

Patient Information – Flexible Sigmoidoscopy

WHAT IS A FLEXIBLE SIGMOIDOSCOPY?

Flexible sigmoidoscopy is a procedure where an Endoscopist (a Doctor or Nurse) looks at the lining of the rectum and sigmoid colon using an instrument called a sigmoidoscope. The sigmoid colon is the final section of the bowel that is joined to the rectum. The procedure is used to diagnose the causes of unexplained changes in bowel habit.

During the procedure the Endoscopist uses a flexible sigmoidoscope which is a long flexible tube, about the thickness of your index finger, with a camera at the end. The Endoscopist inserts the sigmoidoscope into the anus and pushes it slowly into the rectum and sigmoid colon. Side channels allow the Endoscopist to take small samples of tissue (biopsy), this does not hurt as the lining of the colon does not have the same pain sensation as your skin. You may experience some cramping as air/CO₂ is introduced through the scope and the scope is passed through twisty segments of the colon.

The air is needed to permit the Endoscopist to advance the scope along the colon. This may also make you feel bloated, and may cause you to pass wind. This is normal and there is no need to be embarrassed as the staff will expect this to happen.

During the examination, polyps might be seen. Polyps are abnormal projections of tissue, rather like warts, and it is possible to remove them during Sigmoidoscopy, this is quite painless.

PREPARING FOR THE PROCEDURE

To allow a clear view the lower bowel must be completely empty of waste material; there are two methods for this; enema or liquid bowel preparation, you will be sent whichever product the doctors have considered most suitable for you, along with instructions for use.

Enema

The enema should be used approximately 1 hour before you leave home for your appointment.

The enema must be administered at home due to limited space within the unit.

If you are physically unable to do the enema at home and feel you need assistance administering it, you must ring the Gastroenterology Unit on 01603 647594 to discuss and arrange this with one of the sisters.

MEDICINES AND MEDICAL CONDITIONS

It is important you bring a list of your current medication with you so that you can give it to the nurse on arrival. If you have a latex or other allergy please telephone the Unit for medical advice and inform staff of your allergy when discussing your procedure.

Iron tablets (Ferrous Sulphate)

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If you are taking iron tablets please stop taking them for TWO WEEKS BEFORE the procedure. This is because iron coats the colon, making it difficult to see the lining.

Warfarin/ Phenindione / Clopidogrel / Rivaroxaban / Apixaban / Dabigatran / Prasugrel / Ticagrelor (blood thinning medication)

If you are taking any of the above, please inform the Gastroenterology Unit on 01603 288169 as soon as possible, as our doctors may decide that it is necessary for you to stop taking your tablets for a limited time before the procedure.

Diabetes

If you suffer from insulin dependent diabetes, please inform the Gastroenterology Unit as soon as possible, as it may be necessary to change the time of your appointment. If your diabetes is managed by your GP please contact the surgery for advice.

If under the care of Elsie Bertram Diabetes Centre, please contact your Diabetes specialist nurse on 01603 288513.

Pregnancy

If you are pregnant or breast-feeding please contact the Gastroenterology Unit on 01603 647594 for advice.

Loperamide / lomotil (antimotility drugs)

If you regularly take Loperimide, Lomotil or another medicine to control diarrhoea, you are advised to stop taking it one week prior to your procedure. If you are concerned or have any problems please contact the Gastroenterology Unit on 01603 647594 for advice.

Pacemaker

If you have a pacemaker this may need to be checked before the procedure. Please inform the booking office on 01603 28029 so this can be arranged. Please allow sufficient time as you may need to attend the Pacing Clinic before your appointment.

Stoma

If you have a stoma, please contact your stoma nurse for advice.

