



Information for
patients and
carers

Having a Flexible Sigmoidoscopy

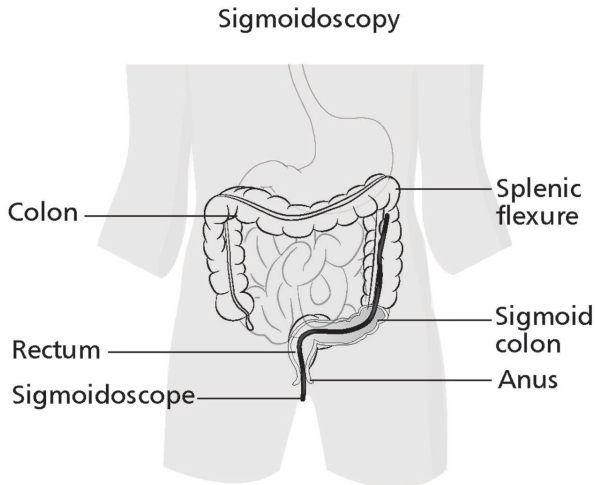
Flexible Sigmoidoscopy

This leaflet has been produced to answer questions you may have about a Flexible Sigmoidoscopy and what to expect during your procedure. If you have any other questions, please ask a member of the nursing team.

What is a Flexible Sigmoidoscopy?

The examination is performed using a long flexible instrument (an endoscope) about the thickness of your index finger with a bright light at one end. The scope is passed carefully through the anus and air is used to inflate the large bowel (sigmoid colon). The scope is passed around the sigmoid colon so the bowel lining can be looked at.

During the procedure small samples (biopsies) of tissue or polyps may be taken. Tiny forceps are passed through the scope and the biopsies are removed painlessly through the scope. If polyps are found, these are usually removed. So that we have a clear view of the bowel lining it is important that the bowel is empty.



Why do I need a flexible sigmoidoscopy?

The examination allows us to look directly at the colon to check whether any disease is present and help us to find the cause of your symptoms.

What are the risks of having a flexible sigmoidoscopy?

The main risk of this procedure is making a small tear (perforation) to the lining of the bowel (1 in every 1000 procedures). An operation may be required to repair the perforation. The risk of perforation increases if polyps are removed.

Bleeding may occur at the biopsy or polyp site during removal (1 in every 100-200 procedures). The bleeding is usually minor and should stop quickly. If it continues to bleed, treatment may be needed. This is done by cauterisation (using heat to seal off the blood vessels) or by injection.

A trained nurse will monitor you throughout the procedure to ensure that any problems are quickly recognised and treated.

What are the alternatives to having a flexible sigmoidoscopy?

In some individual cases, alternatives to Flexible Sigmoidoscopy may include:

CT scan - This is a special type of X-ray that can give more details than normal X-rays. However, it cannot be used to take biopsies or remove polyps, so you may still need a Flexible Sigmoidoscopy.

CT scans are generally considered to be less accurate than a Flexible Sigmoidoscopy and involves exposure to radiation.

What do I need to do before I have a flexible sigmoidoscopy?

- If you are diabetic please read the enclosed leaflet
- If you are taking iron tablets you must stop taking these 7 days before your test
- If you are taking Warfarin, Clopidogrel, Sinthron, Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Prasugrel or Ticagrelor please ring **01257 245656** or **01772 522032** for further information
- Take the bowel preparation as directed so that the bowel is as empty as possible
- Please follow the dietary advice on the leaflet enclosed with the bowel preparation. It is important to have only clear fluids once you have started taking the preparation. This could be tea/coffee made **without milk**, or cup-a-soup sieved to remove the bits
- You may drink water up to 2 hours before your appointment time
- If you would like sedation you will need to arrange for someone to collect you from the Endoscopy department and stay with you for 24 hours. Hospital transport cannot be responsible for taking you home without an escort
- Read the information leaflet regarding bowel preparation and follow the dietary advice
- Bring an up to date list of medications and allergies
- Remove nail polish and false nails
- Bring a dressing gown and slippers
- Bring your consent form (read it but please do not sign it)
- Do not bring valuables or jewellery into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance of your appointment date if an interpreter or sign guide would be needed on the day of the Flexible Sigmoidoscopy. **Family members cannot interpret for you**

What happens when I arrive on the unit?

