

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 1 cm 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

