# Pediatric Urology of Western New York, P.C.

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## Cystoscopy with Deflux

A cystoscopy is an outpatient procedure that involves looking into the bladder and urethra using a long, thin, lubricated and lighted telescope. This telescope is inserted through the urethra and into the bladder. Your child will be asleep throughout the entire procedure.

During the Cystoscopy, the doctor will note an abnormality of the valves where the ureter meets the bladder. The doctor will inject Deflux to reinforce these valves and correct the urinary reflux. Two injections, several months apart, may be needed for success. The Deflux is injected using a needle that is passed through the cystoscope. There can be a small amount of blood in the urine, urinary frequency and some burning at the end of urinating.

You will be receiving a packet in the mail asking you to call and confirm your son's date and time for surgery. During that phone call, you will receive instructions on when to arrive at the hospital, when to have your child stop eating and when to have them stop drinking.

**Please note**: Do **NOT feed** your child solids <u>after midnight</u> the night BEFORE surgery. When you confirm your surgery, you will be told what time your child needs to stop drinking clear liquids (ie: pedialyte, apple juice, white grape juice, or water for older children).

## The Day of the Cystoscopy:

The morning of the procedure, please arrive at Women and Children's Hospital of Buffalo at the designated time and sign in with admissions. Please make sure your child followed the food and drink restrictions given to you during your confirmation phone call.

#### What to expect:

This procedure takes approximately 30 minutes. You will be given a pager to notify you when the surgery is done. You can wait in the 2<sup>nd</sup> floor Surgical waiting room. Once the procedure is completed, your child will go to the recovery room, until he/she is awake. From recovery, you child will go to a room, where you may stay with them. Once they are fully awake, the nurse will offer him/her clear liquids to drink. Please have your child start slowly, as it is normal to feel a bit nauseous after anesthesia.

Some children will have irritation after this procedure and will spot small amounts of blood. Others will feel like they have to urinate frequently, and/or complain of burning. These are normal feelings and will pass in a few days.

Your child will be discharged when they are drinking fluids and urinating easily, usually within a couple hours after completion of the procedure.

### Pain:

There may be some discomfort, this can generally be relieved with Tylenol and/or warm compresses to the perineum. Warm sitz baths can also help relieve discomfort. Your child may be more comfortable urinating while in a tub of warm water for the first day after the procedure.

<u>Pain Medication</u> :
Tylenol for pain.
Please continue antibiotic prophylaxis as previously prescribed, unless otherwise discussed by the
doctor.
Eating:
Encourage your child to drink and void frequently for a few days after surgery.
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Activity:
Your child can resume their full physical activity, return to school and bathing the day after the
procedure.
School:
Your child can return to school the day after the procedure.
When to call (717) 979 7202
When to call: (716) 878-7393 Please call the office if your child's urine appears foul, <b>very</b> cloudy or if there is a fever over 101
degrees F. Also please let us know if there are any <u>new</u> joint pains, joint swelling, skin rash, musc
aches or fatigue.
defies of fungue.
Follow up appointments: (716) 878-7393
Please call the office, on the next business day after the procedure, and schedule a follow up
appointment for 1 month after the day of the procedure.
Return to Work/School Note
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Date of Procedure:
Please excuse from school for the day listed above. He/She has ha
a procedure and can return to school and gym the day after the above listed date.
Thank you.
Dr. Greenfield/Dr. Williot Pediatric Urology of WNY (716) 878-7393

CUPID: Center for Urology and Pediatric Incontinence Disorders