Flexible Sigmoidoscopy

This leaflet provides information about Flexible Sigmoidoscopy including; why it is performed and what happens during the procedure.
What is a flexible sigmoidoscopy?
Flexible sigmoidoscopy is performed to help find the cause for your symptoms such as anaemia, diarrhoea, diagnose the extent of some inflammatory bowel disease and bleeding from the back passage (rectum). It is an examination that allows the Endoscopist to look directly at the left side of your large bowel (colon) using a colonoscope. A colonoscope is a piece of equipment with a long flexible tube the thickness of an index finger with a bright light at the end, which is necessary to view the lining of the bowel. This is inserted via the bottom. Images are transmitted on to a television screen.

Usually patients have this procedure without sedation. A small number of patients may wish to have sedation.

- Biopsy - the Endoscopist may take some biopsies (very small pinches of tissue) from the lining of the bowel. This is not painful and is removed using tiny biopsy forceps through the colonoscope.

- Polyps and polypectomy – polyps are abnormal tags of tissue, like warts which are found in the bowel and need to be examined more closely in the laboratory. It is possible to remove polyps during flexible sigmoidoscopy, this is called a polypectomy.

About your appointment
Please be aware that on occasions there can be a slight delay between your nurse admission and the time you have your procedure. The Endoscopy unit often has to deal with emergency cases which may cause delays to your appointment time. The length of time you will be here will vary but may be anything from two to four hours. The person accompanying you is welcome to stay in our waiting room or alternatively we can telephone them when you are ready to be collected. Please note car parking charges are in force. Ask your admitting nurse if you require any further information during your admission check.

Property
Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time spent in the unit.

Risks, benefits and alternatives

What are the benefits?
This investigation is to find the possible cause for your symptoms or condition or to exclude serious conditions such as bowel cancer.

- Some conditions can be treated during the procedure (such as removing polyps)
- Dependent on the results of this test, which could be normal or abnormal, further tests or treatment maybe recommended.

Are there any risks?
As with every medical procedure, there are some risks involved. Please be reassured that your doctor would only have recommended a flexible sigmoidoscopy if the benefit to you from the procedure clearly outweighs these small risks. Any complications could mean that you need to stay in hospital for treatment.
Flexible sigmoidoscopy carries a very small risk (one in 5,000 cases) of haemorrhage (bleeding) or perforation (tear). These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation. Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion.

- Reaction to any sedation or painkillers used. This can be resolved by the use of other drugs.
- If the bowel preparation drugs have not worked very well and there is still stool in your bowel, it can hide abnormalities which can be missed.

Severe complications are rare, but may require emergency surgery, blood transfusion or, in extremely rare circumstances, result in death.

**Are there any alternatives to a flexible sigmoidoscopy?**
X-ray test – Barium enema and a CT (virtual colonoscopy) scans are alternative ways of looking at your bowel. However, these tests provide pictures of your bowel and do not allow samples to be taken or for polyps to be removed. Therefore a flexible sigmoidoscopy may still be required.

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**Preparation for procedure**

**What preparation is required?**

**Iron tablets**
Stop taking iron tablets 7 days before your appointment.

**Diabetic**
If you are taking medication or insulin please follow the advice that is attached to your appointment letter.

**Medication to thin your blood**
If you are taking any medication to thin your blood please follow the advice that is attached to your appointment letter.

**Things to bring**
Please bring a dressing gown, slippers and a list of current medications with you.

**Bowel preparation**
To allow a clear view during the procedure the large bowel must be completely empty. Enclosed with this information and your appointment letter is the bowel preparation to be used and instructions on how to take it. Please follow the instructions on the Moviprep AM or PM card **NOT** the instructions on the Moviprep box. It is important to follow these instructions carefully because otherwise the bowel may not be sufficiently emptied and areas of the colon could be obscured. This may mean having the examination repeated.

OR
You have been sent an enema with clear instructions which will enable you to administer it to yourself at home one hour before your appointment.

If you are unable to administer the enema yourself, one of the endoscopy nurses will do it. Please arrive at the unit 1 hour prior to your appointment time and inform the receptionist.
Additional information for people with a colostomy

If you have a colostomy, you may find the bowel preparation easier to manage if you use a drainable colostomy bag before taking any medication until after your investigation. These can be obtained by contacting the stoma care nurses on (01743) 261000 Ext 1144.

Oral contraception
If taking oral contraception, please be aware that your contraception will almost certainly be less effective when taking bowel preparation.

