To the editor:

We read the article by Ozdemir et al. with great interests [1]. They investigated pain and discomfort of 146 patients, during cystoscopy in conditions of office. Pain during cystoscopy is an important issue as outlined by other studies [2,3]. The article contributes science, as well. However, outpatient cystoscopy is easy to perform and effective for diagnosing pathologies in bladder it may be difficult in some cases, specifically in obese men. Overcome this issue, we would like to affix our clinical experience on outpatient cystoscopy.

Obesity is a growing problem in our community as well as worldwide [4]. Beside this, obesity is related with some urological cancers such as bladder cancer in which superficial bladder cancer needs regular cystoscopies during follow-up [4]. Therefore, it can be assumed that urologists would see more obese patients, in daily practice. Ozdemir et al. reported that lower body mass index (BMI) was associated with higher pain scores in their study [1]. We do not agree with them. In daily clinical practice, it is very difficult to become obese men into lithotomy position. Additionally, urologists have to move the cystoscopy devices, for viewing whole bladder mucosa, during cystoscopy, in obese patients. These may lead to give more pain to patients. Moreover, Fisher et al. reported additional devices to make obese patients into lithotomy position [5].

In the light of these above, obese patients are in the risk of having more pain during outpatient cystoscopy. Therefore, clinicians should prefer to perform cystoscopy in operation room for giving less pain and not ignoring pathologies, in case of obese patients. Nevertheless, as Ozdemir et al. reported, to perform cystoscopy in outpatient clinic is safe and effective procedure, but obese patients should be operated in operating room.

References