

# Flexible Sigmoidoscopy

Endoscopy



**Care Colleagues**  
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# Introduction

Your doctor has advised that you should have a test called a Flexible Sigmoidoscopy.

This procedure will be undertaken at Walsall Manor Hospital.

This leaflet tells you why you need the investigation, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please telephone us on one of the numbers you will find towards the end of this leaflet.

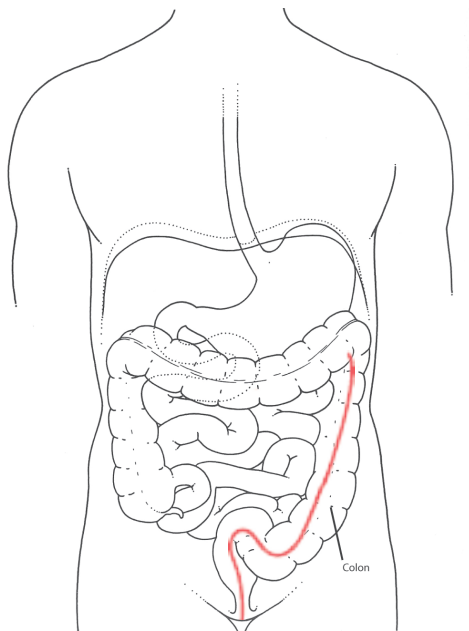
# Consent

You will be asked to sign a consent form to give permission to have the test done, this is an opportunity to confirm details.

The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form. You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

If you have no questions, it is important that you sign the consent form at home at least one day before the test, otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

# What is a flexible sigmoidoscopy and what are the benefits?



A Flexible Sigmoidoscopy is a test that allows the doctor or nurse to look directly at the lining of the large bowel on the left side (left colon). The endoscope is a long flexible tube (as thick as your finger) with a bright light at the end. It is passed into your back passage and part way round your colon.

During the Flexible Sigmoidoscopy the doctor or nurse may need to obtain tiny pieces of tissue (biopsies) from the lining of your bowel to help find the cause of your symptoms and or assess the lining further.

Occasionally 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. Your endoscopist will advise you on how you will be informed of these results.

## 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. 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 drugs
- Bleeding
- Perforation of the bowel
- Missed lesions (unable to see an abnormality)

**Bleeding:** occurs in approximately 1 in 150 cases. Bleeding may occur up to 14 days after your procedure.

**Perforation:** (a hole or tear in bowel wall) occurs in approximately 1 in 1500 cases and this is more likely if a polyp is removed.

**Missed lesions:** Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

## Are there any alternatives to a Flexible Sigmoidoscopy?

Your doctor may recommend a CT scan. Some scans require bowel preparation. 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 have had other investigations, which suggest disease of the large bowel. Alternatively you may have known bowel disease which needs assessment. If you do not have the

Flexible Sigmoidoscopy then important bowel disease may be missed.

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.

## How do I prepare for a flexible sigmoidoscopy?

- It is very important that your bowel is empty when the Flexible Sigmoidoscopy is done. Please avoid foods with seeds, for example, multi-grain or wholemeal seeded bread for 5 to 7 days before your appointment
- To ensure your bowel is empty it may be necessary for you to restrict your food intake and drink some laxative solution to cleanse your bowel. Instructions will be provided if you need to take this solution. Alternatively, if you have not been given the laxative you will only need to have an enema to cleanse the bowel, and can eat and drink as normal. An enema is a solution introduced into the rectum to stimulate you to go to the toilet and empty the bowel
- Please avoid alcohol on the day of your procedure
- Please stop iron tablets 7 days before your appointment
- **If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are diabetic, please telephone 01922 656217 and speak to a nurse, as we may need to alter your medication if you need to take bowel preparation**
- You can take all other medications as normal

## What will happen on the day?

Please bring the consent form with you to your appointment.

When you arrive at the Endoscopy Unit please report to reception.

A nurse will invite you into an office to ask you questions about your health, explain about the Flexible Sigmoidoscopy and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will

also have the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

There may be a delay before you are taken through for your procedure. If it is appropriate, it might be possible for **one** relative or friend to wait with you. This will be dependent on the activity in the Endoscopy Unit and national guidance, such as COVID-19 rules and therefore may be subject to change.

You will be taken into the recovery area and asked to change into a gown. Dignity shorts are also available if you wish to use them. Please bring a bag with you large enough for all of your clothes and belongings.

## What will happen in the examination room?

Before the Flexible Sigmoidoscopy is done you will be asked to remove your glasses (contact lenses can stay in).

A Flexible Sigmoidoscopy is sometimes a little uncomfortable. It is usually performed without any sedation but you can have sedation if you prefer.

## What pain relief and sedation can I have?

Sedation can be provided by an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the sigmoidoscopy having been done.

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

Entonox (also known as gas and air) plays an important role in overcoming the apprehension and any possible discomfort patients may experience during endoscopic procedures. Entonox is a ready-to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen. This can be available as pain relief during your Flexible Sigmoidoscopy.

You will be able to discuss with the nurse before the procedure and your endoscopist which method of pain relief and or sedation will be the most suitable for you.

## What will happen during the procedure?

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

If a sedative injection is given you will have some oxygen to breathe 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. The air makes you 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 are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the endoscope around your bowel.

## What will happen after the procedure?

You will be cared for in the recovery area for a short time. You will be offered something to eat and drink and be advised of when you can go home. You will be given some written instructions to take with you.

If you have had sedation you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may take between 1 and 2 hours.

If you have had sedation, it is very important 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.



## When will I receive the results?

The doctor or nurse will usually give you preliminary results before you go home. If you have had sedation, you may not remember all that has been said to you, however, the test results can be given to you by your general practitioner or at clinic.

## Information for women of childbearing age.

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the front of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

## Training

Walsall Healthcare NHS Trust is a Regional Centre for Endoscopy Training. You may be asked if you would be willing to be examined by a trainee consultant / 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.

## Clinical photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests, etc.

With your permission, anonymised clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information, please contact us on these numbers:

**Walsall Manor Hospital**

01922 656217

Monday to Friday, 8:30am to 6:30pm

**Additional information from:**

**Guts UK** – The Charity for the Digestive System

3 St. Andrews Place

Regents Park

London, NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

Email: [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk)

<https://gutscharity.org.uk/>





Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



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پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.