

Having a flexible sigmoidoscopy – an examination of your large bowel

This leaflet explains more about having a flexible sigmoidoscopy – an examination of your large bowel, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a flexible sigmoidoscopy?

A sigmoidoscopy is a routine test to examine the lining of your sigmoid colon. This is the lower part of your colon, also called your bowel or large intestine.

The examination uses a endoscope, which is a flexible tube about the thickness of your little finger, with a camera and light at one end. It is passed through your anus (back passage) and carefully moved around your large bowel by a specially trained doctor or nurse, called an endoscopist. Sometimes biopsies (small tissue samples) of your bowel may be taken for analysis.

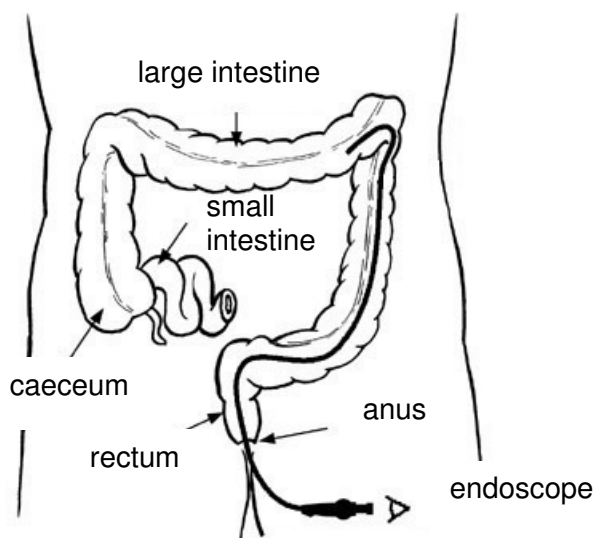


Diagram copy EMIS and PiP 2006, as distributed on www.patient.co.uk

Why should I have a flexible sigmoidoscopy?

By looking down the endoscope, your doctor or nurse will be able to get a clear view of the lining of your colon. This will help your doctor or nurse to diagnose your symptoms or check any bowel condition that you have had diagnosed in the past. Polyps (small growths in the bowel) can also be removed during the examination.

You may have been advised to have a flexible sigmoidoscopy if you have:

- bleeding from your anus
- pain in the lower abdomen (tummy)
- persistent diarrhoea
- changes to your bowel habits
- a strong family history of bowel cancer
- had an X-ray test and more information is needed about the lower end of your bowel
- a pre-existing condition such as colitis that needs reviewing
- been referred by your GP and booked into the Rectal Bleed Clinic, which involves a flexible sigmoidoscopy as part of the assessment and treatment.

What are the risks?

Serious complications are extremely rare (one patient in every 10,000). The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this happens, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.

Please note that occasionally the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or we may suggest an alternative procedure. Your doctor or specialist nurse will discuss these potential risks with you in more detail. Please ask questions if you are uncertain.

Are there any alternatives?

- **Barium enema.** This test can examine the large intestine using X-rays and barium sulphate. The barium sulphate coats the lining of your bowel, making it easier to see on X-ray. This test does not look at the lower part of your bowel, so you may still need to have a sigmoidoscopy.
- **CT (computerised tomography) scan or CT enema.** This is a special type of X-ray machine that can give more details than normal X-rays. However, it cannot be used to take biopsies or remove polyps, so you may still need a sigmoidoscopy.
- **Rigid sigmoidoscopy.** This may be performed in the Outpatient Department, but it only looks at the very last section of your bowel. If your doctor or nurse cannot diagnose your symptoms after this test, you may still need to have a flexible sigmoidoscopy, which looks slightly further up your bowel.
- **Faecal occult blood test (FOB).** This tests for hidden blood in your stool but you may still need a flexible sigmoidoscopy if this test is positive.

The tests above are generally considered to be less accurate than a flexible sigmoidoscopy and some of them involve radiation.

How can I prepare for a flexible sigmoidoscopy?

To make sure the endoscopist has a clear view of your colon, it must be completely empty. Because of this, you will be asked to have an enema before the test. This is a fluid that is placed in your rectum to clear the last section of your bowel. It needs to be used at least one hour before your examination and you will usually need to go to the toilet within 15 minutes of using it. You must not eat or drink anything further until after your examination. You can administer this yourself, at home before attending for the appointment. Please call the unit to arrange collection of the enema and instructions. Alternatively, the enema will be given by the nursing staff once you have had your pre-assessment, on arrival in the unit. You do not need to arrive any earlier than the appointment time we have given you.

