

# GETTING READY FOR YOUR BLUE-LIGHT CYSTOSCOPY WITH CYSVIEW<sup>®</sup>

Patient Name: \_\_\_\_\_

Date/Time of Procedure: \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

## Healthcare Provider Contact Information

\_\_\_\_\_  
\_\_\_\_\_

Your doctor wants you to have a Blue-Light Cystoscopy with Cysview to inspect the lining of your bladder for any abnormal growths or suspicious areas that may indicate a condition called nonmuscle invasive papillary bladder cancer, which is a very treatable disease.

## Description of procedure



**1** A solution is delivered into your bladder an hour before the procedure.



**2** During the procedure, a long thin tube called a *cystoscope* is inserted where urine leaves your body.



**3** Doctor looks through the tube with a white light, then a blue light, which makes abnormal cells easier to see and identify.



**4** Doctor may remove abnormal cells for further testing.

## Preparing for your cystoscopy

The following is important information you need to know about your cystoscopy:

- Your test will be performed in the hospital or clinic operating room on an:

Outpatient basis

*(you arrive and go home on the same day)*

Inpatient basis

*(you are admitted as a patient to the facility)*

- Depending on whether or not your doctor plans to use anesthesia, you may be instructed not to eat for several hours before the procedure or to have a light breakfast.

Anesthesia will be used

Anesthesia will not be used

Patient Instructions: \_\_\_\_\_

- Be sure to tell your healthcare professional all of the medications you are currently taking and ask whether your medications should be taken before or held until after the procedure.
- Approximately 2 ounces of Cysview (hexaminolevulinate HCl) solution will be gradually delivered to your bladder through a sterile plastic tube about 1 hour before the procedure.
- Don't be concerned if you can't hold the solution in your bladder; just let your healthcare professional know if this becomes a problem for you.
- Though Blue-Light Cystoscopy with Cysview is considered safe, any procedure may have some risks and you should consult your doctor regarding the risks and benefits of this procedure.
- The most common patient complaints with Cysview include bladder spasm, discomfort when passing urine, frequent urination, blood in the urine, bladder pain, procedural pain, urinary retention, and headache. On rare occasions, patients have experienced increased heart rate, chest pain and fever.

**CYSVIEW<sup>®</sup>**  
HEXAMINOLEVULINATE HCL

See back panel for important risk and safety information

## What to expect after the procedure

The following are important things to keep in mind for after your Blue-Light Cystoscopy with Cysview:

- Once the procedure is finished, your bladder will be full of water and it will probably be necessary to pass urine again.
- Most people—including those who have just had local anesthesia—feel ready to go home after a short time; once home, you should plan to rest for the remainder of the day.
- It's not uncommon to have some bladder spasms after a cystoscopy, which can make you feel like you need to go to the bathroom more often than usual.
- You may feel some stinging when you pass urine for a couple of days.
- Blood in the urine is also common for several days after the procedure, particularly if you have had some cancer cells removed.
- In rare cases, patients may have more difficulty passing urine after their cystoscopy; should that happen, a catheter may be left in the bladder to drain excess fluid until any swelling goes down.
- Some patients may develop a mild infection after cystoscopy; this may usually be treated with antibiotics. Consult your physician if you are concerned.

***Drinking plenty of water can help with many of these issues.***

## When to seek help from your doctor

After 2 or 3 days if you still have blood in the urine, you see blood clots after you have urinated several times, or if any of your symptoms are severe, please contact your healthcare professional for advice.

## Product Indication and Important Risk and Safety Information

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer and is not for repetitive use.

Anaphylaxis reactions including anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate, or in patients receiving intravesical chemotherapy or BCG treatment within 3 months of Cysview photodynamic blue-light cystoscopy. There are no known drug interactions with hexaminolevulinate; however, no specific drug interaction studies have been performed. Using Cysview, fluorescence of non-malignant areas may occur, and Cysview may fail to detect some malignant lesions.

Safety and effectiveness have not been established in pediatric patients. Cysview should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus. It is not known whether hexaminolevulinate is excreted in human milk. Because many drugs are excreted in human milk, exercise caution when Cysview is administered to nursing mothers. No clinically important differences in safety or efficacy have been observed between older and younger patients.

Cysview is approved for use with the Karl Storz D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the Karl Storz instruction manuals for each of the components.

Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.



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To learn more, go to  
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