

Flexible sigmoidoscopy

Endoscopy Department Patient information

Important:

Please read all of this leaflet or you may miss important information about your test. Failure to follow instructions may lead to cancellation.

Please confirm you can attend. If you cannot attend, please let us know as soon as possible in order for us to offer the appointment to someone else who is waiting.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is an investigation which is carried out to find the cause of your symptoms so that treatment or further investigations can be decided up. It allows the endoscopist (specialist doctor) to look directly at the lining of your rectum and the lower part of your colon (large bowel). They will use a flexible sigmoidoscope which is a thin, bendy tube with a light source and camera built into the tip.

Flexible sigmoidoscopy is usually performed as a day case. Some preparation is required to ensure the bowel lining is visible. This includes following a simple diet the day before the procedure and using bisacodyl tablets and a Microlette enema, which is enclosed with this pack. Full instructions about how to prepare are included in this booklet. Please read it carefully.

Why am I having a flexible sigmoidoscopy?

Your doctor may have referred you for this procedure in order to investigate symptoms such as rectal bleeding, a change in your bowel habits, or pain. You may have been referred for further investigation of an abnormality shown on x-ray, or as a result of a screening programme.

You may also be having a flexible sigmoidoscopy as part of follow-up for surveillance of conditions such as inflammatory bowel disease, bowel cancer, or after removal of a polyp.

The endoscopist can also check whether you have any haemorrhoids (piles) during this investigation.

Haemorrhoids are blood vessels in the lining of the upper anus, which may be the cause of bright red bleeding. Any haemorrhoids present can be assessed to see if treatment such as banding is necessary.

Are there any alternatives to this test?

Flexible sigmoidoscopy is the most appropriate first investigation for the symptoms described above. It allows the endoscopist to directly view the lining of the rectum and the lower part of the colon. During this procedure the endoscopist can take a biopsy (a small sample of tissue) for testing if necessary. The tissue is removed painlessly through the sigmoidoscope using tiny forceps (like small tongs) and sent off for examination. Small polyps can also be removed as necessary.

It is possible to have an x-ray test, called a barium enema, or a CT scan. These tests are both very useful in helping the doctor diagnose your problem. However, they do not allow the endoscopist to look directly at the lining of the bowel or take tissue samples.

Are there any risks with a flexible sigmoidoscopy?

As with many medical investigations, there are some possible complications associated with flexible sigmoidoscopy. These happen very rarely, but it is important that you are made aware of them, so you can give your informed consent.

The doctor who has referred you will have considered the risks and whether the benefits of having the procedure outweighs them. The potential risks as they appear on the consent form include:

Perforation: there is a very small risk that the investigation may result in a tear or hole (perforation) in the lining of the bowel. This may mean you would need to stay in hospital until it healed and very occasionally an operation may be needed to repair it.

Bleeding: there is a small risk of bleeding when a sample is taken. Bleeding can also arise if perforation occurs, or from damage to the soft lining from the endoscope. This usually stops by itself, but it may be necessary for you to stay in hospital for treatment and observation if it continues or is excessive. There is a very small likelihood of the need for a blood transfusion.

Infection: the risk of infection is very low as the sigmoidoscope is disinfected according to strict guidelines. All other equipment is disposable (single use only).

Miss rates: we cannot guarantee that we will spot everything there is to be seen, although it is unlikely we will miss anything significant. The lining of the bowel contains lots of folds and views may be obscured. If the bowel lining has not been cleaned out effectively, there is a small risk that abnormalities may be missed. You can help to prevent this by ensuring that you follow the bowel preparation instructions (which are enclosed with your appointment letter) very closely.

Pain: the procedure can be uncomfortable and even painful at times due to air being introduced into the bowel. The endoscopist will make every effort to reduce this and it should be short-lived.

Failure to complete the procedure: your comfort and safety are our priority so we will stop at any time if we cannot ensure this, or if there is a problem with equipment, which is rare. The procedure may also not be completed if the bowel preparation has not worked sufficiently to clear the lower bowel of stool.

