

Having a Flexible Sigmoidoscopy

Information and advice for patients

Endoscopy

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is an examination of the lining of the left side of the large bowel (colon). It involves a sigmoidoscope (a thin, flexible tube with a bright light on the end) being passed through your back passage (rectum) and into your bowel. It allows samples of tissue (a biopsy) to be taken, or the removal of small warty growths (polyps) that may become cancerous at a later date.

What are the benefits of the procedure?

A flexible sigmoidoscopy is done to help diagnose the cause of your problems and rule out other conditions.

What are the risks of the procedure?

- Bloating and abdominal pain or discomfort are not unusual during the test and for a few hours following the procedure.
- If you are instructed to take a bowel preparation such as Picolax or Klean Prep, this may prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.
- A rare complication is an adverse reaction to the intravenous sedative (medication given to put you to sleep during the procedure) and pain relief medication.
- Removing a polyp can sometimes cause bleeding, although this is usually stopped during the procedure. Occasionally bleeding may occur after you have gone home and even, more rarely, could result in needing a blood transfusion or even, less commonly, surgery.
- Perforation of the bowel (making a hole) is an uncommon complication occurring in approximately 1 in 5000 cases. This is more likely to occur after the removal of a polyp and may require an operation to repair the damage.
- Like all tests, there is a risk the procedure will not show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified.
- In a small proportion of patients it is not possible to examine enough of the lower bowel and you may require either a repeat flexible sigmoidoscopy or a different test, such as a barium enema and/or computed tomography (CT) scan, on another day to complete the examination.

If you have any questions about the risks of this procedure please ask the endoscopist doing the test or the person who has referred you.

What are the alternatives to this procedure?

In some cases, depending on your symptoms and condition, a Computerised Tomography (CT) colon scan or barium enema may be an alternative to having a flexible sigmoidoscopy,

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however these will not allow the endoscopist to clearly see the lining of the large bowel wall or enable samples to be taken or polyps removed.

What are the risks of not having the procedure?

You've been referred for this procedure to look for conditions affecting the colon. If you do not undergo the test, we may not be able to detect an abnormality that would require further treatment. Some conditions can only be detected by flexible sigmoidoscopy rather than CT scans or barium enema. If you wish to discuss what it would mean to decline this test please speak to your doctor.

What do I need to do before I attend for a flexible sigmoidoscopy?

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact us as soon as possible. If you are unable to attend your appointment for any reason, please let us know as soon as possible so that your appointment can be offered to somebody else. **If you fail to attend without giving us more than 24 hours notice, then you may not be offered another appointment.**

If your symptoms have improved, the test will still need to be performed as we need to check for any abnormality in your large bowel (colon).

Bowel preparation

To allow a clear view of your bowel it must be empty of faeces (poo). You may be given bowel preparation to take for this; please follow the instructions carefully and contact the endoscopy unit if you have any queries.

Medication

If you take diabetic tablets or insulin or tablets that thin the blood such as warfarin, dabigatrab, apixaban, rivaroxaban, clopidogrel, plavix or prasugrel, please contact the unit. This is because your appointment may need to be altered and you may need additional information.

Please stop all iron tablets 7 days before your appointment.

You may continue to take your other 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 medicines in the past.

What happens when I arrive at the hospital?

Your appointment will last for 2–4 hours. When you arrive please report to the reception desk at the endoscopy unit 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. To respect the

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privacy of other patients, we do not usually allow friends or relatives to stay with you whilst you are attending for the test.

A nurse will then explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible for the test and will not mind answering questions. Provided you are happy for the procedure to be performed, the endoscopist will ask you to sign the consent form to confirm you understand the procedure.

If you have not been given bowel preparation to take before the test you will be given an enema just before the procedure to empty your bowel of faeces so that the endoscopist has a clear view.

What happens during the test?

The flexible sigmoidoscopy will take place in a private room with only you, the endoscopist and nurses present. You will be asked to change into a hospital gown for the test. The test takes about 10 minutes, but may take longer if a polyp is removed.

The procedure is usually without sedation as it is usually a short test. Sedation is not routinely used for this test, however if you would like to have sedation please inform the nursing staff when you arrive. If you do have sedation, you will not be able to drive yourself home and you will need an adult to stay with you overnight.

The procedure

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 a bloated feeling and some tummy pain which should not last too long. You may feel the sensation of wanting to go to the toilet, but as your bowel will be empty this is unlikely. You may pass wind and although this may be embarrassing for you, staff understand what is causing the wind. You may be asked to change position to your back or other side during the procedure to make the test easier for you, and if the test is too uncomfortable you can ask for a rest or for the test to be stopped.

If a polyp needs to be removed or a biopsy taken, this is performed through the sigmoidoscope and is not painful. The base of the polyp is usually cauterised (burnt) to reduce the risk of bleeding.

Going home

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

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When will I know the results?

The test results will be explained to you before you are discharged from the unit. If a biopsy or polyp has been removed, this will be sent to the laboratory for testing and the results will take longer; we will explain when these results will be available. You will also be given a written report of your procedure and instructions as to what to do if you have any problems following the test and a copy of the results will be sent to your GP. If you need one, you will be given a clinic appointment.

How to contact us

City Hospital and Birmingham Treatment Centre patients

0121 507 5318

Monday - Friday, 7.30am - 6.30pm

Sandwell Hospital patients

0121 507 3467 or 0121 507 3460

Monday - Friday, 9am – 4.30pm

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

Further information

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

British Society of Gastroenterology, 'Guidelines on complications of gastrointestinal endoscopy', 2006

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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