Having a flexible sigmoidoscopy 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 an 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.

Why should I have this procedure?

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?**

- **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.

**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. If you would like more information about our consent process, please speak to a member of staff caring for you.
How can I prepare?
To make sure the endoscopist has a clear view of the lining of your colon, it must be completely empty. Because of this, you will be asked to have an enema before the test. The enema helps clear your bowel motion otherwise it would be impossible to see all of your bowel adequately. The enema 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.

We now have a health questionnaire that we ask you to complete which will help to expedite your admission or pre-assessment. This can be filled in on the day of your admission in reception. There is an electronic copy which can be emailed in advance on our Endoscopy web page via the trust website. [https://www.guysandstthomas.nhs.uk/our-services/gastroenterology-and-hepatology/endoscopy.aspx#na](https://www.guysandstthomas.nhs.uk/our-services/gastroenterology-and-hepatology/endoscopy.aspx#na)

How and when to use the enema

Please ensure you have read through this information thoroughly before using the enema. The enema is a small bottle of fluid which is inserted via a small tube into your anus. Enemas are safe, gentle and surprisingly easy to use and most people find it convenient and comfortable to use the enema at home.

The phosphate enema should only be given via your rectum (bottom). You will need to use the enema at least one hour before leaving home on the day of your examination.

Before you use the enema you will need a;
- jug or bowl of warm tap water
- towel
- bed to lie down on.

When to use the enema

Around two hours before leaving the house for the test you will need to use the enema even if you have just had your bowels open.
When not to use the enema
Do not use the enema if you are having treatment for kidney disease, colitis or have bloody diarrhoea. If in doubt ring the endoscopy unit and speak to a nurse.

Before using the enema
- Make sure you are near a toilet
- Find somewhere comfortable to lie down
- Have a towel to lie on in case of a little leakage.

How to use the enema
- Put the unopened enema bottle/pack into the jug of warm water (not hot) for about five minutes. This will warm the enema to body temperature.
- Spread the towel on the bed, where your bottom will be. Remove the enema bottle/pack from the jug of warm water.
- Remove the cap from the nozzle
- Lie on your left side on the towel with your knees drawn up.
- Insert the full length of the nozzle carefully and gently into your bottom (back passage) up to the disk at the end of the nozzle.
- Squirt in all the contents until empty, remove the nozzle from your anus and stay lying down.
- Try to hold the liquid inside for approximately 5-10 minutes but do not worry if you cannot hold it that long. The enema should produce a rapid response. Try to hold the enema in for as long as you can – about 15 minutes – to empty your bowel completely.
- To take your mind off the enema, you may find it helpful to read or watch TV. When you can no longer hold the enema, and you have the urge to go to the toilet to open your bowels, get up slowly and walk to the toilet.
- Go to the toilet but do not worry if you do not pass a motion at first.
- Stay near a toilet for the next hour.
- Some people may experience mild stomach cramps for a short while.
- If you feel a little unsteady after the enema, make sure you do not get up too quickly to go to the toilet. Very rarely, some people feel faint or dizzy when they try to get up. If this happens to you, lie back down until the feeling passes
- The effects of the enema will then stop and you should have no problems travelling to the endoscopy unit.
- If you experience any difficulties whilst giving the enema, stop immediately and contact the endoscopy unit.

If you do not have any bowel movements within an hour or if any significant bleeding occurs, contact the endoscopy unit for further advice.

When you arrive at the endoscopy unit
On arrival, please give your name to the receptionist or nurse. Please be aware that we have our endoscopist teams running up to five procedure rooms at the same time so sometimes another patient who arrived after you may be called in before you are. This does not mean you have been forgotten, but that the other person is on a different list to you. We do everything we can to avoid keeping you waiting any longer than necessary, but because every procedure takes a different length of time to complete, sometimes it’s hard to give exact timings. We’ll
update you regularly as to how long you are likely to be with us. But please be prepared to be with us for the whole morning or afternoon, depending on whether you are a morning or afternoon admission.