Adverse reaction to medication: we will watch you closely for signs of allergic reaction to any medication that is given. Your breathing and oxygen levels will be monitored throughout the procedure. If sedation is used, we will observe you closely and support you as necessary, reversing medication if needed.

What if I do not have the flexible sigmoidoscopy or I change my mind?

By not having the examination, it may prove difficult to diagnose your condition or offer further suitable treatment. You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the test with your family, friends and/or GP. If you decide not to go ahead with your procedure, please make sure you let us know.

Can I seek a second opinion?

Yes, at any stage. This can be arranged through your GP.

Consent

The consent form will be provided and completed on the day of your procedure. The consent form gives us formal agreement for your colonoscopy..

Should I take my medicines as normal?

You should take all your normal medication at the normal times with small sips of water. However, some medicines may need to be stopped or adjusted one to two weeks before your flexible sigmoidoscopy. **Please notify** the Endoscopy Department when making/confirming your appointment as you will require additional information if you are:

- taking **iron tablets** as you will need to stop taking them one week before your appointment
- taking **stool bulking agents** such as ispaghula husk (Fybogel), **please do not take them for seven days before your test.**
- **diabetic** - you should find that a separate advice sheet is enclosed with this booklet and your appointment letter.
- **on medication to thin your blood/prevent clotting eg: Warfarin or Sinthrome/Rivaroxaban/Apixaban/Dabigatran/Clopidogrel/Dipyridamole/Prasugrel /Ticagrelor**, as this may require adjusting a week before your appointment. A trained nurse will advise you whether to continue to take these in preparation for your procedure. The nurse may recommend you have a blood test to check your INR (clotting level) on the day of your procedure.

You may continue to take aspirin.

Royal Bournemouth Hospital anticoagulant nurse advisor: 0300 019 4665

Poole Hospital anticoagulant nurse advisor: 0300 019 8391

Contraceptive pill - please note if you are using the contraceptive pill, a loose bowel motion may make this ineffective. It is recommended that you use other contraception methods, eg condom/cap for a period of 14 days following the examination. **Do not stop taking the pill.**

What do I need to do to prepare for my procedure?

For your investigation to be successful, the lower part of your large bowel needs to be as empty and clean as possible. This reduces the risk of small abnormalities being missed. Before your procedure you will need to follow the dietary instructions below and have bisacodyl tablets and a Microlette enema to clear stool (poo) from the bowel. Full instructions are included.

Two days before your appointment:

Drink plenty of fluids. At 6pm take two bisacodyl tablets with a glass of water.

The day before your appointment:

At 8am take two bisacodyl tablets with a glass of water. Have a light diet and ensure you drink a glass of clear fluid hourly during the day. At 6pm take two bisacodyl tablets with a glass of water. Have a light supper and continue to drink clear fluids hourly until bedtime.

The day of your appointment:

- Morning appointment: have only clear fluids for breakfast. You may continue to drink fluids until your appointment.
- Afternoon appointment: have a light breakfast. Continue to drink clear fluids until your appointment.

One and a half hours before your appointment, you will need to use the Microlette enema. An enema ensures the back passage (rectum) is empty. It will not continue to work once you have emptied your bowels. You will not leak on the way to the hospital.

Clear fluids include:

- water
- black tea and black coffee (without milk)
- herbal or fruit tea (no solids)
- clear, strained soups (consommé, sieved minestrone)

- Oxo, Bovril or Marmite drinks
- clear jellies (not red or purple)
- clear fruit squashes and cordials (not red or purple)
- Clear fruit juice (such as apple or white grape)
- boiled sweets (not red or purple)
- clear fizzy drinks are okay (not red or purple) but can make you feel bloated

Guidelines for using bisacodyl tablets and microlette enema:

Enclosed are:

- six Bisacodyl tablets: laxatives which act within 5-6 hours. They may cause stomach gripes.
- 1 Microlette enema: ensures the back passage (rectum) is empty.

Regularly using Vaseline or a barrier cream will prevent soreness around your anus (bottom). Your local pharmacists can advise you.