Photographs
We do, sometimes, take photographs during the procedure; these will be kept in your medical records.

Training
The training of doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Shrewsbury and Telford Hospital’s Endoscopy Units are both training units and sometimes deliver national training courses. All trainees are experienced doctors or nurses and the procedure is performed under the direct supervision of an expert consultant or nurse trainer. The trainer is there to ensure your safety and comfort. You can however, decline to be involved in the formal training of medical and other students; please inform the nursing staff on admission, this will not affect your care and treatment.

Pregnant
Please inform the unit prior to your appointment if you are pregnant.

What happens when you arrive at hospital?

On admission
After admission by reception staff a member of the nursing team will prepare you for your procedure. You will be asked some questions, including your medical history. The nurse is very aware that you may be worried and anxious so do not be afraid to ask any questions.

Maintaining your dignity during the procedure
Once you have undressed and put on a gown you will have the option to wear “modesty shorts” which will keep you well covered during your procedure to preserve your dignity.

Consent
The nurse will explain the procedure to you and discuss any potential risks related to the procedure. You will have the opportunity to ask any further questions. You will be asked to sign the consent form confirming that you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.
The procedure

What should I expect during the procedure?

- You will be collected and taken into the procedure room where the nurses helping the Endoscopist will introduce themselves to you.
- You will be asked to lie on your left side with your knees slightly bent.
- If you are going to receive sedation the Endoscopist will place a needle into a vein. Sedation will be given through this needle to keep you comfortable and relaxed, but you will not be completely asleep (this is not a general anaesthetic). Entonox (gas and air) is available as an alternative to sedation.
- You will be given oxygen through small tubes into your nostril.
- In order to monitor your heart rate and breathing the nurse looking after you will clip a probe onto one of your fingers.
- The colonoscope will then be inserted into your bottom and air is used to aid viewing. Your bowel is a long tube which naturally bends. As the colonoscope is passed through the bends of the bowel it can be uncomfortable and possibly painful for a short period of time. If you experience any undue discomfort during the procedure, please inform the nurse and it will be addressed by the Endoscopist.
- When the colonoscope is taken out most of the remaining air in the bowel will be removed.
- We will ensure that you are well covered throughout the procedure to preserve your dignity.
- A nurse will be with you throughout your procedure giving you guidance and support; you may also choose to hold the hands of the nurse.
- The procedure usually takes between 10-20 minutes.

After the procedure

What happens afterwards?

Once completed, the nurse caring for you during your procedure will take you to the recovery area where you will rest until fully recovered. Maintaining the privacy and dignity of our patients is important to us; the recovery area is divided into separate areas for male and female patients. If you have had sedation you will be monitored until you are discharged home. You will be allowed to rest for as long as necessary. For patients who have received Entonox, you will be required to remain in the department for 30 minutes.

Discharge arrangements

What happens when I am ready for discharge?

The nursing staff looking after you will speak to you prior to discharge. A report of the examination will be given to yourself and a copy sent to your GP. If you have had sedation this can sometimes make you forgetful so please have someone with you at this discussion. An aftercare sheet will be given to you prior to leaving the unit which contains all relevant information. Biopsy/ polyp results will take a number of weeks to be available.
**Please remember:** Sedation may affect your judgment and reflexes for the rest of the day. Therefore it is important that you have a responsible adult to take you home following the procedure and remain with you for the next 12 hours. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure.

**Contact details for more information**

If you are worried or have any questions please do not hesitate to contact the hospital where you have been offered your appointment. Endoscopy Units:

- **Royal Shrewsbury Hospital**  
  Tel: 01743 261064 / 492395
- **Princess Royal Hospital, Telford**  
  Tel: 01952 565700 / 565701

Further information is available from:

- **Patient Advise and Liaison Service (PALS)**  
  PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

  Royal Shrewsbury Hospital  
  Tel: 01743 261000 Ext 1691
  Princess Royal Hospital, Telford  
  Tel: 01952 641222 Ext 4382

**Useful website**

- **CORE - Digestive Disorders foundation**  
  Provides information leaflets on a wide range of digestive disorders. For patient information leaflets, send a stamped addressed envelope stating any information you require to the following address:

  **Address:** CORE, 3 St Andrews Place  
  LONDON, NW1 4LB

  **Website:** [www.corecharity.org.uk](http://www.corecharity.org.uk)

- **Patient UK**  
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

  **Website:** [www.patient.co.uk](http://www.patient.co.uk)
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