

Having a Flexible Sigmoidoscopy

Endoscopy unit: **01922 656217**

Your Doctor has advised that you should have a test called a Flexible Sigmoidoscopy. This leaflet explains why you need the investigation, how to prepare for it and what to expect immediately afterwards. If you have any remaining concerns or queries after you have read the leaflet, please contact us on the number shown above.

What is a Flexible Sigmoidoscopy?

A Flexible Sigmoidoscopy allows a Doctor or Nurse to look directly at the lining of the large bowel (Colon) on the left side. The Endoscope is a long flexible tube, no thicker than your finger, with a bright light at the end. It is passed into your back passage and part way round your colon.

During the course of the investigation the Doctor or Nurse may need to obtain biopsies (tiny pieces of tissue) from the lining of your bowel to help find the cause of your symptoms and or assess the lining further.

Potentially during the Flexible Sigmoidoscopy the Doctor or Nurse may need to remove a polyp (overgrowth of tissue). This is done through the Endoscope by placing a small wire loop around the polyp and applying a small electrical charge (diathermy) to remove the polyp. Taking biopsies or removing polyps is painless. All biopsies taken and any polyps removed will be sent to the laboratories for analysis. You will later be advised on when to expect the results and how you will be informed.

Are there any alternatives to a Flexible Sigmoidoscopy?

Your Doctor may recommend a CT scan, which may require bowel preparation. During the scan images are taken of your bowel to help diagnose your symptoms, but polyps cannot be removed or biopsies taken if there are any suspected abnormalities.

What if I do not have a Flexible Sigmoidoscopy?

A Flexible Sigmoidoscopy has been recommended because you have symptoms, or you have had other investigations, which suggest disease of the colon. Alternatively you may have known bowel disease which needs assessment. If you do not have the Flexible Sigmoidoscopy bowel disease may go undiagnosed. Alternative investigations of the bowel can be performed, but a Flexible Sigmoidoscopy may still need to be done to confirm the diagnosis or to deliver treatment within the bowel.

Preparation for the Flexible Sigmoidoscopy

It is vital that your bowel is empty for the Flexible Sigmoidoscopy to be done. To ease the process please avoid foods with seeds, i.e. multi-grain or whole meal seeded bread for 2 - 3 days before your appointment.

To ensure your bowel is empty you may be required to restrict your food intake and drink a laxative solution to cleanse your bowel, in which case instructions will be provided.

Alternatively, if you have not been given laxatives, then you will need to have an

enema to cleanse the bowel. An enema is a solution introduced into the rectum to stimulate you to go to the toilet and empty the bowel. Instructions for administering your enema are enclosed separately.

Medication

Please stop iron tablets 7 days before your appointment.

If you take Warfarin, Clopidogrel, Rivaroxaban, Dabigatran or other blood thinning drugs (excluding Aspirin) or if you are a Diabetic, please contact us and ask to speak to a Nurse. We may need to alter your medication if you need to take bowel preparation. You may take all other medications as normal.

Consent

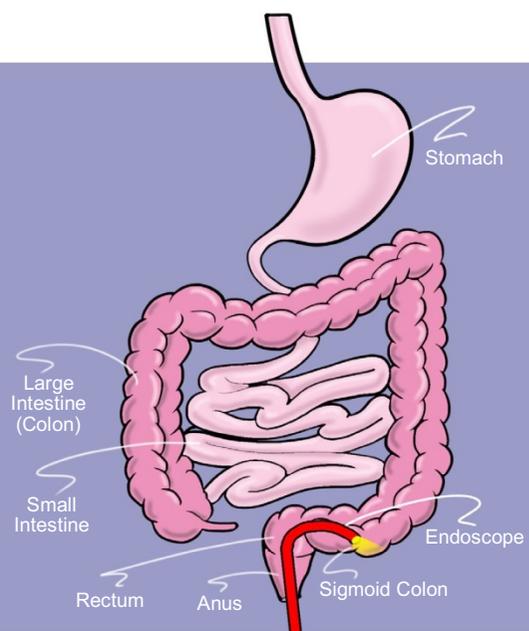
You have been sent a yellow consent form; this document explains the risks associated with this procedure. We would like you to read through this thoroughly and sign it before the procedure if you are happy to have the procedure done.