How to use the Microlette enema:

- 1 Lie on your left side with an old towel beneath you.
- 2 Remove the cap from the nozzle. Squeeze a drop of the liquid onto your finger and smear it over the nozzle to lubricate it.
- 3 Insert the nozzle as far as it will go into your rectum (back passage) and squeeze the tube until it is empty.
- 4 Dispose of the empty tube in the rubbish bin.
- 5 You may feel the urge to empty your bowels within a few minutes, but try to hold on for 10-15 minutes before using the toilet. This time is needed for the enema to work properly.
- 6 The enema does not usually cause any side effects, but occasionally may cause slight cramps.

If you experience difficulties, contact the nursing team for advice:

The Royal Bournemouth Hospital Endoscopy Department: 0300 019 4668 (Mon-Fri, 8am-6pm)

Poole Hospital Endoscopy Department: 0300 019 2772 (Mon-Fri, 8am -6pm).

Do I need to bring anything with me?

Please ask your GP's receptionist to print out a list of your medication and allergies. **Bring this list with you** on the day of your appointment. You do not need to see your GP for this. We will also ask you for details of your medical history. You may wish to bring your medication with you, particularly if you are diabetic and/or taking insulin. Do not bring valuables or large quantities of money into the hospital as we cannot accept responsibility for them.

The Endoscopy Department is very busy and sometimes appointments are delayed due to emergencies or unforeseen problems. Every effort will be made to see you punctually, but it may not always be possible for you to be seen at precisely the time stated on your appointment letter. It is advisable to bring a book or something to read to help you pass the time.

Please remember, the time of your appointment is not the time you will have your test. It takes time to safely admit you and prepare you for your procedure. You should expect to be in the hospital for two to four hours so that you can be admitted and recover safely.

Can my relative/friend stay with me?

Due to limited space your relative/friend will be unable to wait in the department. We will advise them of an appropriate time for you to be collected.

What should I expect when I arrive at the hospital?

The time of your appointment is not the time you will have your test. The Endoscopy Department is very busy, you may observe others being called before you who may have arrived after you, this is because we have several lists running at the same time and not everyone will be having the same procedure. While every effort will be made to treat you punctually, we frequently have to accommodate emergencies. **You should expect to be in the hospital for at least 3 - 4 hours**, therefore you may wish to bring something to read while you are waiting.

On arrival, report to the Endoscopy Reception at The Royal Bournemouth Hospital or use the self-service check-in using the bar code on the top left-hand corner of your appointment letter at Poole Hospital. The receptionist will check your details and ask you to complete a form, if you have not already done so, giving details of your medical history, regular medications, allergies, and contact details of the person collecting you/next of kin. We ask your family and friends not to accompany you beyond this point. The department is very busy, and space can be limited at times. We will tell them the approximate time that you will be ready to collect, and they will receive a phone call with a time to collect you from the department.

You will then be taken to a seating area where a nurse will collect you to complete your admission. The nurse will check your details and documentation and admit you for your flexible sigmoidoscopy. Your blood pressure, pulse and oxygen levels will be measured to ensure that you are well enough to have the procedure. If you are diabetic the nurse may also test your blood glucose level at this time. If you decide to have sedation, a cannula (flexible needle) will be inserted into your hand or arm so that a sedative can be given. The nurse will discuss the risks and benefits of having a flexible sigmoidoscopy and make sure that you understand what the procedure involves. You will then be asked to sign the consent form to indicate that you understand the information given and that you give permission for the procedure to go ahead. You will have the opportunity to ask any questions at this point.

You will be asked to undress and put on a hospital gown. You may wish to bring your own dressing gown and slippers. It is advisable to wear loose, comfortable clothing as you may feel slightly bloated with air following your investigation.

Consent

We must, by law, obtain your written consent to this procedure beforehand. You will be sent the consent form to read and familiarise yourself with. Please bring the consent form with you to the Endoscopy Department on the day of your appointment. You do not need to fill it in as staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff. You have the right to withdraw your consent at any time.

