

Flexible Sigmoidoscopy – A Guide to the Test



Name: _____

Who to contact and how: _____

Notes: _____

Diana, Princess of Wales
Scarcho Road
Grimsby
DN33 2BA
03033 306999
www.nlg.nhs.uk

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
03033 306999
www.nlg.nhs.uk

Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
03033 306999
www.nlg.nhs.uk

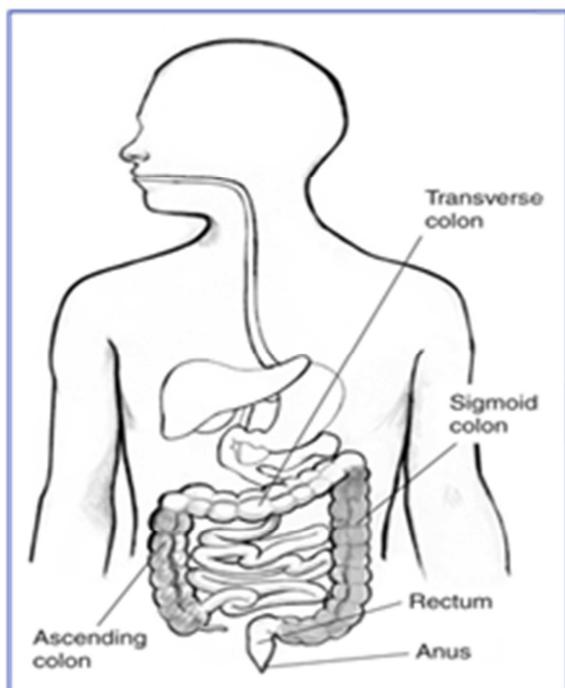
Information for patients

What is a Flexible Sigmoidoscopy?

A flexible sigmoidoscopy is a test that allows a doctor to look directly at the lining of the large bowel (also called the colon or intestine), from the rectum (back passage) through to the last part of the large bowel (called the sigmoid colon).

During the procedure a thin flexible 'fibre optic' tube called a sigmoidoscope is passed through the anus (opening to the back passage) into the rectum and then the large bowel. The end of the sigmoidoscope contains a light and conveys images to a viewing screen allowing the doctor a clear view of the bowel lining. As well as looking at the lining, biopsies (small pieces of tissue samples for examination under a microscope) can be taken and polyps (small protruding growths) can be removed.

The test is usually carried out to investigate bowel symptoms such as bleeding from the anus, changes in bowel movements, abdominal pain or abnormalities revealed by other investigations, such as barium enema.



What do I need to know before admission?

You will be asked to attend the Endoscopy Unit, you can expect to be in the unit for approximately 1-2 hours (but it could be longer), your appointment time is not the time you will receive treatment. The appointment time is for you to discuss any concerns and for the nurses to assess whether you are medically fit to progress with the procedure. Please keep to the time stated on your letter.

Information for patients

Also please be aware that your procedure may be delayed or cancelled at short notice. In these cases we offer apologies for any inconvenience and aim to reschedule your appointment as soon as possible.

Preparing yourself for admission

Stop taking iron tablets. If you are on Warfarin tablets or have Diabetes please contact the Endoscopy Unit.

Stop taking any constipating agents i.e. Lomotil, Codeine Phosphate, etc which you may be prescribed but continue with all other laxatives until your appointment.

You may be given some medicine to clear your bowel at your clinic appointment; if this has not been given an enema will be given on the Endoscopy Unit when you arrive for your flexible sigmoidoscopy.

Could you please bring a dressing gown and slippers with you when you attend the Endoscopy Unit.

Please leave all valuables, including all jewellery (except wedding bands) at home, as we do not have secure facilities to store such items.

If you are undergoing a barium enema please note that there should be a 10 day interval between your procedures.

What happens on admission?

On the day of admission a nurse will complete an admission document with all your personal details. They will check your pulse, blood pressure and oxygen levels. The nurse will explain the procedure to you, inform you of any potential risks and complications of a flexible sigmoidoscopy and also answer any questions you may have. The doctor or endoscopy technician/nurse will then ask you to sign the consent form for the procedure once you have read it carefully and understood it in full.

You will then be asked to change into a hospital gown and dressing gown and slippers. Dentures, contact lenses and spectacles can be removed later on; the nurse will tell you when.

Please note that relatives/friends bringing you to your appointment will not be able to stay with you. They can either wait downstairs in the reception area or leave a telephone number where we can contact them. We will then contact them as soon as you are ready to be discharged, this could be 1-2 hours.