THE PROCEDURE

The test can be uncomfortable due to bloating of the stomach caused when air is introduced by the Endoscopist. However this is short lived as you are soon able to pass the air naturally. For this reason we do not routinely offer sedation for this test. The best form of pain relief we can offer you is gas & air (Entonox). This is a quick acting form of pain relief that you inhale via a cylinder and mouth piece. Its side effects are usually mild dizziness which wears off very quickly. You do not need to have anyone at home with you and can drive after half an hour. If for a particular reason you feel that you need to have sedation for this test (a medicine which will make you drowsy but does not 'put you to sleep'), you will need to discuss it with

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your nurse on admission. Please be advised that sedation means you must have someone with you to take you home and care for you after the test.

Someone must then stay with you for 24 hours following your procedure to look out for any complications and during this time you must not:

Drive a motor vehicle Drink Alcohol Operate Machinery Sign Legal Documents

Please take advice from your nurse discharging you about whether you should work the next day.

You will be asked to **consent** to the procedure, so we have enclosed a consent form for you to read before you come for your appointment. This is to ensure that you understand the test and its implications/risks. Please bring it with you to your appointment but DO NOT sign it until AFTER you have had a discussion with the nurse or doctor in the Unit.

Please be aware that in order to protect the **privacy and dignity** of all patients, relatives/carers will not be allowed in the theatre/recovery rooms. They are welcome to accompany the patient during the initial admission process but will then be required to leave the admission/recovery area once the patient has been made ready for the procedure. If you have had sedation we will tell your escort about the outcomes as the medication will make you forgetful.

We hope that your visit to the gastroenterology department will be made as pleasant as possible for you; however please be aware that this is an emergency department and any emergencies will take priority over outpatient appointment times and this may result in delays to your procedure. Appointment times are approximate as we try to give each individual as much time as he or she needs, so we would ask you to be patient if you experience delays and be assured we are doing our utmost to ensure appointments are on time.

AFTER THE PROCEDURE

The Endoscopist or nurse will discuss the findings with you at the end of the procedure and explain the results and any planned follow-up or further investigations. If a biopsy has been taken, your GP will be sent the results and informed of any necessary treatment or we may arrange for you to see us in our clinic.

Once you have returned home, or back to your ward you may begin to eat and drink normally and resume your normal medication, unless instructed otherwise by the Doctor. You will be given an advice sheet on after care and signs to watch for before you leave the hospital.

If required, normal painkillers such as paracetamol may be taken.

WHAT ARE THE RISKS/COMPLICATIONS?

Most sigmoidoscopies are done without any problem. If you have had a sedative you may feel tired or sleepy for several hours afterwards. You may pass a small amount of blood from your anus if a biopsy was taken, or a polyp was removed.

Also it is not unusual to experience some diarrhoea for a couple of days post procedure until

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the bowel returns to its normal function.

Rarely, the sigmoidoscope may cause damage to the colon. This may cause bleeding, infection, and rarely, perforation. If any of the following occur within 48 hours after a sigmoidoscopy, it is important that you consult a doctor immediately:

- Abdominal pain. (In particular if it becomes gradually worse, and is different or more intense to any 'usual' pains that you may have.)
- Fever (raised temperature).
- Passing a lot of blood from your anus.

USEFUL SOURCE OF INFORMATION

<http://www.patient.co.uk>

IF YOU HAVE BEEN SENT AN ENEMA:

- **Please use the enema approximately 1 hour before leaving home for the test**
- The enema will have worked within that first hour, so you will not have any problems travelling to the hospital.
- **Do not eat for at least 30 minutes before using the enema.**
- **Do not eat after using the enema** until after you have had the test
- You may drink any soft drinks, tea or coffee.
- You should use the enema even if you have recently passed a motion.

HOW TO USE THE ENEMA:

- Lie on your left side on a towel and then:
 - Gently insert nozzle into your bottom.
 - Squeeze all the contents in, remove the nozzle and continue lying down.
- Try to hold the liquid for at least 5-10 minutes – the longer the better. Remain lying on your left side during this time.

Some people may experience mild stomach cramps for a short while. Some people feel faint or dizzy please lie down until you feel better.

The enema generally works better if given at home and the majority of patients are able to do this themselves. If you are unable to give your enema at home, please contact the department in advance so that we can arrange space and a time for this to be done. Please be aware that this will prolong your waiting time.