Internal cardiac defibrillator?

Implanted cardiac devices such as permanent pacemakers and internal cardiac defibrillators may be affected by some of the electrical equipment used during flexible sigmoidoscopy. If you have such a device, precautions will be taken to ensure your safety throughout your procedure. Please alert staff if this applies to you. It is helpful if you can bring details of the device if possible.

Who will be in the procedure room with me?

You will be accompanied into the room by a nurse who will monitor and support you throughout the investigation. Also present will be the endoscopist performing the procedure and another nurse or healthcare assistant who will assist with equipment and the collection of samples.

The procedure will be performed by an appropriately qualified and experienced endoscopist. In some cases, an endoscopist who is undertaking further training (a qualified professional), may be present. They will be learning to perform flexible sigmoidoscopies under direct, expert supervision. If you would prefer not to have your flexible sigmoidoscopy performed by someone who is training, you will have the opportunity to make this known before entering the procedure room. Student nurses may also be present, at all times under the supervision of trained nursing staff. You will be introduced to the team.

What will happen when I go into the room?

When you enter the procedure room you will be asked to lie on your left side on a trolley. If you find this difficult please let the nurse know and the staff will assist you. A probe will be placed on your finger so your pulse and oxygen levels can be monitored throughout the procedure. If you wear glasses or a hearing aid, we may ask you to remove them at this point and keep them safe with the rest of your belongings.

What happens during the procedure?

The endoscopist will lubricate your bottom and gently check that the way is clear. He or she will then pass the sigmoidoscope into the rectum and introduce some air so that the lining can be clearly viewed. This may cause you to feel as though you need to open your bowels. Rest assured that your bowel will be empty and there is no danger of this.

The endoscopist will carefully pass the sigmoidoscope round the left side of the colon. You may wish to watch the images on the screen or prefer to rest with your eyes closed. The nurses will support and reassure you throughout the procedure. The endoscopist will take photographs, biopsies and remove polyps as necessary, and withdraw the camera, removing as much air as possible on the way out. At the end of the procedure, the endoscopist will carefully inspect the rectum for any haemorrhoids (piles) and assess whether any treatment is required. It may be possible to treat haemorrhoids at this time, by a process called 'banding'. However, it is not always necessary or possible to do this and the endoscopist will advise you accordingly.

How long does the procedure last?

The flexible sigmoidoscopy usually lasts for between 10 and 20 minutes, although it may take longer in some cases and is not an indication there is anything wrong.

Will the procedure be painful?

It is normal to feel some discomfort during flexible sigmoidoscopy. It is not an indication that anything is wrong. The air that is blown in through the sigmoidoscope can lead to some windy, cramping discomfort, but it should not last long. If you find the procedure too painful at any time, let the nurse or endoscopist know as your safety and comfort are our priority. It may be helpful to pause the procedure, withdraw some of the air or change your position to ease your discomfort.

Will I be given sedation?

Flexible sigmoidoscopy is a short procedure which most people find manageable without any form of sedation. Some discomfort is expected, but it is short-lived. We encourage you to avoid having sedation if possible. The benefits of this are that you can leave the department as soon as you wish after the procedure and are not inconvenienced by the restrictions associated with sedation. Sedation also increases the risks associated with the procedure, suppressing the drive to breathe and remaining in your system for up to 24 hours, leaving you drowsy and at greater risk of trips and falls.

Some people benefit from using Entonox ('gas and air') to ease discomfort. The gas is inhaled as needed to relieve pain. Since Entonox wears off quickly after the procedure, no driving or supervision restrictions are imposed. However, it may not be suitable for everyone. The admitting nurse will talk through the options with you and help you decide upon the most suitable and safest option for you.

If you feel particularly anxious that you will be unable to manage the procedure without sedation, you will be assessed to ensure you can safely receive it.

You must advise the booking office if you feel you will need to have sedation, so that they can ensure you are booked on to a list during which it can be offered.

What happens if I have sedation?