What happens during the Flexible Sigmoidoscopy?

You will be taken to an examination room for the procedure. The nurses will help you to lie down in the correct position on a couch, resting on your left side with your knees bent. A nurse will stay with you throughout the procedure.

Information for patients

Firstly, the scope is lubricated with jelly and gently passed through the anus into the large bowel. Air will then be passed through it to distend (open) the bowel to allow a clear view of the lining.

If the doctor finds any change in the tissue a tiny piece may be removed (biopsy) using instruments passed through the scope. If any polyps are found, these may also be removed (polypectomy) or you may be asked to come back at a later date to have the polyps removed. Any samples of tissue removed, including polyps, are sent to the laboratory for specialist examination.

The procedure can last from 10 to 20 minutes. During the procedure you may feel slight cramping in your lower abdomen and you may feel you need to pass wind or open your bowels, this is quite normal so do not worry, please do not feel embarrassed if this does occur; your bowel will be empty and if there is still some fluid left in the bowel it can be 'sucked away' by a channel in the scope.

What happens after the Flexible Sigmoidoscopy?

After the test you can expect to rest for a while in the recovery area on the unit. The nursing staff will check your pulse, blood pressure and oxygen levels and generally assess how you have recovered from the test. If you feel unwell at all please let the staff know.

You may feel a little bloated and experience wind pains due to the air passed into the colon during the test, please don't feel embarrassed if you need to pass wind, this will help relieve the discomfort quite quickly. If you are in pain please inform the endoscopy staff as soon as possible.

You will be given something to eat and drink, if you are diabetic you may bring a sandwich with you and this can be stored for you until you are ready to eat it.

You will then be able to get changed and once you are ready to leave the nurse will speak to you about the flexible sigmoidoscopy, answer any questions you may have and will issue you with a discharge letter.

Discharge Advice

You may find that if you have had biopsies taken or polyps removed, you pass small traces of blood from your back passage following your procedure. This should not persist however or increase in amount. If this does occur or you start to feel unwell or develop severe abdominal pain, you must contact the unit, your GP or the GP emergency centre as soon as possible.

What are the risks and complications of Flexible Sigmoidoscopy?

It is very important that you are aware of the potential risks and complications of flexible sigmoidoscopy before having the procedure. These include:

Internal bleeding (haemorrhage) – This may occur at the site of the biopsy or where the polyp has been removed. Bleeding is usually resolved without any treatment but in the minority of cases may be serious.

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The risk of internal bleeding is approximately 1:2000. The likelihood of serious bleeding is generally associated with the removal of larger polyps.

Perforation – Damage to the lining of the large bowel (perforation) may result in the leakage of intestinal contents into the abdominal cavity. The risk of perforating the bowel is 1:1000. This can be a potentially serious complication, and may need to be surgically repaired.

Every effort is made to reduce any of these risks and complications, please discuss this with the consultant or member of staff before the procedure.

Are there any alternatives?

Barium Enema

If you have blood in your stools, some hospitals in the UK recommend a test called a Barium Enema.

For this test your bowel is filled with a dye that shows any cancer, polyps or weaknesses in the bowel (diverticular disease) on an X-Ray.

The test is done in hospital by specially trained doctors called Radiologists. Some people have a barium enema, then a flexible sigmoidoscopy or colonoscopy. For example, if your barium enema showed up a polyp you might have a flexible sigmoidoscopy or colonoscopy to have it removed.

Sources of further information / support

CancerBACUP

3 Bath Place, Rivington Street, London

EC2A 3JR

Tel: 020 7696 9003 or Freephone 0800 181199

Fax: 020 7696 9002

www.cancerbacup.org.uk

Coeliac Society

PO Box 220, High Wycombe, Bucks

HP11 2HY

(Please enclose a stamped addressed envelope with your with your enquiry)

Core

FREEPOST LON 4268

London NW1 0YT

www.corecharity.org.uk

National Association for Colitis & Crohn's Disease (NACC)

4 Beaumont House,

Sutton Road, St Albans, Herts

Information for patients

AL1 5HH

Tel: 01727 844926 (information line)

Fax: 01727 862550

www.nacc.org.uk

References Used in the Compilation of This Leaflet

Puchner R, Allinger S, Doblhofer F, Wallner M and Knoflach P (1996) Complications of diagnostic and therapeutic colonoscopy: Results of 10,000 examinations. Wiener Klinische Wochenschrift 108(5): 142-46.

Waye JD (1993) Management of complications of colonoscopic polypectomy. Gastroenterologist 1 (2): 158-64 British Society of Gastroenterology.

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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