

Cystoscopy and TRUS

Patient Guide: BPH / Enlarged Prostate Workup - What to Expect

What are these tests?

Cystoscopy is a quick office procedure that lets your urologist look inside the urethra, prostate channel, and bladder with a small flexible camera. It is usually done with numbing jelly only.

TRUS means transrectal ultrasound. It measures the size and shape of the prostate using a small ultrasound probe gently placed into the rectum.

Why are these tests done?

- Evaluate enlarged prostate symptoms, slow stream, weak stream, or trouble emptying
- Look for bladder outlet obstruction, bladder stones, tumors, scar tissue, or narrowing
- Help decide whether observation, medication, or a BPH procedure may be helpful

Where are these tests done?

Cystoscopy: done in our urology office.

TRUS: done separately at the imaging facility.

Houston Methodist Outpatient Center

1677 Baker Road, Baytown, TX 77521

Imaging phone: 832.556.6300

Our staff will give you more specific directions and check-in details.

Before your visit

There are usually **no major restrictions**. You may eat, drink, and take your usual medications unless our office or the imaging facility tells you otherwise.

Please tell us before cystoscopy if you have burning, new or worsening urinary symptoms, recent UTI, fever/chills, cloudy or foul-smelling urine, a chronic catheter, significant immune suppression, medication allergies, or if another doctor specifically told you to take antibiotics before procedures.

Routine antibiotics are usually **not needed** for simple office cystoscopy. Orthopedic hardware does **not automatically** mean antibiotics are required unless another doctor specifically instructed you to take them.

During the tests: Cystoscopy may cause pressure, bladder fullness, mild burning, or a strong urge to urinate for a few minutes. TRUS may cause rectal pressure or the urge to have a bowel movement. Both are usually brief.

What's normal

- **After cystoscopy:** mild burning for 24-48 hours
- Urgency or more frequent urination for a day or two
- Mild bladder pressure or discomfort
- Light pink urine or a few drops of blood
- **After TRUS:** mild rectal pressure or awareness
- A small amount of lubricant from the rectum

Call / MyChart

- Burning or bladder discomfort not improving after 2-3 days
- Symptoms that worsen instead of gradually improving
- Pink or bloody urine lasting more than 2-3 days
- Cloudy or foul-smelling urine, or concern for UTI
- Rectal discomfort or bleeding after TRUS that does not improve
- Questions about results, medications, or next steps

Urgent care / ER

- Fever 100.4 F / 38 C or higher, or shaking chills
- Unable to urinate, especially with painful bladder pressure
- Severe lower abdominal pain
- Heavy bright red bleeding, thick blood, or large clots
- Severe pain not controlled with over-the-counter medicine
- Feeling very weak, dizzy, or seriously ill

Most issues after cystoscopy are annoying but temporary. Most questions can be handled with a MyChart message or clinic phone call. The ER is rarely needed after simple office cystoscopy and is almost never needed after TRUS alone.

At home: Drink water after cystoscopy to help flush the bladder. You may use Tylenol/acetaminophen or Motrin/ibuprofen if you are allowed to take them. Most patients return to work and normal activity the same day. TRUS results are reviewed after the imaging report is available.