If you have sedation, you will need to get changed into a gown for the procedure and we will offer you shorts to protect your dignity if you wish. You may wish to bring a dressing gown and slippers.

The sedation will make you feel relaxed and drowsy, but it is unlikely to send you to sleep. It reduces your awareness of time and may make you forget the procedure itself. You will need to have a cannula (a flexible needle) inserted into a vein in your hand or arm so that the sedation can be given. You will be given oxygen via a face mask during the procedure to support you while you are sedated. Afterwards you will need to be monitored for approximately an hour before you can get dressed and have refreshments.

The effects of sedation can take up to 24 hours to wear off. Until then your reaction times will be slower, and your judgement will be impaired. You will be unable to drive or use public transport unsupervised during this period. Please make sure that a responsible adult is available to collect you after your flexible sigmoidoscopy and **stay with you for at least 12 hours**. Make sure you bring their contact details with you on the day. **You will not be able to have sedation unless you do so.**

You must be supervised by an adult for the next 12 hours. It is illegal for you to drive any motor vehicle and you must not work, operate heavy machinery, or sign any legally binding document, drink alcohol or take sedative medication, or look after babies or young children for 24 hours after having sedation.

What happens after the procedure?

If you have had an unsedated procedure, you are free to leave immediately after it is finished, if you wish. The endoscopist will tell you what he or she has seen and may give you a printed report, a copy of which will also be sent to your GP.

If you have had Entonox or sedation, you will be taken to the recovery area on the trolley until you are ready to get up. You will need to remain in recovery for about an hour after the procedure if you have had sedation. A nurse will monitor and support you until you are fully awake. If you have had Entonox alone, the effects will wear off within 30 minutes.

When you are feeling comfortable and alert, you can get dressed if necessary and we will escort you through to our discharge lounge for refreshments. The nurse will contact the person who is collecting you if needed.

When will I know the results of my test?

Once you have had something to eat and drink, the nursing staff will go through your report with you in a private room where you can ask any questions you may have. We prefer to do this once you have someone with you if you have had sedation, as you may find it difficult to remember things. If you object to hearing your results with a friend or relative present, please let the nursing staff know. A copy of your report will be sent to your GP. Further details of the test, results of any samples and any necessary treatments or medications should be discussed with your GP - this can take up to two weeks. The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

You will be given a discharge advice sheet and contact numbers to take home.

How will I feel after the procedure?

You may feel a little bloated due to air remaining in your bowel. It will soon settle as you pass wind and does not require any treatment, but gentle exercise and paracetamol may be helpful. If you have not had sedation you can return to your usual way of life as soon as you feel able.

If you have had sedation you should rest quietly for the remainder of the day. You will be able to return to your normal way of life after 24 hours. You will be given an advice sheet which clearly details the safe advice and restrictions discussed earlier. Please follow them as they are designed to protect you and others while you are recovering from sedation.

Removal of polyps have an increased risk of complications for up to two weeks after the procedure. The risk varies depending on the size and location of the polyp and cannot usually be predicted before colonoscopy takes place. Therefore, it is not advisable to travel by plane (particularly long haul, longer than four hours or to remote destinations) for two weeks after colonoscopy and polypectomy. For removal of small polyps and short haul flights, you should not fly for 48 hours

What if I feel unwell after I have been discharged?

It is quite normal for the bowel to take several days to regain its normal action and not uncommon to pass a little blood from your back passage after a flexible sigmoidoscopy. However, if you pass a large amount of blood, or have severe abdominal pain which is not settling, please attend the Emergency Department.

If you have any communication or mobility difficulties, or any concerns about your appointment, please let the admissions team know in advance of your appointment.

Please don't be a DNA!

A DNA is someone who 'did not attend' for a hospital appointment and did not advise us beforehand. Many appointments each year are wasted in this way. If you cannot attend, or need to rearrange your appointment, please telephone the number on your appointment letter.

To read this leaflet in a different language,
please visit our website: www.uhd.nhs.uk/visit/patient-information-leaflets
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email uhd.patientexperience@nhs.net.

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