If you have any questions related to the form you can discuss them with the Endoscopist or Nurse before your procedure.

If you are unable to complete the form do not worry your consent will be confirmed before you have your test. **Please bring the consent form with you to your appointment.**

On the day of the test

When you arrive at the Endoscopy Unit please report to reception desk, your details will be confirmed and you will then be asked to take a seat in the



waiting area.

In readiness for your procedure a Nurse will invite you into a separate room to ask you questions about your health, explain about the procedure and confirm your arrangements for going home.

You will then have the chance to ask any questions that you may have.

You will be asked to change your lower clothes and be given a pair shorts to wear that protect your dignity, but allow the scope to be passed through a flap at the back.

There may be a slight delay before you are taken through for your procedure; however a relative or friend is more than welcome to wait with you.

Pain relief and sedation

A Flexible Sigmoidoscopy is sometimes a little uncomfortable, it is routinely performed without any sedation, but it will be offered to you if you prefer.

Sedation will be provided by an injection given into a vein in your hand or arm; this will make you feel drowsy and relaxed to the point that some patients do not have any memory of the procedure being carried out.

Sometimes sedation may not be advisable because of your health or if you do not have anyone to care for you after the procedure.

Alternatively you will be offered Entonox (also known as gas and air) for your procedure; this is a ready- to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen. Entonox plays an important role in overcoming the apprehension and any possible discomfort patients may experience during endoscopic procedures.

You will be able to discuss with the Nurse and your Endoscopist which will be most suitable for you.

The Flexible Sigmoidoscopy

A Nurse will stay with you throughout your procedure. You will be made comfortable lying on your left side on a trolley with your knees bent up.

If you have a sedative injection you will be given oxygen through a small plastic tube in your nostrils.

Throughout the Flexible Sigmoidoscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The Doctor or Nurse will examine your back passage with a gloved finger and then insert the Endoscope. Lubricant jelly is used. The Flexible Sigmoidoscopy takes a few minutes.

Air is passed through the Endoscope into your bowel to allow clear views. This may cause you some discomfort and cramping and you may feel like you want to go to the toilet. Remember your bowel is empty so all you will pass is wind. Please do not feel embarrassed, this is normal.

During the Flexible Sigmoidoscopy you may be asked to change your position to help pass the endoscope around your bowel and to give a better view.

After the Flexible Sigmoidoscopy

After the procedure you will be cared for in the recovery area, where you will be offered something to eat and drink, if you have had sedation you will remain on the trolley until you are fully awake and it is safe for you to go home. When you are fit to go home you will be given some written instructions to take with you.

If you have had sedation, it is vital that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, drive any vehicle, operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

These arrangements will be confirmed before your test and **your test will be cancelled if you do not arrange someone to be with you.**

When will I receive the results?

The Doctor or Nurse will give you preliminary results together with a copy of your report before you go home. A copy will also be sent to your GP.

What are the risks of having a Flexible Sigmoidoscopy?

The majority of Flexible Sigmoidoscopies are straightforward. However, as with any procedure there is a small chance of complications or side effects, for example you may have some wind for a couple of days after the Flexible Sigmoidoscopy.

National studies have shown that serious complications are rare. They include:

- **Adverse reaction to the drugs**
- **Bleeding.** Mild bleeding occurs in 2-

3 in 100 cases. Serious bleeding: occurs in less than 1 in 5000 cases. It is more common when a polyp has been removed.

- **Perforation** (a tear or hole) of the bowel occurs in less than 1 in 1000 cases and this is more likely if a polyp is removed.

If a complication does occur it may be necessary for you to stay in hospital and have an urgent operation.

Missed pathology is a possibility with all endoscopies. There are folds that can hide small lesions. Endoscopists are trained to thoroughly look at the colon, but still there is a small known miss rate.

Training

Walsall Healthcare NHS Trust Endoscopy Unit has Doctors and Nurses who are trainee Endoscopists. You may be asked if you would be willing to be examined by a Trainee Doctor / Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert Consultant Trainer until they are fully competent; the Consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

The Patient Relations Team is here if you need them:

Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS

Tel: 01922 656463

Email: patientrelations@walsallhealthcare.nhs.uk