- When you arrive, please book in at reception
- You may experience a wait before being called by one of the nurses
- The nurse will take you into a private booking in room to explain the procedure to you, complete your admission paperwork and give you an opportunity to ask any questions
- You will be asked to sign the consent form that shows you understand the test and the risks involved
- If you have asked for sedation, the nurse will insert a small cannula into a vein in your hand or arm. The sedation will be given through this when you are in the treatment room
- The nurse will show you to a changing area where you will change into some disposable shorts, your dressing gown and slippers
- You will wait here until the doctor or nurse Endoscopist is ready to carry out your procedure

Will I find the procedure uncomfortable?

There may be periods of discomfort as the scope is passed around curves in the bowel. Usually this eases once the curve has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know so that you may be given more sedation or pain relief.

What pain relief or sedation is available?

- **Sedation** can be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed, but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure. Sedation makes it unlikely that you will remember the procedure. When the

procedure has ended, you will be taken to the recovery area for about one hour

- **Entonox** is the gas and air that is commonly used by women during childbirth. It is analgesia and will not affect your memory of the procedure. You will be instructed how to use the gas by the nurse in the treatment room and after the test you can get up and get changed

What happens during the procedure?

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. In the treatment room you will be made comfortable on a trolley lying on your left side with your knees bent towards your chest.

A blood pressure cuff will be placed around your arm and a monitor will be placed on your finger to monitor your pulse and oxygen levels.

If you have requested sedation this will be given before the procedure starts. If you would like to use Entonox (gas and air) you will be instructed on how to use the valve and start to breathe the gas in before the procedure is started.

The Endoscopist will gently insert the scope through your anus into your sigmoid colon. During the procedure air is put into your bowel to give a clear view of its lining. This may give you some wind-like pains, but these should not last long.

You may feel like you need to go to the toilet, but because of the bowel preparation your bowel will be empty so you will only pass some wind.

The scope will be slowly and gently removed at the end of the procedure.

What happens after the procedure?

When the procedure has finished you will be taken to the recovery area until the effects of the sedation have diminished. If you have not had sedation you will be taken to recovery for you to get dressed.

After getting dressed you will be offered refreshments and given discharge information before leaving the Endoscopy unit.

Going home

Please remember that if you have had sedation it is important that someone comes to collect you from the department and to stay with you for the next 24 hours. If this is not possible, please contact the reception staff before your appointment date and let us know.

When you arrive home it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally, but if you have had sedation, you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

Entonox has few side effects, and at the discretion of the nurse who discharges you, providing you have safely recovered you may be able to drive home.

Frequently asked questions

How many people will be in the procedure room?

The Endoscopist along with one or two trained nurses and a healthcare assistant will be in the room. There may also be a medical student and a student nurse if they are on placement in the Endoscopy Unit. There may be a consultant supervising the Endoscopist.

How long will I be in the unit?

You can expect to be on the unit for between 2 – 4 hours of your appointment time. The procedure can take from 30 minutes to 90 minutes. If you have sedation or use Entonox you will be in recovery for up to 60 minutes after the procedure.

What is a polyp?

Polyps are fleshy growths on the inside of the bowel. Polyps may be on a stalk (a little like a mushroom) or flat against the bowel wall. Polyps may become malignant if left in place so polyps are usually removed during a Flexible Sigmoidoscopy, or samples taken to identify the tissue making up the polyp. It may be necessary to return to have larger polyps removed if it is not possible to remove it all at the first visit.

What are biopsies?

When tissue samples are removed for examination, these are called biopsies. Biopsies are sent to the Pathology laboratory to identify the cells that are in the tissue sample. The results will be sent to your consultant and they will be in contact with you to let you know the results. Results can take any time from 1 week to 4 weeks.

What is diverticular disease?

“Diverticulum” is a Latin word meaning a side branch or pouch. When these pouches form in the bowel wall, this is known as diverticular disease. This tends to happen as a result of eating a refined western diet; not eating enough fibre increases the risk of developing diverticular disease.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

www.gutscharity.org.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانون او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لئے مدد کی ضرورت ہے تو
یچھپا جس کی ابی دست ہو یسکت ہے براے مہر یان پوے چھدی۔ معلومات

Arabic:

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يرجى أن تطلب
أخرى يمكن أن توفر هذه المعلومات

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