

## Endoscopy Department

# Flexible Sigmoidoscopy

### Important Information

#### Before your appointment

- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test 7 days before.
- Stop taking iron tablets two days before the procedure. All other medication should be taken as normal
- If you have any queries about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 0900 and 1700 Tel: 01223 216546.

#### On the day

- Follow the bowel preparation instructions in this leaflet carefully because 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.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.

#### At the hospital

- Please come to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC). Your appointment time is for your pre procedure assessment; your entire visit will be about 2 hours.
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- Please note that your appointment time is for your pre procedure check, not the time of your examination. You may be here for up to 2 hours.

Your doctor has requested this procedure to help investigate and manage your medical condition.

## What is a flexible sigmoidoscopy?

Flexible sigmoidoscopy involves examination of the lower part of the bowel with a narrow flexible instrument that can be guided round the various bends. It is passed through the anus and air is inserted to help get a good view. The lining can be checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes about 10 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a biopsy – a small sample of the lining of the bowel. This is done by passing a small instrument called forceps through the 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

### **Bowel preparation to be completed three hours before leaving home.**

1. Use the enclosed enema.
2. Remove the tip of the enema nozzle. Insert the nozzle into your anus (back passage) and squeeze in the liquid.
3. Hold the liquid inside you for as long as possible, preferably 5 minutes.
4. After 5 minutes (or as long as you have been able to hold the enema), go to the toilet and allow the enema liquid to flush away by opening your bowels as usual.

Please leave any valuables at home; you will need to undress and wear hospital clothes. On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications. Remember, you can change your mind about having the procedure at any time.

## Sedatives

For many people a flexible sigmoidoscopy is only minimally uncomfortable and sedation is not required. Sometimes the procedure can be uncomfortable, for example if there is diverticular disease present or if the bowel is angulated – these situations may not be predictable before the examination. If you are worried about potential discomfort or would like sedation for other reasons then you can ask for it. The options are discussed below

1. **No sedation option:** The advantage is that you can leave as soon as you have talked to the endoscopist and if the doctor agrees, resume your normal activities for example working, driving. You will be fully aware of the procedure; most patients find this acceptable and not too unpleasant.
2. **Intravenous sedation option:** An injection is given into a vein 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 disadvantages to this option are:

- (1) You will need to stay whilst you recover which may take up to an hour or more
- (2) You will need to be escorted home
- (3) The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

If you choose sedation you **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will be unfit to drive yourself. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

### During the procedure

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

If applicable, the endoscopist will give you the injection. 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 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 (eg roll onto your back). When the procedure is finished, the sigmoidoscope is removed quickly and easily

### Potential problems

Flexible sigmoidoscopy procedures carry a very 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 (which involves the bowel being brought out through the skin of the tummy so that stool passes into a bag). Sometimes the base of a polyp can bleed; this can usually be stopped through the sigmoidoscope. Occasionally we need to admit a patient who has bled at home and requires a blood transfusion.

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

## After the procedure

If **unsedated**, you may go home immediately after the procedure.

If you **had sedation**, you will be taken to a recovery area. When you are sufficiently awake, you will be able to get dressed and go home. You are advised not to drive, operate machinery, return to work, drink alcohol or sign legally binding documents for the next 24 hours. You are also advised to have a responsible adult to stay with you for the next 12 hours.

You may feel a 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, you should contact your GP, the Endoscopy Department or the Accident and Emergency Department for further advice.

- severe pain
- persistent bleeding

## When do I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

If biopsies were taken or polyps removed, you will be told the final diagnosis by the team who requested the flexible sigmoidoscopy (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 necessary treatment should be discussed with the doctor who recommended you to have the procedure.

Training doctors and other health professional 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 flexible sigmoidoscopy.

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](http://www.addenbrookes.org.uk/consent)

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

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

**Italian**

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

**Cantonese**

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठनी छोय तो कृपा करीने पूछो.

**Gujarati**

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ بیٹی گہورہ یانیش بہ شیوہی دہنگ

**Kurdish**

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو ہر اے مہربانی اس کیلئے درخواست کریں۔

**Urdu**

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

**Document History**

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