

Patient Information to be retained by patient

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Flexible sigmoidoscopy

What is a flexible sigmoidoscopy?

This is a procedure that looks directly at the lining of your large bowel (colon). An endoscope (a thin, flexible tube about 1cm thick, with a bright light and camera at the end) is passed through your anus and rectum, and around the lower part of the colon, up to about 50cm.

Why do I need it?

This test is usually performed when patients complain of symptoms such as rectal bleeding, a change in bowel habit or when abnormalities have been seen on a scan.

Are there any alternatives?

An alternative is a CT scan but a sigmoidoscopy has the advantage of the clinician being able to see smaller abnormalities and take biopsies.

How do I prepare for it?

As it's very important that your bowel is clean so the lining can be seen, you will be sent an oral preparation to take at home. Please follow the instructions carefully and take the whole dose. If bowel cleaning is not adequate you may have to have another examination. Bowel preparation can affect the absorption of medicines – please read the leaflet carefully and speak to your GP if you have concerns about your regular medications. If you are taking oral contraceptives, please be aware that additional contraception should be used until your next period. You may be given an enema before the examination if your clinician thinks this is more appropriate for you.

If you have an implanted cardiac device, require a hoist, could be pregnant, have any concerns about your fitness for the test or are unsure about whether to stop taking medicines, please inform us using the number on your appointment letter. The booking staff will not be able to offer you advice but can arrange for clinical staff to contact you at home.

Please bring a list of any regular medications you take.

What about my usual medication?

Blood thinning medication – if you are taking medication to thin your blood such as Warfarin or Clopidogrel your specialist should have discussed this with you, and given you clear instructions. If they have not please contact the department on the phone number on your letter. If you take warfarin please make an appointment at your GP surgery to have an INR test as close as possible to your procedure, a maximum of 3 days before.

Your procedure may have to be cancelled if we do not have an up to date INR.

What does the procedure involve?

The endoscopy nurse will check you in to explain the procedure, go through your medical details and obtain your consent for the test. They will help you to decide whether to have sedation, Entonox gas or try without. You will have the opportunity to ask questions, and then you will be asked to remove your lower garments and put on a hospital gown and dignity shorts. You may bring a dressing gown and slippers to wear in the single sex preparation room and to walk down the corridor to the procedure room.

You will be taken into the examination room where the endoscopist and nurses will introduce themselves and go through a checklist. You will be asked to lie on your left side, with your knees slightly bent. The endoscopist will perform a rectal examination and then insert the flexible sigmoidoscope into your anus and colon. Once inserted, the bowel is inflated to give a clear view of your colon.

During the procedure the endoscopist may wish to take a sample of the lining of your bowel (biopsy) for examination in the laboratory. Only a small piece of tissue is removed using tiny forceps, which is completely painless. The endoscopist may also want to remove polyps (abnormal growths of tissues), if found. Some polyps are called adenomas, and 1 in 20 of these may go on to develop into cancers.

Do I have to have sedation for the test?

No. Most people who have a flexible sigmoidoscopy have it with no sedation or use Entonox. Sedation and/or pain relief are available for selected cases. You can drink clear fluids to keep yourself hydrated until 2 hours before your procedure and then stop drinking. This is to reduce the danger of regurgitating and inhaling stomach contents during sedation.

Following sedation, you will not be able to operate machinery, take alcohol, sign legal documents or drive for at least 24 hours, though insurance companies vary and you should check with your insurance company if you need to drive between 24 and 48 hours. You will need someone to escort you home and you should have immediate access to a telephone if you are planning to be alone at home. If you do choose to have sedation it will make you drowsy and reduce your memory of the procedure but you will be conscious throughout.

Is there an alternative to sedation?

Yes, an alternative is Entonox. Entonox, also known as 'gas and air' can be used on its own and in conjunction with sedation. Entonox is a very effective pain relieving gas with rapid onset and rapid recovery, shown to be very effective when used during bowel examinations. You are in control and can inhale gas through a hand held mouthpiece when needed. This gives pain relief, mild sedation and very few side effects. You are able to drive after 30 minutes and do not require an escort. Please note that Entonox is not suitable for everybody. You will be assessed for suitability on the day.

Are there any risks or complications?

As with all procedures, there are some possible risks for flexible sigmoidoscopy these include:

- perforation or tear through the bowel wall that could require surgery (less than 1 in 1500)
- bleeding after polyp removal – usually minor and stops on its own (less than 1 in 700)
- a reaction to the sedative injection (if given)
- an incomplete procedure (not being able to complete the whole procedure)
- missed lesion- there is a small risk (1 in 100) that an important finding may be missed.

Will I have any pain or discomfort?

People's experience of having a flexible sigmoidoscopy varies. Many people do not experience any discomfort, some people have no memory of the procedure due to the sedation they were given and some people remember having occasional crampy pains. If you feel any discomfort it will be brief, as it is usually caused by the scope going around a bend or being expanded with gas. If this occurs, tell the endoscopist so that they can try to minimise any discomfort.

What happens afterwards?

You may feel pressure, bloating or cramping because of the gas passed through the sigmoidoscope during the procedure. This should disappear quickly when you pass wind.

The procedure itself lasts for about 5-10 minutes but you could be in the Endoscopy unit for up to 4 hours in total, for preparation and recovery.

When will I get my results?

The endoscopy nurses will discuss your results with you as part of the discharge process, and give you a report to take home. It will take more time to get results if a biopsy has been taken or polyps removed, depending on the urgency of your test. These results will be sent to your GP or to the doctor who referred you.

Will I need a repeat procedure?

You may be invited to have a repeat endoscopic procedure, one or more years in the future. Before any future procedures take place your notes will be reviewed. If clinical information becomes available or guidelines change, the appointment may be changed or possibly cancelled. We aim to contact you at least 2 months before the expected repeat procedure date to inform you of any changes to the original plan. Some people who have findings at flexible sigmoidoscopy may need a colonoscopy in the future (looking at the entire colon).

Final points

Please note that we are a training centre so your endoscopist may be a trainee, closely supervised by a trainer specialising in endoscopy procedures. Please use the phone number on your appointment letter if you do not wish to participate.

Any questions?

If you have any queries please contact the Endoscopy Booking Office using the contact telephone number on your appointment letter. The office is open Monday – Friday, 9am – 4pm.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Flexible sigmoidoscopy

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To diagnose and treat a possible cause of your symptoms, or*
- *To review the findings of any previous endoscopy*

Significant, unavoidable or frequently occurring risks:

- *Perforation or tear through the bowel wall that could require surgery (less than 1 in 1500)*
- *Bleeding after polyp removal –usually minor and stops on its own (less than 1 in 700)*
- *A reaction to the sedative injection (if given)*
- *An incomplete procedure (not being able to complete the whole procedure)*
- *Missed lesion – there is a small risk (1 in 100) that an important finding may be missed*

Any extra procedures which may become necessary during the procedure:

- *Biopsy, removal of polyps, tattoo to mark lesion location, blood transfusion, photographs, emergency endoscopic, radiological or surgical therapies*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust’s approved patient information leaflet for this procedure: Flexible sigmoidoscopy (CHA4262) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

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STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Flexible sigmoidoscopy (CHA4262) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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