You should have had a chance to discuss any medications you are taking with one of our nurses or doctors before your procedure. If you are taking anti-platelet medication or anticoagulant medication to prevent the formation of blood clots (such as aspirin or clopidogrel, warfarin, rivaroxiban or dabigatran); sedatives, chronic pain medication, or medications for diabetes, please let the doctor or nurse know in good time before the date of your procedure.

You should continue to take all of your medications as normal, unless you have been told otherwise by the doctor or endoscopy nurse.

Before the procedure

When you arrive at the Endoscopy Unit, please give your name to the receptionist or nurse. He or she will ask you to wait in the waiting area until the nurse comes to prepare you for the procedure.

In case there are polyps present, we will ask you to take off all your jewellery before the examination. This is because you should not wear any metal for the technique we use to remove polyps. Because of this, you may wish to leave any valuable jewellery at home, as we cannot be responsible for any valuables lost while in the unit.

You will be asked to remove all of your clothing and change into a gown. You may want to bring your dressing gown and slippers with you.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

During the procedure

This test is normally performed without sedation or an injection of painkillers but you can have sedation if you wish. This is medication that makes you sleepy but does not put you to sleep. Your endoscopist will explain this to you in more detail.

As an alternative to sedation you may wish to consider using Entonox® for pain relief. You may already know that Entonox® is used to relieve pain during childbirth. It is also used widely by the ambulance service and in hospitals for a variety of procedures and conditions. Please ask the doctor or nurse for a copy of our leaflet **Use of Entonox® for your endoscopic procedure**.

The test itself only takes about 15 minutes and a nurse will be present throughout for reassurance.

You will be asked to lie down on your left-hand side on a couch, with your knees bent. The endoscope will then be inserted into your lower bowel through your anus. Air will be passed down a channel in the endoscope, expanding your bowel to make it easier to see the lining. This may make you feel slightly bloated and you may feel the urge to go to the toilet, but you will not be able to do this as your bowel will be empty. Many people pass some wind during the test. This is perfectly normal and is nothing to be embarrassed about.

If polyps are present, your endoscopist can remove these using a technique called diathermy (electrical heating). This is where a special instrument is used to burn away the polyps. You will not feel this. Similarly, you will not feel anything if any biopsies are taken.

Will I feel any pain?

You should not feel pain during the test, although you may have brief periods of discomfort; particularly when the endoscope is first inserted and when the scope passes around bends in your bowel. Occasionally the nurse will press gently on your stomach or your position may be altered to aid the passage of the scope.

What happens after a flexible sigmoidoscopy ?

After the procedure you will be taken to the recovery area. If you have had sedation, you will need to rest quietly until the sedative has worn off (usually a couple of hours). The nurse will check your blood pressure and pulse and offer you some tea and biscuits.

If you have not had sedation you will be taken to the discharge area where you will be given a copy of the test results and you will be able to leave the hospital straight afterwards. You may still feel a little bloated from the air passed into your bowel during the procedure, but this should pass quite quickly.

The results of any biopsies or polyps taken during the test will generally be available within two weeks of the test. You and your GP will receive a letter with the results and recommendations for your care and treatment. You may be given an appointment to come back to the clinic. This will be posted out to you.

If you have had sedation, you must have someone to escort you home and stay with you for 24 hours. He/she should come with you for the appointment or be contactable by phone when you are ready to leave. If you do not have an escort or have not arranged for someone to collect you, then your procedure will be cancelled. If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

The sedation lasts longer than you may think, so in the first 24 hours after your examination, you should not:

- drive or ride a bicycle
- operate machinery or do anything requiring skill or judgement
- drink alcohol
- take sleeping tablets
- go to work
- make any important decisions, sign contracts or legal documents.

You should rest at home following your procedure and should be able to carry out your normal activities 24 hours after the test.

What do I need to do after I go home?

If you have a question or concern after the test, please phone the Endoscopy Unit.

Please consult your GP or go to your nearest A&E department if you develop severe abdominal pain, a fever or pass large amounts of blood after the test.

Will I have a follow-up appointment?

If you have a follow-up appointment, this will be posted out to you for the next available clinic or if it is urgent, you will be given your appointment on the day of your examination.

Contact us

If you have problems or concerns, please contact the **Endoscopy Unit** for advice:

020 7188 7188 ext 54059 for St Thomas' Hospital

020 7188 7188 ext 53499 for Guy's Hospital

Monday to Friday, 9am to 5pm.

If you need to change or cancel your appointment please ring 020 7188 8887.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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