

Having a Flexible Sigmoidoscopy

If you have any questions prior to your procedure please ring 0207-460-5605

Before you arrive

If you are diabetic please let us know.

Unless you have been advised otherwise you should take your usual medicines normally (with a few sips of water)

If you are taking any blood thinning tablets (clopidogrel, warfarin) please consult your doctor or ring the Endoscopy department for advice

Consent

The Consultant must by law obtain your consent to treatment beforehand. He will explain all the risks involved, benefits and alternatives before asking you to sign a consent form.

What is a flexible Sigmoidoscopy

A flexible sigmoidoscopy is a procedure used to look inside your back passage (rectum) and the lower part of the bowel (colon). It's done using a narrow, flexible, tube-like telescopic camera called a sigmoidoscope. Your doctor will pass the sigmoidoscope into your bowel through your rectum.

Sigmoidoscopy can help to find out what is causing symptoms such as:

- a change in your bowel habit
- bleeding or pain from your rectum

It's also used to check for certain bowel conditions such as:

- colitis
- early signs of cancer
- polyps

If necessary, biopsies (small samples of tissue) can be taken during the procedure and sent to the laboratory for further examination.

What are the alternatives?

Depending on your symptoms and circumstances, it may be possible to diagnose your bowel condition using a different test. Your doctor can discuss these with you.

Barium enema - this involves placing a fluid containing barium (a substance which shows up on X-rays) into your bowel via your rectum. X-ray images of your abdomen can then show the inside of your bowel more clearly.

Virtual colonoscopy - this involves having a CT scan of your abdomen. The CT scan uses X-rays to produce three-dimensional images of the lower part of your colon and rectum.

Colonoscopy - this is like a sigmoidoscopy but looks at the whole of your bowel.

Faecal occult blood (FOB) test - this looks for hidden blood in your faeces

A flexible sigmoidoscopy is one of the simplest and safest ways to examine the lower part of your colon. This means it's often the first test that the doctor suggests. However, it may be necessary to have further tests such as a colonoscopy.

Preparing for your Flexible Sigmoidoscopy

Flexible sigmoidoscopy is usually done as a day case so you won't need to stay overnight in the hospital. It's a quick and painless procedure and a sedative is not usually needed. However, if you are particularly anxious, ask your doctor whether it will be possible for you to have a sedative (given as an injection) before the procedure starts. If you have a sedative you will need to arrange for someone to collect you and take you home after the procedure.

If you choose to have sedation, please don't have anything to eat or drink for six hours before your appointment. If you're not having sedation, you can eat and drink until two before the test. Before going into the examination room, we will ask you to change into a hospital gown.

What happens during a Flexible Sigmoidoscopy

The doctor will discuss the procedure in detail with you and you'll be asked to sign a consent form. This is to make sure that you understand the risks and benefits of having the procedure.

As your rectum and lower colon need to be completely empty for flexible sigmoidoscopy, one of the nurses will give you an enema (a fluid inserted into your rectum). This works like a laxative and cleans the part of your bowel that will be examined.

If you choose to have sedation, this will be given to you through a small plastic tube (cannula) in a vein on the back of your hand. You should start to feel relaxed and drowsy almost immediately. While you're sedated, your doctor will monitor the amount of oxygen in your blood through a sensor on your finger and give you extra oxygen through your nose.

For the procedure, we will ask you to lie on your left side, with your knees slightly bent. The doctor will pass the sigmoidoscope through your rectum and into your lower bowel. If necessary, your doctor will take a biopsy (a small sample of tissue) and/or remove small growths of tissue called polyps. The samples will be sent to a laboratory for testing.

The procedure itself takes approximately 10 minutes, but you should expect to be in the department for about one and a half hours to allow time for waiting, preparation and recovery.

What to expect afterwards

If you had the test without sedation, you will be able to leave soon afterwards and resume all your usual activities.

If you had sedation, a relative or friend must accompany you home. You'll need to organise to go by car with someone else driving, as you shouldn't use public transport. You will also need to arrange for

someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you have not been able to make these arrangements, you should speak to the Endoscopy unit nursing staff.

How do I get my results?

In many cases, the results are available immediately after the examination and you will be given a written report on what was seen and done during the procedure. However, biopsy results may take five to seven days. You can talk to your doctor about the results and any necessary treatment at your next appointment.

Some frequently asked questions

Can I bring someone with me?

We encourage escorts to drop you off at the department and nursing staff will phone your escort when you are ready to be discharged home, if you need to have someone with you. This is due to limitations of space in the department. If you feel you need someone to remain with you throughout your admission, this will be accommodated.

Please note that we do not have facilities in the unit for babies and children.

Do I need to bring anything with me?

It would be helpful if you could bring a list of the medicines that you take or bring in the medicines, as these will need to be noted in your records.

Try not to bring any valuables into the hospital.

What If I need a translator?

If you need help with translation, there are always translators available who speak Arabic – if you require a different language – please let us know and we can arrange this.

Are there any risks in having a flexible Sigmoidoscopy?

A flexible sigmoidoscopy carries a small risk of complications, but the main risks are:

Perforation or tear to the lining of the bowel (1 in 15,000). If this occurs an operation is nearly always required to repair the hole. The risk of perforation is higher if a polyp is removed.

Bleeding may occur following biopsies or removal of a polyp (1 in 100-200). This sometimes stops on its own, but may require further endoscopic treatment, or an operation.

If you have any questions or need further information, please contact the Endoscopy unit:

Tel: 020 7460 5605

Fax: 020 7460 2438

The unit is open from 8.00am to 6.00pm, Monday to Friday.

www.cromwellhospital.com

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