

Having a Flexible Sigmoidoscopy

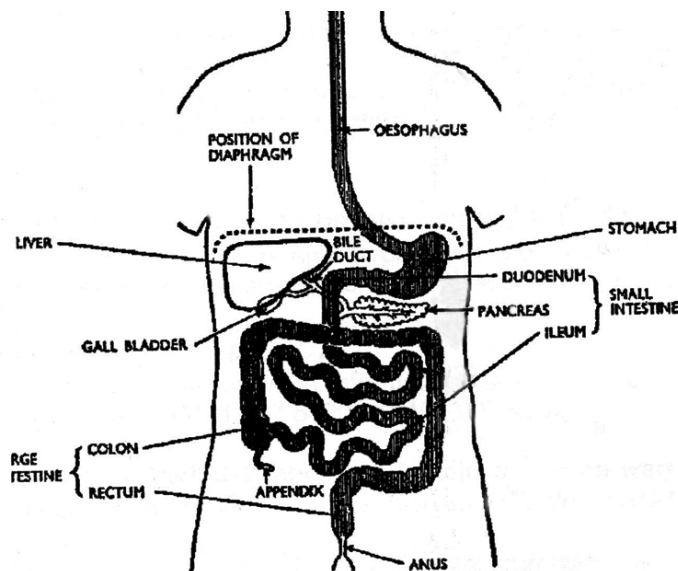
Information and advice for patients

Bowel Cancer Screening Programme

You have been advised to have a flexible sigmoidoscopy by the screening practitioner.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure which allows the screening practitioner to look directly at the lining of the large bowel (colon) using a thin, flexible tube with a bright light on the end (colonoscope). This tube is passed through the back passage and into your bowel. It allows samples of tissue (a biopsy) to be taken, or the removal of small warty growths (polyps) or to check previous polyp sites. The procedure is usually done without sedation.



What are the benefits of this procedure?

A flexible sigmoidoscopy is done to help diagnose the cause of your problems and rule out important conditions that may be contributing. A flexible sigmoidoscopy is often carried out to check previous polyp sites.

Like all tests, it is not guaranteed to demonstrate all abnormalities and on rare occasions conditions are not identified.

What are the risks associated with this procedure?

- Bloating and abdominal discomfort are not unusual for a few hours.
- Perforation of the bowel (making a hole) is an uncommon complication which occurs in approximately 1 in 5000 cases. This may require an operation to repair the damage.
- Bleeding can complicate polyp removal. Severe bleeding occurs in less than 1 in 300 cases. This may require a blood transfusion and even less commonly, surgery.

The screening practitioner will discuss any questions you may have about the risks.

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What are the alternatives to this procedure?

There is no suitable alternative that will enable the practitioner to examine previous polyp sites.

Preparing for a flexible sigmoidoscopy

To allow a clear view, the bowel must be empty of faeces. You will be given either an enema or bowel preparation. If you are advised that you will be having an enema, you may eat and drink as normal. If you have been given bowel preparation, please follow the instructions carefully. If you have any queries please contact your screening practitioner on the numbers provided.

Medication

You may continue to take your usual medication. Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment, and details of any allergies or reactions to drugs in the past.

If you take diabetic tablets or insulin, warfarin or clopidogrel/plavix you will have been given instructions by your screening practitioner.

Please stop iron tablets 7 days before your appointment.

What happens when I arrive at the hospital?

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area. Please do not bring any valuables or jewellery to the hospital and do not wear make-up.

You will be met by your screening practitioner and the staff on the unit, who will be happy to answer any questions you may have. If you have not already done so you will be asked to sign a consent form; this is to confirm your understanding of the procedure.

What happens during the test?

- You will be asked to change into a hospital gown in preparation for the test.
- The staff will record your observations.
- In the examination room you will be made comfortable on the couch. You will be asked to lie on your left side.
- Your back passage will be examined using a finger before the sigmoidoscope is inserted.
- When the sigmoidoscope is inserted, air is passed into the bowel to inflate it, which helps to give a clearer view. This may give you wind pain which should not last too long.
- You may feel the sensation of wanting to go to the toilet, but as the bowel is empty this is unlikely.

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- You may pass wind and although this may be embarrassing for you, remember staff understand what is causing the wind.
- Some discomfort is usual through stretching of the bowel but this will be kept to a minimum.
- You may well be asked to change position to your back or other side during the procedure.
- The procedure should take approximately 15 minutes, but may take more time especially if a polyp has to be removed.
- If a polyp needs to be removed or a biopsy taken, this is performed through the sigmoidoscope. This process is not painful. The base of the polyp is usually cauterised (burnt) in the process to reduce the risk of bleeding.

What happens after the test?

You will need to remain in the unit to rest for up to 1 hour.

Going home

The wind pains and bloating should have settled. It is important you tell the nurse if they have not, or if they are becoming worse.

When you arrive home it is important to rest quietly for the remainder of the day if you have had sedation, with someone to look after you overnight. It is advisable to have the following day off work.

When will I know the results?

Your screening practitioner will explain the results before you are discharged from the unit. If a biopsy or polyp has been removed, the laboratory results will take longer and we will explain when these will be available. You will be given a written report of your procedure and instructions as to what to do if you have any problems following the test. If you need one, you will be given an appointment to see the screening practitioner to discuss your results.

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How to contact us

If you have any questions or concerns please contact:

Bowel cancer screening nurse

City Hospital 0121 507 6002

Sandwell Hospital 0121 507 3185

Queen Elizabeth Hospital 0121 204 1648

If you are unable to keep your appointment please telephone the above number as soon as possible so the appointment can be allocated to another patient.

Further information

For more information about our hospitals please see:

www.swbh.nhs.uk

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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