

Endoscopy Department

Flexible sigmoidoscopy

Important Information for inpatients

Before your appointment

- You will be given an enema as your lower bowel must be completely empty of waste material to allow the endoscopist to have a clear view. You may eat and drink as normal, even on the day of the procedure.
- Iron tablets should be stopped seven days before the procedure. All other medication can be taken as normal.
- If you are taking **Warfarin** or **insulin** remind the medical staff looking after you as they may need to be adjusted.
- If you have any queries about the procedure please do not hesitate to ask the medical or nursing staff looking after you.

On the day

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- You will be brought to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

What is a flexible sigmoidoscopy?

The sigmoid colon is the last part of the large bowel (colon) which leads into the rectum where faeces (stools) are stored before being passed out of the anus (back passage). An endoscope is an instrument which allows the doctor to look inside your body and a flexible endoscope is one which can be guided round bends. An endoscopic examination of this part of the colon is known as a flexible sigmoidoscopy and the instrument used is called a flexible sigmoidoscope. It is a long flexible tube (thinner than an index finger), with a light at the end. It is passed through the anus into the colon. The lining of the bowel is checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The colonoscopy procedure

usually takes thirty minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a biopsy - sample of the lining of the bowel. This is done by passing a small instrument called forceps through the flexible sigmoidoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps, this is painless.

Getting ready for the procedure

You will be given an enema to clear your bowel because it must be completely empty of waste material to allow the endoscopist to have a clear view. You may eat and drink as normal, even on the day of the procedure.

The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the endoscopist. They will be happy to answer any of your questions as we want to make sure that you understand the procedure and its implications.

Remember, you can change your mind about having the procedure at any time.

Sedatives

There are two options for this procedure:

- 1. No sedation option:** You will not be given any sedative. The advantage of this option is that you can return to your ward as soon as you have talked to the endoscopist and not worry about feeling sleepy. The disadvantage is that you will be fully aware of the procedure. Most patients find this acceptable and not too unpleasant.
- 2. Intravenous sedation option:** An intravenous injection is given to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedure. The disadvantage to this option is that the injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet and forgetful for a while.

During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove glasses and you will be made comfortable on a couch lying on your left side with your knees slightly bent.

You will be given oxygen through a facemask and a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

The endoscopist gently inserts the flexible sigmoidoscope through your anus into your colon (large bowel). During the procedure, air is put into your colon to give a clear view of its lining. This can give you some wind-like pains, but they will not last long.

At this time, you might feel like you need to go to the toilet. Because of the bowel preparation you gave yourself, your bowel will be empty and so you will only pass some wind.

There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However if you make it clear that you are too uncomfortable the procedure will be stopped.

When the procedure is finished, the colonoscope is removed quickly and easily.

Potential problems

Flexible sigmoidoscopic procedures carry a small risk (1 in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. Perforations usually need to be repaired with an operation and might require a temporary stoma (a surgically constructed opening, that permits the passage of waste). Sometimes the base of a polyp can bleed; this can usually be stopped through the sigmoidoscope. Occasionally a patient who has bled after the procedure may need a blood transfusion.

Another rare complication is an adverse reaction to the intravenous sedative.

After the procedure

Following the flexible sigmoidoscopy, you will be taken to a recovery area before being returned to your ward. If you had sedation and are discharged from hospital within 24 hours of your procedure you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents. You are also advised to have a responsible adult stay with you for the next 12 hours.

You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

If you have any of the following problems you should let the staff on your ward know immediately:

- severe pain
- black tarry stools
- persistent bleeding.

When do I know the result?

If you are still sleepy when taken back to your ward, the doctors looking after you on the ward will tell you the result. A written report will be filed in your hospital notes before you leave the department so that the information will be immediately available for the medical team looking after you.

If biopsies were taken or polyps removed, you will be told the final diagnosis by the team who requested the colonoscopy (in the clinic or by letter to you or your GP). These results may take several weeks to come through.

Details of the results and any further treatment should be discussed with the doctor who recommended you have this procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

Alternatives

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a colonoscopy.

These may include:

- a barium enema,
- a CT colon scan.

For more information:

- Contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 216546.
- See www.addenbrookes.org.uk/consent



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

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Bengali

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