At check in we will ask you to wait in the waiting area until you are seen by an endoscopy nurse, who will ask you about your medical history. Please tell the nurse if you have had any reactions or allergies to other examinations in the past.

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 and some dignity disposable underwear. You may want to bring your dressing gown and slippers with you (we do supply non slip socks). Once you are ready you will be taken to the second waiting area, signposted ‘sub wait area.’ Your endoscopist will explain more about the procedure and answer any questions you may still have.

**What happens 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.

If you are concerned about pain or discomfort 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 endoscopist will start by inserting a finger into your anus to perform a rectal exam, this will help lubricate the anal passage and identify if there are any significant haemorrhoids or growths able to be felt in your anal passage.

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. You will not feel this. When a polyp is particular big or in a difficult position the removal may be deferred and re-booked on a specialised list after taking laxatives.
**Will I feel any pain?**
You may have some cramping and discomfort due to the air used to inflate your bowel or 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.

You will not feel anything if any biopsies are taken.

**What happens after the procedure?**
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 choose to have sedation, **you must arrange for a relative or friend to take you home approximately one hour after the test.** This person should be 18 years of age or older. It is recommended that someone stays with you overnight. You will not be able to drive or operate any machinery for the remainder of the day and will need to rest quietly at home. **Please note that your appointment will be cancelled on the day if you wish to have sedation but have not organised an escort home.** If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

**What do I need to do after I go home?**
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
- 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, you can eat and drink normally and should be able to carry out your normal activities 24 hours after the test.

Please consult your GP or go to your nearest Emergency Department (A&E) if you develop severe abdominal pain, a fever or pass large amounts of blood after the test.
When will I get the results?
A specialist nurse will often be able to tell you your results before you leave the hospital. If you have had a sedative, it is a good idea to have someone with you when the results are being discussed, as you may not remember all of the details afterwards, due to the sedative.

If you have had biopsies taken the results may take up to two weeks to become available. You and your GP will receive a letter with the results and any recommendations for your care and treatment.

Will I have a follow-up appointment?
If your results indicate that your next step is a follow-up appointment and you do not already have one scheduled, if it is urgent this will be given to you on the day of your examination, otherwise our Patient Access Team will contact you to agree an appropriate clinic date.

You may be informed after your procedure that your follow up is a virtual clinic, this is when the clinical team review your endoscopy and biopsy results without you being present to make a decision on next steps for you based on the results. You and your GP will then receive an outcome letter from that clinic informing you if you need to return to an outpatient clinic or if you can be discharged back to your GP.

Delays to your appointment
We also deal with emergencies. These can take priority over your appointment, meaning we may have to ask you to wait. We apologise in advance if this occurs but please be patient with us and check at the reception desk if you are concerned.

Other questions
Please see our Guy’s and St Thomas Hospital Gastroenterology and Hepatology web page regarding other Endoscopy frequently asked questions and answers.

Preparation checklist

- If you are planning or have been advised to have sedation arrange for a friend or relative (18 years of age or older) to escort you home after your appointment.
- If you do not organise an escort, or if s/he is under 18 years old, we will not be able to give you sedation and the procedure may be cancelled.
- Make a note of the date of your appointment.
- If you are taking medications to prevent blood clots please contact us for advice before your appointment.
- DO NOT eat anything for six hours before your appointment or drink anything for four hours before. You may have small sips of water for up to two hours before.
- Wear loose-fitting clothes on the day of the test.
Contact us
If you need to change or cancel your appointment please ring 020 7188 8887.
If you have any questions, problems or concerns, please contact the endoscopy unit staff for advice (Monday-Saturday 9am-5pm):
  t: 020 7188 7188 ext 54059 for Nurse in charge
  t: 020 7188 7188 ext: 54046 St Thomas Reception desk

In case of emergency: Out of hours (6pm until 8am the next day and on Saturdays and Sundays: t: 020 7188 7188 and ask to be put through to the On-call gastroenterology registrar (via Rota watch).

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, Monday to Friday, 9am to 5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
  t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk
  t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.
  t: 020 7188 8815  e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
  t: 111

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.
  w: www.nhs.uk

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk