

HOSPITAL



CYSTOSCOPY OPERATIVE REPORT

PROCEDURE DATE: _____

Pre-Operative Dx:

Post-Operative Dx:

History:

Procedure Performed:

Anesthesia:

Residual Urine: _____ Bladdertone: _____ Capacity: _____

Instruments Used:

FINDINGS:

Urethra:

Prostate:

Vesical Orifice:

Trigone:

Bladder:

Ureteral Orifice:

Complications (if applicable):

Estimated Blood Loss (if applicable):

Specimen (if applicable):

- URODYAMICS**
(Check procedures performed)
- Electromyogram, no Needle
 - Electromyogram Needle
 - Cystometrogram, Complex
 - Complex Uroflow
 - Voiding Pressure
 - Intra-abdominal Voiding Pressure
 - Urethral Pressure Profile
 - Post Void Residual Urine
 - Stimulus Evoked Response
 - Marshall Marchetti

- BLADDER TUMOR SIZE**
(Check Largest Size)
- Minor (< .5 cm)
 - Small (.5 to 2.0 cm)
 - Medium (2.1 to 5.0 cm)
 - Large (5.1 cm and +)

Description	Size Cath.	Cm. Passed	Urine	Culture	X-Ray Findings / Comments
Right					
Left					

Surgeon Signature: _____ Date: _____ Time: _____