

Flexible Sigmoidoscopy

Endoscopy Department



Patient information leaflet

This leaflet explains more about having a flexible sigmoidoscopy – an examination of your large bowel, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a flexible sigmoidoscopy?

A sigmoidoscopy is a routine test to examine the lining of your sigmoid colon. This is the lower part of your colon, also called your bowel or large intestine.

The examination uses an endoscope, which is a flexible tube about the thickness of your little finger, with a camera and light at one end. It is passed through your anus (back passage) and carefully moved around your large bowel by a specially trained doctor or nurse, called an endoscopist. Sometimes biopsies (small tissue samples) of your bowel may be taken for analysis.

Why should I have a flexible sigmoidoscopy?

By looking down the endoscope, your doctor or nurse will be able to get a clear view of the lining of your colon. This will help your doctor or nurse to diagnose your symptoms or check any bowel condition that you have had diagnosed in the past. Polyps (small growths in the bowel) can also be removed during the examination.

You may have been advised to have a flexible sigmoidoscopy if you have:

- Bleeding from your anus
- Pain in the lower abdomen (tummy)
- Persistent diarrhoea
- Changes to your bowel habits
- A strong family history of bowel cancer
- Had an X-ray test and more information is needed about the lower end of your bowel

- A pre-existing condition such as colitis that needs reviewing
- Been referred by your GP and booked into the Rectal Bleed Clinic, which involves a flexible sigmoidoscopy as part of the assessment and treatment.

What are the risks?

Serious complications are extremely rare (one patient in every 10,000). The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this happens, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.

Please note that occasionally the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or we may suggest an alternative procedure. Your doctor or specialist nurse will discuss these potential risks with you in more detail. Please ask questions if you are uncertain.

Are there any alternatives?

- **Barium enema.** This test can examine the large intestine using X-rays and barium sulphate. The barium sulphate coats the lining of your bowel, making it easier to see on X-ray. This test does not look at the lower part of your bowel, so you may still need to have a sigmoidoscopy.
- **CT (computerised tomography) scan or CT Colongraphy.** This is a special type of X-ray machine 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 sigmoidoscopy.

- **Rigid sigmoidoscopy.** This may be performed in the Outpatient Department, but it only looks at the very last section of your bowel. If your doctor or nurse cannot diagnose your symptoms after this test, you may still need to have a flexible sigmoidoscopy, which looks slightly further up your bowel.
- **Faecal occult blood test (FOB).** This tests for hidden blood in your stool but you may still need a flexible sigmoidoscopy if this test is positive. The tests above are generally considered to be less accurate than a flexible sigmoidoscopy and some of them involve radiation.

How can I prepare for a flexible sigmoidoscopy?

To make sure the endoscopist has a clear view of your colon, it must be completely empty.

Because of this, you will be asked to have an enema before the test. This is a fluid that is placed in your rectum to clear the last section of your bowel. It needs to be used at least one hour before your examination and you will usually need to go to the toilet within 15 minutes of using it. You can administer this yourself, at home before attending for the appointment. This will be sent through the post to you prior to your appointment with detailed instructions on how to administer. You do not need to arrive any earlier than the appointment time we have given you.

Follow medication advice

Please withhold Aspirin on the day of procedure and if you take iron tablets please stop this one week before your appointment.

Please contact the endoscopy unit on 01483 406606 / 406607 if you take any of the following medications for advice, as you may need to stop taking them before your procedure:

- Warfarin
- Vorapaxar
- Clopidogrel / Prasugrel / Ticagrelor
- Rivaroxiban / Apixaban / Dabigatran/ Edoxaban
- Fragmin

You should continue to take all of your medications as normal, unless you have been told otherwise by the doctor or endoscopy nurse.

Before the procedure

When you arrive at the Endoscopy Unit you will be seen by a nurse who will check your medical history and take your blood pressure. You will be asked to remove all of your clothing and change into a gown. You may want to bring your dressing gown and slippers with you.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. You should receive the leaflet **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

During the procedure

This test is normally performed without sedation. Our unit has Entonox® for pain relief available if you feel you may require it. You may already know that Entonox® is used to relieve pain during childbirth. It is also used widely by the ambulance service and in hospitals for a variety of procedures and conditions. Please ask the doctor or nurse for a copy of our leaflet **Use of Entonox® for your endoscopic procedure**.

You will be asked to lie on your left side. Your pulse and blood pressure will be monitored throughout the procedure. The endoscope is a long flexible tube about the width of your finger, which has a mini camera inside. It is introduced through the anus and passed along the left side of the colon. During the flexible sigmoidoscopy air will be passed down the tube to distend the colon and give a better view. This may make you feel bloated. The air will be removed at the end of the test.

Tissue samples may be taken to send for analysis. This is done painlessly through the endoscope using tiny biopsy forceps.

It is possible to remove polyps at flexible sigmoidoscopy, but if this is your first examination, it may be necessary to arrange a full colonoscopy to examine the remainder of the intestine for additional polyps. Polyps are small growths which are not cancers, but if left can sometimes grow into cancers. Most polyps can be removed painlessly during colonoscopy.

What happens post procedure?

After the procedure you will be taken through to our recovery area where you will be able to get changed and go to the bathroom. You will be escorted through to our patient lounge where you can have something to eat and drink.

Before you go home, a nurse will go through your report and will give you post procedure instructions. The results of any biopsies or polyps taken during the test will generally be available within two weeks of the test. You and your GP will receive a letter with the results and any recommendations for your care and treatment.

You may be given an appointment to come back to the clinic for these results: This may be given to you on the same day of your procedure if it is urgent, otherwise it will be sent in the post.

What do I need to do after I go home?

If you have a question or concern after the test, please phone the Endoscopy Unit on **(01483) 571122 ext. 4409**.

Please consult your GP, phone 111, phone the Royal Surrey County Hospital NHS Foundation Trust A&E department on **(01483) 571122 ext. 4293** or go to your nearest A&E department if you develop severe abdominal pain, a fever or pass large amounts of blood after the test.

Reference source

- <https://patient.info/health/colon-rectal-bowel-cancer-colorectal/sigmoidoscopy>

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Caroline Smith

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