score in this study. Further study involving VAS assessment of cystoscopy steps with greater numbers and subgroup analysis would be useful.

References

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